

MINUTES OF THE SENATE BUSINESS AND LABOR COMMITTEE

The meeting was called to order by Chairperson Susan Wagle at: 9:15 a.m. on March 3, 2010 in Room 548-S of the Capitol.

All members were present.

Committee staff present:

Ms. Margaret Cianciarulo, Committee Assistant  
Mr. Reed Holwegner, Kansas Legislative Research Department  
Ms. Kathie Sparks, Kansas Legislative Research Department  
Mr. Ken Wilke, Kansas Office of the Revisor of Statutes

Conferees appearing before the Committee:

Others attending:

See attached list.

### **Approval of Minutes**

The Minutes of January 14, 19, 26, & 27 Minutes of the Senate Business & Labor Committee stand as approved on March 5, 2010.

### **Hearing on Consideration of Reappointment**

A Joint Committee meeting was held by the Senate Commerce Committee and the Senate Business and Labor Committee for confirmation hearings brought before both Committees. Upon completion of Chairperson Brownlee's confirmations, Chairperson Wagle announced to the Committee the next order of business was the consideration of Governor Parkinson's reappointment of Mr. Keith A. Lawing, Member, Public Employee Relations Board.

A copy of the Senate Confirmation Information Summary is (Attachment 1) attached hereto and incorporated into the Minutes by reference.

After the Committee looked over the summary, the Chair asked for questions or comments from the Committee. Senator Schodorf offered comments that she personally knew Mr. Lawing and felt the reappointment was well deserved.

As there was no further discussion, Senator Schodorf made a motion to support the reappointment on the floor. Senator Reitz seconded the motion and the motion carried.

### **Adjournment**

As there was no further business, the meeting was adjourned. The time was 9:30 a.m.

The next scheduled meeting is on call of the Chair.



**Senate Confirmation Information Summary**  
*Prepared and Submitted by the Office of Governor Mark Parkinson*

**Appointee:** Keith A. Lawing

**Position:** Member, Public Employee  
Relations Board

**Term Length:** 4 years

**Expiration Date:** March 15, 2013

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**Statutory Authority:** K.S.A. 75-4323

**Party Affiliation:** Democrat

⇒ Statutory geographic representation  
Requirements (*insert any that apply*)

Congressional District:

County:

Size requirement (*if any*):

Other, specify:

⇒ Statutory party affiliation requirement:

Not more than three members of the board shall be members of the same political party.

⇒ Statutory industry or occupation requirements:

One member shall be representative of public employers, one member shall be representative of public employees, and three members shall be representative of the public at large and hold no other public office or public employment.

**Salary:** N/A

**Predecessor:** Himself - reappointed

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**Board Composition Prior to Confirmation of New Appointee:**

*(SEE ATTACHED LIST)*

# Public Employee Relations Board

1-2

Gov Appts: 5  
Total Appts: 5

**Term Length:** Four Years  
**Notes:** Meets 3-4x/yr. 1 rep. of public employees; 1 rep. of public employers; 3 from public at large who shall hold no other public office or public employment. Chair selected by Board from public members.

