

Approved: 5-7-97

Date

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS.

The meeting was called to order by Chairperson Dave Kerr at 8:30 a.m. on May 1, 1997 in Room 123-S of the Capitol.

All members were present except: Senator Feleciano (absent)
Senator Downey (absent)
Senator Petty (absent)

Committee staff present: Alan Conroy, Legislative Research Department
Kathy Porter, Legislative Research Department
Mark Burenheide, Legislative Research Department
Norman Furse, Revisor of Statutes
Michael Corrigan, Revisor of Statutes
Judy Bromich, Administrative Assistant
Janet Henning, Committee Secretary

Conferees appearing before the committee:

Others attending: See attached list

Chairman Kerr called the meeting to order and advised Committee members the mission of the meeting was to confirm two appointees for KPERS Board of Trustees. The individuals to be considered are Regenia Moore-Lee (Attachment 1) and Vern Chesbro (Attachment 2). Chairman Kerr advised Ms. Moore-Lee (Democrat) was replacing Vern Chesbro (Republican) whose term is expiring.

The Chairman advised that legislative action now requires equalizing the political parties on the Board of Trustees. He further stated that Governor Graves appointed Ms. Moore-Lee to fill Mr. Chesbro's position for a four-year term ending January 15, 2001. Chairman Kerr advised that during the time period of this appointment, Stuart Murdock, a KPERS Board of Trustees member, requested his resignation be approved because of illness. Governor Graves then reappointed Vern Chesbro to fill the unexpired term of Stuart Murdock which ends January 15, 1999.

Chairman Kerr advised Mr. Chesbro was out of the country and not available to appear before the Committee. Ms. Moore-Lee appeared before the Pensions and Investments Committee on April 30, 1997. The Committee unanimously recommended to the Ways and Means Committee that both individuals be confirmed.

Senator Salisbury moved to recommend both individuals favorably for passage, seconded by Senator Ranson. The motion carried on a voice vote.

The meeting was adjourned at 8:45 a.m.

SENATE WAYS AND MEANS COMMITTEE GUEST LIST

DATE: 5-1-97 8:30 AM

NAME	REPRESENTING
Mervyn Williams	KPERs
Tom Bruno	Allen & Assoc.

STATE OF KANSAS

BILL GRAVES, Governor
State Capitol, 2nd Floor
Topeka, Kansas 66612-1590




(913) 296-3232
1-800-748-4408
FAX: (913) 296-7973

OFFICE OF THE GOVERNOR

April 8, 1997

To the Senate of the State of Kansas:

Submitted herewith for confirmation by the Senate are appointments made by me Governor of the State of Kansas as of April 8, 1997, pursuant to law.


BILL GRAVES
Governor

Member. KPERS Board of Trustees, Regenia Moore-Lee, pursuant to the authority vested in me by KSA 75-4323, effective upon the date of confirmation by the Senate to fill a four-year term ending January 15, 2001.

Member. Kansas, Inc., Larry K. Williams, pursuant to the authority vested in me by KSA 74-8001, effective upon the date of confirmation by the Senate to fill a four-year term ending January 15, 2001. Reappointed.

Senate Ways and Means Committee

Date 5-1-97

Attachment # 1

APPOINTMENTS QUESTIONNAIRE

Office of Governor Bill Graves

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

Name: Regenia Moore - Lee

Home Address: 3537 SW Alameda Drive

City, State, Zip: Topeka, KS 66614

Business Address: 700 SW Harrison

City, State, Zip: Topeka, KS 66636-0001

Home Phone: (913)272-5201 Business Phone: (913)295-5133

Date of Birth: 4-4-58 Place of Birth: Bogalusa, LA

Party Affiliation: Democrat KBI Check: NA In Process Complete

Appointed as: Member of the KPERS Board of Trustees

Appointment Date: 4/97 Expiration Date: 1/15/01

Term Length: 4 years Statutory Authority: KSA 75-4323

Salary: n/a Predecessor: Vern Chesbro

Statutory Requirements: none

BACKGROUND

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

<i>Education Institution</i>	<i>Dates</i>	<i>Degree</i>
<u>Varnado High School</u>	<u>1972-1976</u>	<u>Diploma</u>
<u>Dillard University</u>	<u>1976-1980</u>	<u>B.A.</u>

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

<i>Organization</i>	<i>Dates</i>
<u>Society for Human Resources Management</u>	<u>1980's - 1994</u>
<u>American Compensation Association</u>	<u>1980's</u>
<u>Employer Relocation Council</u>	<u>1988-1991</u>

Continued

2. National Association of Female Executives	1993-1995
National Black MBA Association	1991-Present
Atlanta Human Resources Association	1992- 1995
Coalition of 100 Black Women	1990- 1995

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

<i>Office Held</i>	<i>Dates</i>
NA	

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

<i>Position</i>	<i>Government Entity</i>	<i>Dates</i>
NA		

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

<i>Group</i>	<i>Compensation (yes/no)</i>	<i>Dates</i>
NA		

6. List experience or interest which qualify you for the position to which you have been appointed.

Seventeen years of increasing levels of Human Resources Management experience. Worldwide accountability for Benefits planning and administration for two multi-billion dollar corporations.

