

Approved: 1/31/96
Date

MINUTES OF THE HOUSE COMMITTEE ON GOVERNMENTAL ORGANIZATION.

The meeting was called to order by Chairperson Al Ramirez at 1:30 p.m. on January 23, 1996 in room 531--N of the Capitol.

All members were present except: Senator Lee

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

Conferees appearing before the committee: William A. Dean - Overland Park, Kansas
James Richard "Dick" Pratt - Topeka, Kansas
Gale Haag - Holton, Kansas

Others attending: See attached list

The meeting of the Senate Governmental Organization Committee was called to order at 1:35 p.m. By Senator Ramirez, Chairman. The agenda for the day was confirmation hearings on William A. Dean, State Civil Service Board; James Richard "Dick" Pratt, State Civil Service Board; and Gale Haag, State Fire Marshal.

The Chairman called on William A. Dean, Overland Park, Kansas, to give some background and experience regarding his qualifications for the State Civil Service Board. (Attachment 1) Mr. Dean began with his education, listed memberships in business, trade or professional organizations, lobbying activities and experience or interests that qualified him for the position to which he had been appointed. He also summarized his business and professional experience and answered questions from the committee.

The Chairman called on James Richard "Dick" Pratt, Topeka, Kansas, to state his qualifications for the position on the State Civil Service Board. (Attachment 2) Mr. Pratt gave his education, listed members in business, trade or any professional organizations to which he belonged, listed the experience or interests which qualifies him for the position to which he had been appointed and listed his service in the U.S. Navy. Mr. Pratt responded to questions from the committee.

The Chairman called on Gale Haag, who was appointed to the position of State Fire Marshal. Mr. Haag gave his education, and office held as School Board 336. He listed military, business, law enforcement, and Fire Marshal's department as the experience which qualified him for this position. From 1954-1962 he served in the Kansas National Guard and was honorably discharged. (Attachment 3)

The Chairman thanked the three conferees and told them the committee would act on the appointments in the near future.

The Chairman told the committee that in addition to Secretary Devine's appearance on January 24, the committee would act on the three appointees who had appeared at today's meeting.

The last order of business was action on the minutes of January 22.
Senator Gooch moved to approve the minutes of January 22. Senator Steffes gave a second to the motion. The motion carried.

The meeting was adjourned at 2:05 p.m.

The next meeting is scheduled for January 24, 1996.

SENATE CONFIRMATION QUESTIONNAIRE

Office of Governor Bill Graves

Please complete and return this form to the Governor's Appointments Office. Attach additional sheets if necessary.

Name: William A. Dean

Home Address: 8304 Connell Drive

City, State, Zip: Overland Park, Ks. 66212-4419

Business Address: same

City, State, Zip: _____

Home Phone: 913/648-3205 Business Phone: _____

Date of Birth: Nov. 14, 1924 Place of Birth: Oklahoma

Party Affiliation: Rep. KBI Check: NA In Process Complete

Appointed as: State Civil Service Board Member

Appointment Date: 4/24/95 Expiration Date: 3/15/98

Term Length: 4-years Statutory Authority: K.S.A. 75-2929a

Salary: \$70 per diem Predecessor: Gene Bova

Statutory Requirements: See attached

BACKGROUND

1. List high school, college, or other education institution attended along with the date attended and degree conferred.

Education Institution	Dates	Degree
<u>Thornfield High School</u>	<u>Graduated May 1941</u>	
<u>S.W. Missouri State University</u>	<u>Grad. 1947</u>	<u>A.B. Biz</u>
<u>" " " "</u>	<u>" "</u>	<u>B.S. Science</u>
<u>" " " "</u>	<u>Post"Grad. 1948</u>	

2. List memberships in business, trade and professional organizations for the past 10 years.

Organization	Dates
<u>Chaired PMA State Gov;t Task Forces in MO., KS, NE & IA.</u>	
<u>Chaired or co-chaired health care committees in KS & MO re Medicaid and Third Party Providers.</u>	
<u>KS. Governor's Task Force on AIDS. Chair of sub-cmte.</u>	
<u>Chair, co-chair or member of several Blue Ribbon committees-heal</u>	

3. List any public offices you have been elected or appointed to, along with the dates of service.

Office Held	Dates
<u>none</u>	
<u>Senate Governmental Organization</u>	<u>Attachment 1</u>
	<u>1/23/96</u>

4. List any positions held with a foreign, federal or local government entity along with the dates of service.

Position	Government Entity	Dates
none		

5. List any lobbying activities you have been involved in during the past five years. This includes activities as a registered lobbyist or lobbying activities for which you were compensated.