**Contact:** Douglas Hager  
Department of Labor  
401 SW Topeka Blvd  
Topeka, KS 66603  
785/368-6224

**Statute:** KSA 75-4323

**Party Ratio:** 3:2

**Confirmation:**

**Gov Appt Counts** Male/Female

1st-2nd-3rd-4th

R / D / U

**Board Active**

**Term Limit:**

**Reg Board**

4 : 1

0 : 3 : 1 : 1

1 : 3 : 1

\*\* Member fully assumed duties but awaits confirmation by the Full Senate

	<u>County</u>	<u>Affiliation</u>	<u>CD</u>	<u>H</u>	<u>S</u>	<u>Appointment Date</u>	<u>Expiration Date</u>	<u>Reapt</u>
Gorman, Mr. Kenneth W. 1142 SW Kent Place Topeka, KS 66604-2047 kgrm@cox.net	Shawnee	U	2	56h	18s	6/18/2008	3/15/2011	<input checked="" type="checkbox"/>
<p><b>Position:</b> a member <b>Succeeds:</b> himself -- reappointment <b>Appointed By:</b> Governor <b>Nominations:</b> <b>Statutory Remarks:</b> Public Member <b>Seat #:</b> 002</p>								
Lawing, Mr. Keith A. 2060 N. Westridge Ct. Wichita, KS 67203 keith@workforce.ks.com	Sedgwick	D	4	92h	25s	9/12/2006	3/15/2009	<input checked="" type="checkbox"/>
<p><b>Position:</b> a member <b>Succeeds:</b> Sabrina Standifer <b>Appointed By:</b> Governor <b>Nominations:</b> <b>Statutory Remarks:</b> Public Member <b>Seat #:</b> 001</p>								
Loomis, Professor Burdett A. 701 Louisiana Street Lawrence, KS 66044 bloomis@ku.edu	Douglas	D	3	44h	2s	9/12/2006	3/15/2010	<input checked="" type="checkbox"/>
<p><b>Position:</b> a member <b>Succeeds:</b> Keith Lawing <b>Appointed By:</b> Governor <b>Nominations:</b> <b>Statutory Remarks:</b> Public Employee <b>Seat #:</b> 004</p>								

	<u>County</u>	<u>Affiliation</u>	<u>CD</u>	<u>H</u>	<u>S</u>	<u>Appointment Date</u>	<u>Expiration Date</u>	<u>Reapt</u>
Maichel, Mr. Wayne 108 Gemini Silver Lake, KS 66539	Shawnee	D	2	51h	18s	8/5/2005	3/15/2009	<input checked="" type="checkbox"/>

**Position:** a member  
**Succeeds:** himself--reappointed  
**Appointed By:** Governor  
**Nominations:**  
**Statutory Remarks:** Public Employer Representative

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O'Grady, Ms. Sally S. 5956 SW 23rd Terrace Topeka, KS 66614 longts@sbcglobal.net	Shawnee	R	2	52h	20s	3/20/2007	3/15/2011	<input checked="" type="checkbox"/>
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**Position:** a member  
**Succeeds:** herself -- reappointed  
**Appointed By:** Governor  
**Nominations:**  
**Statutory Remarks:** Public Member  
**Seat #:** 005





## CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, Keith Lawing (print name) acknowledge that as part of the

Senate Confirmation Oversight Committee process I will:

- be subject to a criminal records background investigation by the Kansas Bureau of Investigation; and
- have my tax records released by the Kansas Department of Revenue.

Such information will not be released to the general public, but will be made available for review at the appropriate time by:

- Myself;
- My appointing authority;
- Chairperson of the Senate Confirmation Oversight Committee; and
- The Vice Chair of the Senate Confirmations Oversight Committee.

By signing the "Authorization and Certification" section (on page 8) of the Senate Confirmation Oversight Committee questionnaire, the Kansas Department of Revenue will be authorized to release my tax information and the Kansas Bureau of Investigation will be authorized to conduct a criminal background investigation on me and provide that information to the appropriate individuals.

Signature Keith Lawing Date 12/1/09



**Kansas  
Senate**  
**CONFIRMATION OVERSIGHT COMMITTEE**  
**APPOINTMENT QUESTIONNAIRE**

Full Name: Keith Aron Lawing  
(please include title and middle name along with any names previously used)

Home Address: 2060 Westridge Ct Wichita 67203  
(Street Address) (City, State, Zip)

Driver's License Number: [REDACTED] Social Security Number: [REDACTED]

Position to which Appointed: Public Employees Relation Board

Appointing Authority: Governor

\* Information on this page will not be made public but is used by the KBI and Department of Revenue.



(for Committee use only)		
KBI Check: N/A	In-Process	Complete
DOR Check: N/A	In-Process	Complete

This Questionnaire is to be fully completed by each appointee appearing before the Senate Confirmation Oversight Committee (Committee) and returned to the Committee Chairman's Office. A meeting of the Committee to consider an appointee will not be scheduled until a completed questionnaire and other forms are received by the Chairman. Please answer each question completely to the best of your knowledge. Should a question not be applicable, please so state. Hand-written responses are strongly discouraged. If filling out this form electronically, "☐" should be replaced with "X" by the appropriate response on the form. Please contact your appointing authority if you have questions when completing the form.