7. Summarize business and professional experience.

Human Resources management experience with major (Fortune 50) organizations).
Managed a \$60 million benefits budget for a PepsiCo company.

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

<i>Branch</i>	<i>Discharge</i>	<i>Dates</i>
NA		
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 !00 or less was imposed).

NA

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

Employed by Security Benefit Group, which provides benefits
administrative services for KPERS.

I, Regenia Moore-Lee, declare that this questionnaire is true, correct and complete to the best of my knowledge.

Regenia Moore-Lee

Signature

March 24, 1997

Date

Return completed questionnaire to Judy Krueger, Secretary of Appointments, State Capitol, Rm 226-S, Topeka, Kansas 66612.
If you have questions, please call 913/296-4052.



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

M O O R E - L E E R E G E N I A A

Last Name

First Name

MI

L E E A L F R E D J

Spouse's Name

3 5 3 7 S W A L A M E D A D R I V E

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

T O P E K A K A N S A S 6 6 6 1 4 - 5 1 1 1

City, State, Zip Code

9 1 3 ** 2 7 2 ** 5 2 0 1

Home Phone Number

9 1 3 ** 2 9 5 ** 5 1 3 3

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

K P E R S B O A R D O F T R U S T E E S

List Name of Agency, Commission or Board

[Empty grid for position]

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.

* [Empty grid for social security number]

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.	Security Benefit Group	Topeka, KS	Life insurance, annuities and mutual funds
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.	Hill's Pet Nutrition	Topeka, KS	Pet products
2.	Colgate-Palmolive	Atlanta, Georgia	Consumer products

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 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 .

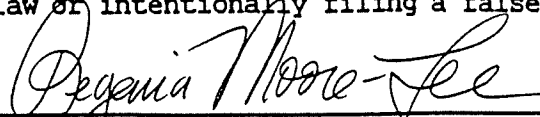
	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

H. DECLARATION:

I, Regenia Moore-Lee, 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.

March 20, 1997

Date



Signature of Person Making Statement
Regenia Moore-Lee

NUMBER OF ADDITIONAL PAGES -0-.

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

REGENIA MOORE-LEE

3537 SW Alameda Drive Topeka, KS 66614 (913) 272-5201 (h) (913) 272-5276 (o)

OBJECTIVE

To obtain a senior level human resources position in an organization that embraces human resources planning and development to meet its strategic business objectives.

ACCOMPLISHMENTS

- Managed executive searches for mid- to senior-level positions resulting in upgraded, higher standards for organization.
- Facilitated Worldwide Finance Team's development of corporate mission, goals, and values statement.
- Developed strategic plans to address integration of multiple corporate acquisitions into company's human resources systems/programs.
- Designed and implemented flexible benefits offering for two International corporations. Managed a \$60 million budget.
- Project Manager for design and installation of worldwide Human Resource Information System.
- Conceived and designed incentive compensation programs for sales and management employees.
- Managed major corporate organizational study and reorganization for CFO and team.
- Redesigned corporate benefit structures and saved company \$4 million annually.
- Restructured company human resource program offering for unionized employees that resulted in a less costly negotiated contract.
- Directed total HR effort for a 200+ multi-unit organization within a five state region. Accountable for employee relations /development strategies for 6,000+ employees.

EXPERIENCE

1996 - date **SECURITY BENEFIT GROUP OF COMPANIES**
Sr. Human Resources Consultant
Corporate Headquarters - Topeka, KS

1994 - 1996 **Human Resources Consultant** (self-employed) - Atlanta, GA
Retained consulting for PepsiCo, Inc. division and small businesses

1988 -1993 **PepsiCo, INC., KFC CORPORATION**
Regional Human Resources Manager
Mid-Atlantic Division - Atlanta, GA
Great Lakes Division - Detroit, MI

REGENIA MOORE-LEE

(PepsiCo continued)

Senior Manager, Employee Relations and Staffing
Corporate Headquarters - Louisville, KY

Group Manager, Employee Benefits and Relocation
Corporate Headquarters - Louisville, KY

1979 -1988 **BAXTER INTERNATIONAL**
PHARMASEAL DIVISION HEADQUARTERS

Manager, Compensation and Human Resources Systems
Manager, Employee Benefits
Compensation and Benefits Analyst
Professional Staffing Representative

Valencia, CA

Supervisor, Compensation and Benefits
Largest US Manufacturing Facility - Irwindale, CA

Human Resources Representative
Summer Intern

Valencia, CA

PROFESSIONAL ASSOCIATIONS

- Society for Human Resources Management
- National BMBA Association

EDUCATION

Dillard University - New Orleans, LA
Bachelor of Arts, 1980
Summa Cum Laude

STATE OF KANSAS

BILL GRAVES, Governor
State Capitol, 2nd Floor
Topeka, Kansas 66612-1590



(913) 296-3232
1-800-748-4408
FAX: (913) 296-7973

OFFICE OF THE GOVERNOR

April 18, 1997

To the Senate of the State of Kansas:

Submitted herewith for confirmation by the Senate are appointments made by me Governor of the State of Kansas as of April 18, 1997, pursuant to law.