Group	Compensation (yes/no)	Dates
National Kidney Foundation of KS & W. MO.	limited expenses, covered.	1991 & 1992

6. List experience or interests which qualify you for the position to which you have been appointed. I've been in management positions most of my adult life with experience in making decisions, impacting on my staff and the company as a whole.

7. Summarize business and professional experience. Many positions in the pharmaceutical industry, all with one company through several mergers. Marion Merrell Dow, Inc. (Merrell Dow, Inc.) in Kansas City.

8. List any service in the United States military. Include dates of service, branch, date and type of discharge.

Branch	Discharge	Dates
none		

9. Provide details of any arrest, charge or questioning by a federal, state or other law enforcement authority for violation of any federal, state, county or municipal law, regulation or ordinance (excluding traffic violations for which a fine of \$100 or less was imposed).

none

10. List and provide details of any interests that may present a conflict of interest for this position. none

I, William A. Dean, declare that this questionnaire is true, correct and complete to the best of my knowledge.

William A. Dean
Signature

April 25, 1995
Date

75-2929.

History: L. 1941, ch. 358, § 5; L. 1953, ch. 375, § 51; L. 1972, ch. 332, § 57; Repealed, L. 1978, ch. 332, § 57; July 1.

CASE ANNOTATIONS

1. Aggrieved dismissed employee must exhaust remedies under act before resort to courts. *Gray v. Jenkins*, 183 K. 251, 253, 326 P.2d 319.

2. Cited; exhaustion of administrative remedies following employment termination before pursuing independent civil action (44-1009). *Mattox v. Department of Transportation*, 12 K.A.2d 403, 404, 747 P.2d 174 (1987).

75-2929a. State civil service board; appointment, qualifications and terms of members; confirmation by senate. (a) There is hereby created the state civil service board. The board shall consist of five members appointed by the governor, subject to confirmation by the senate as provided by K.S.A. 75-4315b and amendments thereto.

(b) Members shall be in sympathy with the application of merit principles to public employment. Not more than three members of the board shall be of the same political party. Except as otherwise provided in this section, no member of the board may hold any other public office or public employment, except military office or the office of notary public. No two members of the board may reside in the same congressional district at the time of their appointment so long as there are five or more congressional districts in this state, except that subsequent redistricting of congressional districts shall not disqualify any member of the board who is serving at the time of redistricting from being reappointed as a member of the board.

(c) Upon the expiration of the term of any member, a successor shall be appointed as provided in subsection (a), and shall hold office for a term of four years and until a successor is appointed and qualified. All vacancies in the board shall be filled by appointment for the unexpired term in the case of vacancies occurring before the end of a term.

History: L. 1978, ch. 332, § 3; L. 1982, ch. 347, § 54; L. 1985, ch. 275, § 1; May 9.

Cross References to Related Sections:

Appeal to state civil service board of disciplinary action taken against employee for certain communications, see 75-2973.

75-2929b. Same; part of department of administration; management functions; organization and meetings; hearings by members; compensation and expenses of members. (a) The board shall be attached to the department

of administration and shall be within the department as a part thereof. All budgeting, purchasing and related management functions of the board shall be administered under the direction and supervision of the secretary of administration. All vouchers for expenditures and all payrolls of the board shall be approved by the chairperson of the board or a person or persons designated by such chairperson and the secretary of administration or a person or persons designated by such secretary.

(b) The board shall organize annually by electing one of its members as chairperson and one as vice-chairperson. The board shall meet regularly at least once each calendar quarter and special meetings may be called by the chairperson or by a majority of the board. A quorum of the board shall consist of three members. No action may be taken by the board without the affirmative vote of at least three members. In the holding of hearings of appeals by employees or appointing authorities pursuant to the Kansas civil service act, the board may delegate to one or more of its members the authority to serve as a hearing examiner for such a hearing, but action upon any such appeal shall require the concurrence of at least three members of the board.