Full Name: Keith Aron Lawing  
(please include title and middle name along with any names previously used)

Position to which Appointed: Public Employees Relations Board

Appointing Authority: Governor

Home Address: 2060 N. Westridge Ct Wichita 67203  
(Street Address) (City, State, Zip)

Business Name: Workforce Alliance of South Central Kansas

Business Address: 150 N. Main, suite 200 Wichita 67202  
(Street Address) (City, State, Zip)

Position Title: Executive Director

Home Phone: 316 940 3313 Business Phone: 316 771 6600 Cell Phone: 316 640 1405

Fax Number: 316 771 6690 E-Mail Address: Keith@workforce-ks.com

Kansas resident?  Yes /  No Date of Birth: 2/1/66 Place of Birth: Wichita

Registered Voter? yes Party Affiliation: Democrat

Congressional District: 4 Kansas Senate District: \_\_\_\_\_ Kansas Representative District: \_\_\_\_\_

Do you have the legal right to live and work in the United States?  Yes /  No

Please answer the following questions numbered 1 – 43. Each question MUST BE ANSWERED ON THIS ORIGINAL FORM. If the answers the question are provided on your resume, please state "See Resume" or if you supply additional attachment(s) with answers, please state "See Attachment(s)" on this form.

1. What is your educational background? see resume
2. Describe your employment experience. Include any expertise related to the position to which you were appointed. see resume

3. List any professional licenses that you have obtained and include the number for each license.  
*None*
4. Why do you feel you are a good candidate for the position to which you have been appointed?  
*Public policy background, experience with employment issues*
5. What do you see as the purpose or mission of the role to which you have been appointed?  
*Review cases before the Board and make decisions consistent with state statutes*
6. Military Service: List rank, date and type of discharge from active service.  
 None
7. Government Experience: List any experience or association with local, state or federal government (exclusive of elective public office but including advisory, consulting, honorary, appointed or other part-time service or positions) and include dates of service.  
 None *City of Wichita Historic Preservation Board, 1999-2003*
8. Elective Public Office: List all elective public offices sought and/or held with dates of service.  
 None
9. Campaigns: Have you ever played a role or held a position in a political campaign? If so, please identify the candidate(s), the dates of the campaign and describe your involvement.  
 No  Yes *Docking for Senate, 1986 County Coordinator  
Carlisle for Governor, 1990 Personal Aide, and see Resume*
10. Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.  
 None *Hugo Wall School Fellowship, Wichita State University 1996*
11. Organization Affiliations: List all civic, cultural, educational, charitable, or work-related organizations that you have been associated with in the past ten years. Include any position held in the organization and the dates of service.  
 None *Mid Kansas American Red Cross, Board of Directors 2006-current*
12. Organization Restrictions: To your knowledge, is any organization listed above restricted on the basis of race, color, religion, sex, national origin, disability, marital status or veteran status? If so, please describe.  
 No  Yes
13. Issues: Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue? If so, please describe.  
 No  Yes
14. Submission of Views: Have you ever submitted oral or written views to any governmental authority, whether executive or legislative, or to the news media on any particularly controversial issue other than in an official governmental capacity? If so, please describe.  
 No  Yes
15. Associations: Have you ever had any association with any person, group or business venture that could be used, even unfairly, to impugn or attack your character and qualifications for the position to which you seek to be appointed? If so, please describe.  
 No  Yes

16. Opposition: Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your appointment? If so, please identify and explain the basis for the potential attack.  
 No  Yes
17. Miscellaneous: List any factors, other than the information provided above, which particularly qualifies you or is relevant to the position to which you are seeking appointment? Include any special skills.  
 None
18. Relationship to Governmental Employees: Are you or your spouse or other close family members related to any state governmental official or employee? If so, please provide details.  
 No  Yes
19. Compensation: During the past five years, have you or your spouse or other close family members received any compensation or been involved in any financial transaction with the State of Kansas? If so, please explain.  
 No  Yes
20. Business Relationships: Describe any business relationship, dealing or financial transaction which you have had during the last five years, whether for yourself, on behalf of a client or acting as an agent, which you believe may constitute an appearance of impropriety or result in a potential conflict of interest in the position to which you want to be appointed. If none, please so state.  
 None
21. Transactions with Officials: During the past five years, have you or your spouse or other close family members received any compensation or been involved in any financial transaction with any state government official? If so, please explain.  
 No  Yes
22. Spouse or Other Family Members: If the nature of employment for your spouse or other close family member is related in any way to the position to which you have been appointed, please indicate the employer, the position and the length of time it has been held. If not, please so state.  
 No  Yes
23. Lobbying Activities: Describe any lobbying activity during the past ten years in which you and/or your spouse have engaged for the purpose of influencing the passage, defeat or modification of any legislative or administrative action. Lobbying activity includes any activity performed as an individual or agent of another individual, or of any organization that involves direct communication with an official in the executive branch of state government or any official of the legislative branch. If none, please so state.  
 None
24. Regulated Activities: Describe any interest that you, your spouse or other close family member may have (whether as an officer, owner, director, trustee, or partner) in any corporation, firm, partnership or other business enterprise and any non-profit organization or other institution that is regulated by or receives direct financial benefits from any department or agency of the State of Kansas. If none, please so state.  
 None

