

Approved: 2/14/95  
Date

## MINUTES OF THE SENATE COMMITTEE ON GOVERNMENTAL ORGANIZATION

The meeting was called to order by Chairperson Al Ramirez at 1:30 p.m. on February 8, 1995 in Room 531-N of the Capitol.

All members were present except: Senator Feleciano - Excused  
Senator Lee - Excused

Committee staff present: Julian Efird, Legislative Research Department  
Fred Carman, Revisor of Statutes  
Jacqueline Breymeyer, Committee Secretary

Conferees appearing before the committee: Eugene A. Bova

Others attending: See attached list

Chairman Ramirez called the meeting to order at 1:40 p.m. He told the committee to check their agendas as there will be meetings Tuesday, Wednesday, and Thursday of next week.

The agenda for the day was the confirmation hearing on Eugene A. Bova, State Civil Service Board. Distributed to the committee was a Questionnaire (Attachment 1), Resume (Attachment 2), and Statement of Substantial Interests (Attachment 3).

Mr. Bova stated that he had spent quite a few years in management positions. Since his appointment with the Board in July, he has found the job to be very interesting and unlike anything he has done previously. Sometimes the work is intense, but he enjoys his colleagues on the Board and stated that there are a variety of opinions.

Mr. Bova was asked what specific attributes he thought he could bring to the Civil Service Board. His response was, simply the experience that he has had in business. He stated that he is not a unique individual, but does have experience that may offset the backgrounds of some of the other members.

On being asked about his feeling toward unions, Mr. Bova replied that he had once been a union laborer in 1946 and he does feel sympathetic toward many union people as they have done much good for their companies.

Mr Bova stated that with the Board the appellant has the duty of proving that management was wrong rather than management proving the appellant was wrong.

In clarification of the Education portion of the questionnaire, Mr. Bova responded that he has a GED.

Mr. Bova ended his comments by stating that although he had not been particularly involved in the human resource/personnel area, his experience has entailed the area of hiring, firing, and the judging of the disputes of insurance people - things of that nature.

The Chairman thanked Mr. Bova and concluded the confirmation hearing.

The Chairman told the committee of the importance of attendance at meetings and directed the committee secretary to send a memo to all members stating that members will be marked absent unless the secretary is called and the member asked to be excused.

The meeting was adjourned.

The next meeting is scheduled for February 14, 1995.

# GOVERNMENTAL ORGANIZATION COMMITTEE GUEST LIST

DATE: FEBRUARY 8, 1995

NAME	REPRESENTING
<i>Gene Sova</i>	
<i>John Collins</i>	<i>dept. of admin.</i>
<i>Liz Hughes</i>	<i>Dept A</i>

SENATE CONFIRMATION QUESTIONNAIRE  
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: Eugene Anthony Bova

Home Address: 4229 West 98th Street

City, State, Zip Code: Overland Park, KS 66207

Home Phone: 913 / 649-5064

Business Address: same

City, State, Zip Code: same

Business Phone:  / same

Date of Birth: 4/14/30 Place of Birth St Paul, MN

Party Affiliation Democrat KBI Check(Yes/No)

Appointed as: Member, civil service board

Effective 6/13/94 for the 4 year term  
ending 1/31/98 Succeeding Mauphynn Holbrook  
Salary N/A Statutory Authority 75.2929a

Statutory Requirements

1. EDUCATION:  
High School Harding High school St Paul MN

Year Graduated N/A

Postsecondary Degree, etc. Dates

N/A

*Senate Governmental Organization  
Attachment 1  
2-8-95*

2. MEMBERSHIP IN BUSINESS, TRADE AND PROFESSIONAL ORGANIZATIONS DURING PAST 10 YEARS:

Dates	Name	Location
<u>See "vitae" attached</u>	<u>attached</u>	
_____	_____	_____
_____	_____	_____

3. HAVE YOU EVER BEEN ELECTED OR APPOINTED TO ANY PUBLIC OFFICE IN KANSAS? \_\_\_\_\_ Yes XXXX No  
If so, please list dates and offices held.

Date	Office
_____	_____
_____	_____
_____	_____

4. HAVE YOU EVER BEEN EMPLOYED BY OR HELD A POSITION OR OFFICE WITH ANY FEDERAL, FOREIGN STATE, OR LOCAL GOVERNMENTAL ENTITY OR AGENCY? No  
If so, please list dates and offices held:

_____	_____
_____	_____
_____	_____

5. HAVE YOU BEEN A REGISTERED LOBBYIST OR EMPLOYED A REGISTERED LOBBYIST AT ANY TIME DURING THE PAST 5 YEARS? No  
If you were a registered lobbyist, did you receive any compensation? \_\_\_\_\_  
List groups you represented or for which you employed a lobbyist:

_____
_____
_____

6. EXPERIENCE OR INTERESTS WHICH QUALIFY YOU FOR THE OFFICE TO WHICH YOU HAVE BEEN APPOINTED:

See "vitae" attached

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE:

See "vitae" attached

8. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? yes

If so, please list dates of service, branch of service and date and type of discharge:

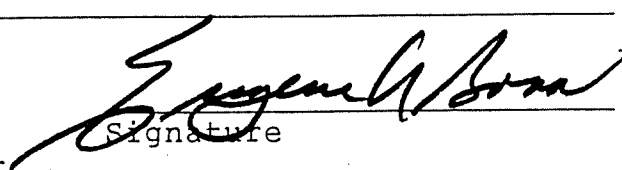
March 1951- February 1953 US Army honorable discharge

9. HAVE YOU EVER BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES FOR VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE (EXCLUDING TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$100 OR LESS WAS IMPOSED)? No