(c) Meetings of the board shall be open to the public and no meeting or hearing of the board shall be held unless at least three members of the board are present. The director of personnel services shall act as secretary of the board or may designate a person to serve as the secretary of the board. The board shall keep records and minutes of its business and official actions, and such records and minutes shall be public records open to public inspection, subject to rules and regulations specifying the hours and conditions of inspection.

(d) Each member of the state civil service board attending meetings of such board, attending a subcommittee meeting thereof authorized by such board, or serving as hearing examiner at a hearing under the Kansas civil service act shall be paid per diem compensation of \$70 and shall be paid subsistence allowances, mileage and other expenses as provided in K.S.A. 75-3223 and amendments thereto, except that (1) each member, who resides more than 100 miles from the location of an authorized meeting or hearing, shall receive per diem compensation of \$35 for each day in travel to or from such meeting or hearing if such travel is on a day other than the day or days of such meeting or hearing, and (2) the chairperson of the state civil service board shall



KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT
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

D	E	A	N					W	I	L	L	A	M					A
Last Name								First Name								MI		

D	E	A	N					L	O	U	E	T	T	A					L
Spouse's Name																			

8	3	0	4		C	O	N	N	E	L	L		D	R					
Number & Street Name; Apartment Number, Rural Route, or P.O. Box Number																			

O	V	E	R	L	A	N		P	A	R	K		K	S		6	6	2	1	2	-	4	4	1	9
City, State, Zip Code																									

9	1	3	**	6	4	8	**	3	2	0	5				**				**						
Home Phone Number												Business Phone Number													

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

S	T	A	T	E		C	I	V	I	L		S	E	R	V	I	C	E		B	O	A	R	D
List Name of Agency, Commission or Board																								

M	E	M	B	E	R																				
Position																									

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

*

6	8	2	6
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1-4

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 X.

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM	PERCENT OF OWNERSHIP INTERESTS
			<input type="checkbox"/> You	<input type="checkbox"/>
			<input type="checkbox"/> Spouse	<input type="checkbox"/>
			<input type="checkbox"/> Jointly	<input type="checkbox"/>
			<input type="checkbox"/> You	<input type="checkbox"/>
			<input type="checkbox"/> Spouse	<input type="checkbox"/>
			<input type="checkbox"/> Jointly	<input type="checkbox"/>
			<input type="checkbox"/> You	<input type="checkbox"/>
			<input type="checkbox"/> Spouse	<input type="checkbox"/>
			<input type="checkbox"/> Jointly	<input type="checkbox"/>
			<input type="checkbox"/> You	<input type="checkbox"/>
			<input type="checkbox"/> Spouse	<input type="checkbox"/>
			<input type="checkbox"/> Jointly	<input type="checkbox"/>
			<input type="checkbox"/> You	<input type="checkbox"/>
			<input type="checkbox"/> Spouse	<input type="checkbox"/>
			<input type="checkbox"/> Jointly	<input type="checkbox"/>

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:
		1-5

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.	MYERS & STAUFFER	909 SW TOPERA Blvd TOPERA, KS. 66612	CPA firm
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.	RETIRED		
2.			

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 X.

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

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.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

DECLARATION:

I, _____, 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.

APR 25 1995

Date

William A. Dean

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

1-7

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

SENATE CONFIRMATION QUESTIONNAIRE

Office of Governor Bill Graves

Please complete and return this form to the Governor's Appointments Office. Attach additional sheets if necessary.

Name: JAMES RICHARD "DICK" PRATT

Home Address: #6 SW RANWOLPH SQ

City, State, Zip: TOPIKA KS 66611

Business Address: 906 KS. AVIZ STE 203 TOPEKA 66612

City, State, Zip: TOPEKA KS 66612

Home Phone: 913 266 5947 Business Phone: 913 357 4338

Date of Birth: DEC 30 1928 Place of Birth: COLBY KS

Party Affiliation: R KBI Check: NA In Process Complete

Appointed as: MEMBER STATE CIVIL SERVICE BOARD

Appointment Date: 4/28/95 Expiration Date: 3/15/99

Term Length: 4 years Statutory Authority: K.S.A. 75-2929a

Salary: \$70 per diem Predecessor: Tyler Downer

Statutory Requirements: see attached

BACKGROUND

1. List high school, college, or other education institution attended along with the date attended and degree conferred.

Education Institution	Dates	Degree
COLBY COMMUNITY HIGH	42-46	GRADUATE
UNIV OF KS	46-50	BS/BUSINESS