25. Other: Please describe any other matter in which you are involved that is or may be incompatible or in conflict with the discharge of the duties of the position to which you have been appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position. If none, please so state.

None

26. Conflict of Interest: How would you resolve any potential conflicts of interest that, while maybe unforeseen at this point in time, could arise? *Declare the conflict and not participate in deliberations.*

27. Citations: Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please provide details.

No  Yes

28. Convictions: Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a traffic infraction? (Please include any offenses of driving under the influence, operating while impaired, reckless driving, or the equivalent offenses in other states.) If so, please explain.

No  Yes

29. U.S. Military Convictions: Have you ever been convicted by any military court? If so, please provide details.

No  Yes

30. Imprisonment: Have you ever been imprisoned, been on probation or been on parole? If so, please provide details.

No  Yes

31. Agency Proceedings/Civil Litigation: Are you presently, or have you ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If so, please provide details.

No  Yes

32. Agency Proceedings and Civil Litigation of Affiliates and Family: a.) Is your spouse or other close family member currently, or ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If so, please provide details.

No  Yes

b.) Has any business in which you, your spouse, close family member or business associate are or were an officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you are seeking appointment? If so, please provide details. (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member, or business associate were an officer of that business.)

No  Yes

33. Other Litigation: a.) Other than the litigation described in question 32, have you or any business in which you are or were an officer, director, or partner been a plaintiff or a defendant in a civil lawsuit? If so, please describe.  
 No  Yes
- b.) Are you aware of any pending or anticipated litigation against you or any business in which you are an officer, director, or partner? If so, please describe.  
 No  Yes
34. Drivers License: Has your driver's license ever been suspended or revoked? If so, please describe.  
 No  Yes
35. Parking Tickets: Do you have outstanding parking tickets from any jurisdiction that have remained unpaid for more than 60 days? If so, please explain.  
 No  Yes
36. Security Clearance Denial: Have you ever been denied a military or other governmental clearance? If so, please explain.  
 No  Yes
37. Firings: a.) During the past ten years, have you been fired from a job for any reason? If so, please explain.  
 No  Yes
- b.) During the past ten years, have you quit a job after being told that you would be fired? If so, please explain.  
 No  Yes
- c.) During the past ten years, did you leave a job by mutual agreement because of specific problems? If so, please explain.  
 No  Yes
38. Alimony and Child Support: Are you now, or have you ever been, delinquent in the payment of alimony or child support? If so, please explain  
 No  Yes
39. Consumption of Alcohol: Have you ever or are you currently abusing alcohol? If so, please explain.  
 No  Yes
40. Controlled Substances: Have you ever or are you currently engaged in the illegal use of a controlled substance or abusing the use of a prescribed controlled substance? If so, please explain.  
 No  Yes
41. Physical Examination: If you receive a conditional offer of appointment or employment, would you be willing to take a physical examination, which may include a drug test?  
 No  Yes

42. Governmental Delinquencies: Are you delinquent in the payment of any obligation owed to the federal or state government or any political or taxing subdivision or any instrumentality thereof? (Include delinquencies in the payment of: Income, property, or other taxes; exactions, fees or special assessments; loans, including any defaults, on or under loans which are or were made by, guaranteed, insured or subsidized by any unit of government or instrumentality thereof; overpayment of benefits; required payments into or under governmental programs; payments under a diversion arrangement or other repayment schedule.) If applicable, please state whether such delinquency is under formal appeal.

No  Yes

43. Other: Please provide any additional information, favorable or unfavorable, which you feel should be considered in connection with your appointment. If none, please so state.

None

Please include resume and completed Statement of Substantial Interest not more than twelve months old.