BILL GRAVES
Governor

Member, KPERS Board of Trustees, Vern R. Chesbro, pursuant to the authority vested in me by KSA 74-4905, effective upon the date of confirmation by the Senate to fulfill an unexpired term ending January 15, 1999. Reappointed.

Commissioner, Kansas Juvenile Justice Authority, Albert R. Murray, pursuant to the authority vested in me by KSA 75-7001, effective upon the date of confirmation by the Senate to serve at the pleasure of the Governor.

Senate Ways and Means Committee

Date 5-1-97

Attachment # 2

APPOINTMENTS QUESTIONNAIRE

Office of Governor Bill Graves

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

Name: Vern Chesbro VERN R. Chesbro
Home Address: 34 Rockwood Drive
City, State, Zip: OTTAWA, KS 66067
Business Address: SAME
City, State, Zip: _____
Home Phone: 913 242 8255 Business Phone: —
Date of Birth: 10-1-25 Place of Birth: OTTAWA, KS
Party Affiliation: Rep KBI Check: NA In Process Complete
Appointed as: a member of the KPERS Board of Trustees
Appointment Date: 4/97 Expiration Date: 1/15/99
Term Length: fulfill unexpired term Statutory Authority: KSA 74-4905
Salary: n/a Predecessor: Stuart Murdock
Statutory Requirements: NONE

BACKGROUND

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

Education Institution	Dates	Degree
<u>Ottawa High School</u>	<u>1943</u>	<u>—</u>
<u>University of Denver</u>	<u>1947-1949</u>	<u>BS-BA</u>

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

Organization	Dates
<u>1988-89 INPAC - Investment Policy Committee</u>	<u>1988-89</u>
<u>Kansas Cavalry - Dep. Commander</u>	<u>1985-86</u>
<u>U.S. Telephone Assn - Pioneer</u>	<u>Current</u>
<u>Ottawa Chamber of Commerce, Ottawa, Ks.</u>	<u>Current</u>

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

Office Held	Dates
VARIOUS - Political Party Offices	1960 - 1997

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 activities for which you were compensated.

Group	Compensation (yes/no)	Dates
NONE		

6. List experience or interest which qualify you for the position to which you have been appointed.

Now Serving as Trustee, Kansas Public Employees Retirement System
Pres. & General Mgr. Companies from 100 to 1500 Employees - Corporate Officer
Major Corporation with responsibilities for Human Relations - Adm. of Company
Pension & Benefit programs covering 19,000 Employees.

7. Summarize business and professional experience.

Owned own business 10 years, Vice Pres. Int'l President Kansas Tel. Co.
and Western Ark. Tel. Co. Vice Pres. Pacific Operations Director of four
Island Tel. Cos. Vice Pres. ConTel Services, Pres. NW Division Wash. D.C.
Alaska Tel. Cos. Vice Pres. International, Cairo Egypt. - Vice Pres.
ConTel Corporation, Atlanta, GA.

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

Branch	Discharge	Dates
<u>U.S. Maritime Service</u>	<u>NA</u>	<u>1943-44</u>
<u>U.S. Navy</u>	<u>HONORABLE</u>	<u>1944-46</u>

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 !00 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, Vern R. Chesbro, declare that this questionnaire is true, correct and complete to the best of my knowledge.

[Signature]
Signature

4/17/97
Date

Return completed questionnaire to Judy Krueger, Secretary of Appointments, State Capitol, Rm 226-S, Topeka, Kansas 66612.
If you have questions, please call 913/296-4052.



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

C H E S B R O V E R A R

Last Name

First Name

MI

P h y l l i s A

Spouse's Name

2 4 R O C K W O O D D R

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

O T T A W A K S 6 6 0 6 7

City, State, Zip Code

9 1 3 ** 2 4 2 ** 8 2 5 5 ** **

Home Phone Number

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

K A N S A S P u b l i c E m p R E T S y s

List Name of Agency, Commission or Board

T R U S T E E

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.

* 9 3 1 3

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.	International Science Ctr. USA	11015 W 122 nd St	Pharmaceutical Research
2.	Consulting Fees -	Overland Park, Ks 66213	

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.	None		
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.	International Science Center, USA 11015 W. 122 nd St Overland Park, Kc	Vice President	Ken Chesbro
2.	International Business Development 11015 W 122 nd St, Overland Park, Kc.	Vice President	Ken Chesbro
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.	International Science Center, USA	11015 W 127th St	
2.	Consulting Fees	Overland Park, Kc 66213	Vern R. Chesko
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

H. **DECLARATION:**

I, Vern R. Chesko, 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.

4/17/97
Date

[Signature]
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

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