2. List memberships in business, trade and professional organizations for the past 10 years.

Organization	Dates
KCCI	to DATE
DOWNTOWN TOPEKA INC	"
GREATER TOPEKA CHAMBER OF COMMERCE	"

3. List any public offices you have been elected or appointed to, along with the dates of service.

Office Held	Dates
	Senate Governmental Organization
	Attachment 2
	1/23/96

4. List any positions held with a foreign, federal or local government entity along with the dates of service.

Position	Government Entity	Dates
NONE		

5. List any lobbying activities you have been involved in during the past five years. This includes activities as a registered lobbyist or lobbying activities for which you were compensated.

Group	Compensation (yes/no)	Dates

6. List experience or interests which qualify you for the position to which you have been appointed. 30 YRS OPERATING A SMALL BUSINESS IN THAT PERIOD OF TIME HAD EXPERIENCE WITH OVER 1000 PEOPLE. INVOLVED WITH COMMUNITY GROUPS.

7. Summarize business and professional experience. OPERATING A SMALL BUSINESS. LEADERSHIP INVOLVEMENT WITH MANY CIVIC ORGANIZATIONS

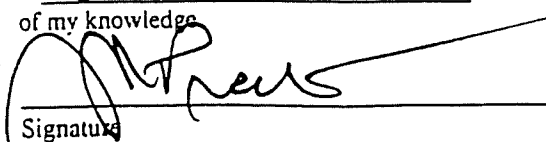
8. List any service in the United States military. Include dates of service, branch, date and type of discharge.

Branch	Discharge	Dates
US NAVY	LTC HON	50-53

9. Provide details of any arrest, charge or questioning by a federal, state or other law enforcement authority for violation of any federal, state, county or municipal law, regulation or ordinance (excluding traffic violations for which a fine of \$100 or less was imposed).

10. List and provide details of any interests that may present a conflict of interest for this position.

I, J. R. PRATT, declare that this questionnaire is true, correct and complete to the best of my knowledge.

Signature:  Date: JUN 26 95

2-2

75-2929.

History: L. 1941, ch. 358, § 5; L. 1953, ch. 375, § 51; L. 1972, ch. 332, § 57; Repealed, L. 1978, ch. 332, § 57; July 1.

CASE ANNOTATIONS

1. Aggrieved dismissed employee must exhaust remedies under act before resort to courts. *Gray v. Jenkins*, 183 K. 251, 253, 326 P.2d 319.

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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

PRATT JAMES RICHARD

Last Name

First Name

MI

WANCY

Spouse's Name

#6 SW RANDOLPH SQ

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

TOPEKA KS 66611

City, State, Zip Code

913**266**5947

Home Phone Number

913**357**4338

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

STATE CIVIL SERVICE BOARD

List Name of Agency, Commission or Board

MEMBER

Position

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

* 3108

2-4

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
THE NEW EVERHAUD BUILDING CO LLC PO Box 1417 TOPEKA 66601	REAL ESTATE	PARTNERSHIP LIMITED	X	60 You 40 Spouse Jointly
PRATT J PRATT PARTNERSHIP PO Box 1417 TOPEKA 66601	REAL ESTATE	PARTNERSHIP	X	50 You Spouse Jointly
J. V PRATT ESTATE PO Box 1417 TOPEKA 66601	REAL ESTATE	CO-EXECUTOR	X	50 You Spouse Jointly
THE INSPECTION GROUP INC 2933 SW WOODSIDE DR TOP	SERVICE	STOCK	X	49 You Spouse Jointly
FAIRLAWN PLAZA DUPLIXES #6 SW RANDOLPH SQ TOP	REAL ESTATE	LIMITED PARTNERSHIP	X	70 You Spouse Jointly
				You Spouse Jointly
				You Spouse Jointly

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.		2-5

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
SHOPPING PLAZA	3401 S TOPICKA TOP	REAL ESTATE
1.		
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 X.

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.		
2.		