10. DISPOSITION OF ANY INTERESTS THAT MIGHT HAVE PRESENTED A POTENTIAL CONFLICT OF INTEREST FOR THIS POSITION.

N/A

Return to: Mary Holladay  
Appointment Secretary  
Office of the Governor  
2nd Floor, State Capitol  
Topeka, KS 66612

  
Signature

**EUGENE A. BOVA**  
**Life Insurance Administrative Consulting**  
4229 West 98th Street  
Overland Park, Kansas 66207  
(913) 649-5064

Business History

- 1947 - 1962 Minnesota Mutual Life Insurance Co.  
Saint Paul, Minnesota
  - \* Senior Life and Disability Underwriter
  
- 1962 - 1984 National Reserve Life Insurance Co.  
Topeka, Kansas: Life and disability insurance company, since merged  
into Kansas City Life Insurance Co.
  - \* Last title: Vice President, Insurance Services
  
  - \* At various times: administrative and policy making responsibility  
for:
    - Underwriting & Policy Issue
    - Claims
    - Policyowners' Service
    - General Office Services
  
  - \* Served on corporate planning, management and product committees
  
- 1985 - 1989 Kansas City Life Insurance Co.  
Kansas City, Missouri
  - \* Last title: Vice President, Selection
  
  - \* At various times, administrative and policymaking responsibility for  
underwriting and Policy Issue.
  
- 12/90 - 9/93 Member, Board of Directors, Savers Life Insurance Company  
Overland Park, Kansas
  - \* Chairman, Executive Compensation Committee
  
  - \* Member, retention and divestiture committees
  
- 1990 - Current Offering consulting services to companies and consulting firms on a  
direct and sub-contract basis

*Senate Governmental Organization*  
*Attachment 2*  
*2 - 8 - 95*

**Eugene A. Bova**

Page Two

Professional Activities

- **Past President and Board Member**, Home Office Life Underwriters Association
- **Past Chairman and Member**, Joint Education & Examination Committee
- **Past Board Member**, Kansas Life and Health Guaranty Association
- **Past Member**, Privacy sub-committee, American Council of Life Insurance
- **Chairman or Member** of numerous permanent and *ad hoc* committees of local and national underwriting, claims and policyowners' service organizations.

Personal

- **Born** in Saint Paul, Minnesota, April 1930.
- **Married** Mary Allie, 1957. Four children.
- **Military Service:** 1951 - 1953, U.S. Army. Commendation medal for service in Korea.
- **Education** in Saint Paul, Minnesota, system through secondary level. Various industry related courses over the years.

FILED

JUN 28 1994

BILL GRAVES  
SECRETARY OF STATE

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT



FILED

JUN 27 1994

BILL GRAVES  
SECRETARY OF STATE

STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSE

APPOINTMENT TO STATE OFFICE IS SUBJECT TO SENATE CONFIRMATION

**INSTRUCTIONS.** This statement (pages 1 through 4) must be completed by each person whose appointment to a state position is subject to Senate confirmation (K.S.A. 46-247 and 46-248). Failure to complete and return this statement may result in a fine of \$10 per day for each day it remains unfiled. Also, any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 913-296-4219.

**A. IDENTIFICATION:**

PLEASE TYPE OR PRINT

BOVA EUGENE A

Last Name

First Name

MI

MARY L BOVA

Spouse's Name

4229 WEST 98TH STREET

Number & Street Name; Apartment Number, Rural Route, or P.O. Box Number

OVERLAND PARK KS 66207

City, State, Zip Code

913\*\*649\*\*5064

Home Phone Number

913\*\*649\*\*5064

Business Phone Number

**B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:**

STATE CIVIL SERVICE BOARD

List Name of Agency, Commission or Board

MEMBER

Position

*Senate Governmental Organization  
Attachment 3*

\* The last four digits of your social security number will aid in identifying you 2-8-95 from others with the same name on the computer list. This information is optional.

\* [ ] [ ] [ ] [ ]



C. **OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income in, which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.  
 If you have nothing to report in Section "C", check here .

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM	PERCENT OF OWNERSHIP INTERESTS
1.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
2.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
3.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
4.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
5.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
6.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
7.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	

D. **GIFTS OR HONORARIA:** List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.  
 If you have nothing to report in Section "D", check here .

NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY:
1.		
2.		
3.		

E. **RECEIPT OF COMPENSATION:** List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE \_\_\_\_.  
 If you have nothing to report in Section "E"1, check here \_\_\_\_.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	SAVERS WIFE LINS COMPANY	9300.W. 110 <sup>th</sup> ST #600 OVERLAND PARK KS 66210	LIFE INSURANCE
2.			

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.  
 If you have nothing to report in Section "E"2, check here .

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.			
2.			

F. **OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS:** List any organization or business in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional page if necessary to complete this section.  
 If you have nothing to report in Section "F", check here .

	BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
1.			
2.			
3.			
4.			
5.			

G. **RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates only to businesses or combination of businesses.* In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional page if necessary to complete this section.


If you have nothing to report in Section "G", check here \_\_\_\_.

	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.	HAVE LISTED		
2.	SAUERS LIFE INSCO		
3.	UNDER "E" -- MONEY		
4.	RECEIVED WAS AS A		
5.	DIRECTOR - PERHAPS		
6.	SHOULD HAVE BEEN		
7.	LISTED IN THIS		
8.	SECTION - YOU DECIDE		
9.			
10.			
11.			
12.			
13.			

H. **DECLARATION:**

I, EUGENE A. BOVA, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

6/27/94  
Date

  
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES \_\_\_\_.

Return your completed statement to the Secretary of State, State House, Topeka, Kansas 66612.