

# Senate Confirmation Information Summary

*Prepared and Submitted by the Office of Governor Sam Brownback*

**Appointee:** James Cusser

**Position:** Member, Kansas  
Development Finance Authority

**Expiration Date:** January 15, 2017

**Term Length:** Four Years

**Statutory Authority:** K.S.A. 74-8903

**Party Affiliation:** R

- **Statutory geographic representation requirements:** N/A

**Congressional District:** 3

**County:** Johnson

**Size Requirement (if any):** N/A

**Other, specify:** N/A

- **Statutory party affiliation requirement:** Not more than three members shall be members of the same political party.
- **Statutory industry or occupation requirements:** N/A

**Salary:** N/A

**Predecessor:** Audrey Langworthy

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

Senate Ways and Means Committee  
Date: 03-21-2013  
Attachment #: 1

Division if applicable (May use acronyms)

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. \*

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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

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. Johnson County Community College	12345 College Blvd O.P. Kansas	education

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. Sarah Jane Nagel Trust (Florida)	6400 High Drive Mission Hills KS 66208	administrator of personal trust (mother)

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.

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