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
PACR ATTACHED		
1.		
2.		
3.		
4.		
5.		2-6

F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS

KANSAS CHAMBER OF COMMERCE & INDUSTRY 835 SW TOPEKA TOPEKA	DIRECTOR	JRP
TOPEKA HOUSING PARTNERSHIP 1638 CLAY TOPEKA	OFFICER	JRP
DOWNTOWN TOPEKA, INC. 906 SW KANSAS TOPEKA	DIRECTOR	JRP
TOPEKA SHAWNEE COUNTY 504 DEVELOPMENT CORPORATION 515 SW KANSAS TOPEKA	PRESIDENT	JRP
CAPITAL CITY DOWNTOWN BUSINESS IMPROVEMENT DISTRICT. 906 SW KANSAS TOPEKA	CHAIRMEN	JRP
RANDOLPH SQ. HOMEOWNERS ASSOC. 5020 SW 28TH TOPEKA	VICE PRESIDENT	JRP
THE INSPECTION GROUP, INC. 2933 SW WOODSIDE DR. TOPEKA	PRESIDENT	JRP
YMCA OF TOPEKA 421 VAN BUREN	DIRECTOR	JRP
YMCA FOUNDATION OF TOPEKA 421 VAN BUREN	DIRECTOR	JRP

SENATE CONFIRMATION QUESTIONNAIRE

Office of Governor Bill Graves

Please complete and return this form to the Governor's Appointments Office. Attach additional sheets if necessary.

Name: Gale Haag
 Home Address: 25749 Q4 Road
 City, State, Zip: Holton, Kansas 66436
 Business Address: 700 Southwest Jackson, Suite 600
 City, State, Zip: Topeka, Kansas 66603
 Home Phone: (913) 364-3327 Business Phone: (913) 296-3401
 Date of Birth: 6-9-38 Place of Birth: Holton, Kansas
 Party Affiliation: Rep. KBI Check: NA In Process Complete
 Appointed as: Kansas State Fire Marshal
 Appointment Date: July 31, 1995 Expiration Date: Pleasure of the Governor
 Term Length: NA Statutory Authority: K.S.A. 75-1510
 Salary: \$48,000 Predecessor: Edward C. Redmon
 Statutory Requirements: K.S.A. 75-1510 / see attached

BACKGROUND

1. List high school, college, or other education institution attended along with the date attended and degree conferred.

Education Institution	Dates	Degree
Holton High School	1956	Diploma
Highland Junior College	1985-1987	A.A.
Platt College		
Washburn University		

2. List memberships in business, trade and professional organizations for the past 10 years.

Organization	Dates

3. List any public offices you have been elected or appointed to, along with the dates of service.

Office Held	Dates
School Board - 336	1974-1982
Senate Governmental Organization Attachment 3	

1/23/96

4. List any positions held with a foreign, federal or local government entity along with the dates of service.

Position	Government Entity	Dates

5. List any lobbying activities you have been involved in during the past five years. This includes activities as a registered lobbyist or lobbying activities for which you were compensated.

Group	Compensation (yes/no)	Dates

6. List experience or interests which qualify you for the position to which you have been appointed. Military, Business, Law Enforcement, Fire Marshal's Department

7. Summarize business and professional experience. Successful businessman for 30 years. State Fire Marshal's Department for 8 years.

8. List any service in the United States military. Include dates of service, branch, date and type of discharge.

Branch	Discharge	Dates
KNG	Honorable	1954-1962

9. Provide details of any arrest, charge or questioning by a federal, state or other law enforcement authority for violation of any federal, state, county or municipal law, regulation or ordinance (excluding traffic violations for which a fine of \$100 or less was imposed).

10. List and provide details of any interests that may present a conflict of interest for this position.

I, _____, declare that this questionnaire is true, correct and complete to the best of my knowledge.

Gali Haas
Signature

10-4-95
Date

3-2

75-1507 STATE DEPARTMENTS; PUBLIC OFFICERS AND EMPLOYEES

when engaged elsewhere in the performance of their duties, shall be at all reasonable times at the office of the state fire marshal, ready for such duties.

History: L. 1917, ch. 198, § 15; March 8; R.S. 1923, 75-1506.

Source or prior law:
L. 1913, ch. 312, § 14.