#### REFERENCES

Name: Dr. Jackie Vietti Knows you how?: Professional Relationship

Address: 901 S. Haverhill Rd El Dorado KS 67042  
(City, State, Zip)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: Dave Unruh Knows you how?: Professional Relationship

Address: 525 N. Main Wichita KS 67202  
(City, State, Zip)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: Bev Morlan Knows you how?: Personal Friend

Address: 1900 E. Douglas Wichita KS 67203  
(City, State, Zip)

Home Phone: \_\_\_\_\_ Business Phone: 316-219-4086

Name: Mark Conway Knows you how?: Professional Relationship

Address: 1114 S. Santa Fe Wichita KS 67211  
(City, State, Zip)

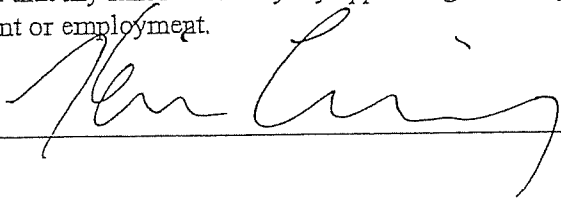
Home Phone: \_\_\_\_\_ Business Phone: 316-269-1549

AUTHORIZATION AND CERTIFICATION:

The facts set forth in my application are true and complete. False statements, answers, or omissions on this application shall be sufficient cause for nonconsideration or for dismissal after appointment or employment. I also recognize that my selection is based on receipt of satisfactory information from former employers and references, and upon my ability to perform the essential elements, with or without reasonable accommodations, for the position for which I am applying. I herein authorize investigation, without liability, of the information supplied by me in this application for employment or appointment including academic, occupational, health, law enforcement, and government records. I also authorize listed employers and references, without liability, to make full response to any inquiries in connection with this application for appointment or employment. I understand and agree that the terms, conditions, compensation, benefits, hours, schedule, and duration of my appointment or employment may be determined, changed, or modified from time to time at the will of the appointing authority or designee without limitation or condition. I FURTHER CERTIFY THAT I HAVE READ THE FOREGOING PARAGRAPH AND KNOWINGLY MAKE THIS AUTHORIZATION BY SETTING FORTH MY SIGNATURE.

I understand that if I am required to be registered, licensed, or certified by federal or state law or regulation for the position I seek, I will notify the appointing authority immediately if any investigation, limitation, or cancellation of my registration, licensure, or certification occurs. If any investigation, probation, limitation, or cancellation occurs, I understand that my failure to notify my appointing authority as described above will result in the termination of my appointment or employment.

Signature



Date

12/7/09

STATE OF KANSAS



KANSAS GOVERNMENTAL ETHICS COMMISSION

ELECTRONIC STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS: This statement must be completed by individuals who are required to do so by law. 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 785-296-4219.

A. IDENTIFICATION:

Lawing
Last Name

Keith
First Name

A
MI

Kimberly
Spouse's Name

2060 Westridge Ct

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

Wichita, KS 67203

City, State, Zip Code

(316) 440-3313

Home Phone Number

(316) 771-6600

Business Phone Number

B. THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE:

( check one or more of the following )

- 1. State Elected Official (Governor, Lt. Governor, Attorney General, Commissioner of Insurance, State Treasurer, Secretary of State, State Senator, State Representative, Member of State Board of Education or District Attorney);
2. Appointed Member of a State Board, Council, Commission or Authority;
3. Appointed State Position is Subject to Senate Confirmation;
4. Employee of a State Agency or University;
5. General Counsel for a State Agency;
6. Candidate for State Office.
7. Other (Contractor / Member of Compact)

Public Employee Relations Board

List the Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms)

Board Member

Position

Division if applicable (May use acronyms)

\* 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. \*

Four empty boxes for social security number digits

Handwritten number 1-14



**C. OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts 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  See Attachment

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
1.				

**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.		

**E. RECEIPT OF COMPENSATION: (Part 1)** 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. Workforce Alliance of SCKS	150 N. Main, Wichita, KS, 67202	not for profit

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.		

**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. American Red Cross, Midway Kansas 1900 E. Douglas, Wichita, KS 67201	Board of Directors, member	self

**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.			

H. **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.

Date Electronically Filed: 05/26/2009  
Name of Person Making Statement: Keith Lawing

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C. OWNERSHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts 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. KAL

	BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
1.	TIAA-CREFP	Mutual Fund	Retirement account	(0%) N/A	KAL
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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

X.

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