75-1507. Annual report. The state fire marshal shall make an annual report to the governor not later than the first day of February of each year of the official actions in the transaction of his or her department.

History: L. 1917, ch. 198, § 17; March 8; R.S. 1923, 75-1507.

Source or prior law:
L. 1913, ch. 312, § 16.

75-1508. Insurance company fees; expenses of office. For the purpose of maintaining the department of the state fire marshal and the payment of the expenses incident thereto, each fire insurance company doing business in this state shall pay to the commissioner of insurance, on or before March 15 each year, beginning with the year 1984, and each year thereafter, in addition to the taxes, fees and charges now required by law to be paid by it, such levy as may be made by the state fire marshal. The levy shall not be more than 1.25% of a sum equal to the gross cash receipts as premiums of such company on all fire business transacted by it in the state of Kansas during the year next preceding, as shown by its annual statement under oath to the state insurance department.

History: R.S. 1923, 75-1508; L. 1939, ch. 297, § 6; L. 1957, ch. 440, § 1; L. 1973, ch. 309, § 41; L. 1983, ch. 277, § 1; July 1.

Source or prior law:
L. 1913, ch. 312, § 13; L. 1917, ch. 198, § 14; L. 1919, ch. 284, § 28.

CASE ANNOTATIONS

1. Maintenance tax collectible from fire insurance receipts only. *Insurance Co. v. Lewis*, 93 K. 586, 587, 144 P. 822.

75-1509.

History: L. 1923, ch. 19, § 1; R.S. 1923, 75-1509; L. 1956, ch. 52, § 27; L. 1957, ch. 431, § 23; L. 1963, ch. 398, § 30; L. 1973, ch. 309, § 42; Repealed, L. 1983, ch. 278, § 2; July 1.

75-1510. Office of state fire marshal established; appointment of state fire marshal; qualifications. There is hereby established the

office of state fire marshal. The state fire marshal shall be appointed by the governor and shall serve at the pleasure of the governor. Any person appointed state fire marshal on or after July 1, 1982, shall be appointed subject to confirmation by the senate as provided in K.S.A. 75-4315b. Any person appointed as state fire marshal shall have a knowledge of building construction and, at the time of appointment, shall have had not less than five years' experience in fire safety inspection and investigation. The state fire marshal shall maintain an office in the city of Topeka.

History: L. 1939, ch. 297, § 1; L. 1957, ch. 442, § 9; L. 1967, ch. 434, § 53; L. 1978, ch. 341, § 1; L. 1982, ch. 347, § 51; July 1.

75-1511. Transfer of jurisdiction, powers and duties. All the jurisdiction, rights, powers, duties and authority now vested in or imposed upon the Kansas state department of inspections and registration or the director thereof which were transferred to said department or the director thereof from the state fire marshal by the provisions of chapter 285 of the Laws of 1933, and including the jurisdiction, rights, powers, duties and authority conferred, imposed and provided in chapter 31, section 72-4605, 75-1503 and 75-1505 to 75-1509, both sections inclusive, of the General Statutes of 1935 and acts amendatory thereof and supplemental thereto are hereby transferred to, vested in and imposed upon the state fire marshal created in this act.

History: L. 1939, ch. 297, § 2; April 17.

75-1512.

History: L. 1939, ch. 297, § 3; Repealed, L. 1951, ch. 445, § 1; June 30.

75-1513. Acceptance of gifts, grants and donations; disposition. The state fire marshal may make application for and accept gifts, grants and donations of property from private persons or from any agency of the state or federal government granted or given for a purpose consistent with performing his or her duties as authorized or directed by law. The state fire marshal shall remit all moneys received by or for him or her under this section to the state treasurer. Upon receipt of any such remittance the state treasurer shall deposit the entire amount thereof in the state treasury, and it shall be credited to the fire marshal's gratuities fund. All expenditures from such fund shall be made in accordance with appropriation acts upon warrants of the director of accounts

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
<i>Family Farm</i>	<i>Farm</i>	<i>100%</i>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Jointly	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 100
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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:

3-5

MAY 9 2 1995

Kansas Commission on Governmental Standards & Conduct

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.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

H. DECLARATION:

I, Dale Haag, 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.

5-1-95
Date

Dale Haag
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____

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