

Approved: 05/06/10

Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:00 p.m. on May 3, 2010, in Room 546-S of the Capitol.

All members were present.

Committee staff present:

Renae Jefferies, Office of the Revisor of Statutes
Iraida Orr, Kansas Legislative Research Department
Melissa Calderwood, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Conferees appearing before the Committee:

Gene Bicknell, State Public Trust
James Dahmen, State Public Trust
John Delmont, State Public Trust
Eddie Hamilton, State Public Trust
Betty McBride, State Public Trust
Nicholas Kramer, Kansas Health Policy Authority
Kathleen Selzer Lippert, Board of Healing Arts

Others attending:

See attached list.

The meeting was convened to consider confirmation recommendations for seven individuals. Five individuals appointed to the State Public Trust - Treece Buyout Board of Trustees by the Governor, one individual appointed to the Office of Inspector General by the Kansas Health Policy Authority Board, and one individual to the position of Executive Director by the Kansas State Board of Healing Arts.

Chairman Barnett welcomed those attending and announced that hearings would begin with appointees to the State Public Trust. Information relative to the bill which created this panel was electronically distributed to committee members.

Confirmation Hearing for State Public Trust - Treece Buyout Board of Trustees

Gene Bicknell reviewed his professional, educational, and public service experience. He indicated he was born in Picher, Oklahoma, and he described his early background in Picher which was formerly a center of lead and zinc mining. Discoveries of ground contamination and the possibility of mine cave-ins under the city prompted its population's evacuation. Subsequently, a similar public trust, The Tar Creek Superfund, was created. Mr. Bicknell described some of the issues with the Picher Superfund, and he shared his family's personal experience which would provide insight into his service on the Treece Public Trust (Attachment 1).

Upon a motion by Senator Schmidt and a second by Senator Kelly to recommend confirmation of Gene Bicknell to the State Public Trust - Treece Buyout to the Senate, the motion passed.

James Dahmen, a resident in Cherokee County, described his experience to Senators. He indicated that when a community is dying, it is the responsibility others to provide opportunities for its residents to have a better life. He described his desire to assist in appropriate intervention and to ensure dollars in the Public Trust are spent wisely (Attachment 2).

Upon a motion by Senator Kelsey and a second by Senator Haley to recommend confirmation of James Dahmen to the State Public Trust - Treece Buyout; the motion passed.

John Delmont, a former County Commissioner in Cherokee County for 25 years, described his experience and his observations of the mining operations in Treece, particularly since his family members worked in that industry. He shared he was well acquainted with residents in Cherokee County and indicated his desire to assist the Treece community (Attachment 3).



CONTINUATION SHEET

Minutes of the Senate Public Health and Welfare Committee at 1:30 p.m. on May 3, 2010, in Room 546-S of the Capitol.

Senator Huntington inquired whether Mr. Delmont had knowledge of any cluster illness, particularly, related to "lead." Mr. Delmont indicated he could not provide information specific to "lead" illness, however, the dust resulting from mining caused a disease called "silicosis" which was irreversible and affected the respiratory system.

Upon a motion by Senator Kelly and a second by Senator Colyer to recommend confirmation of John Delmont to the State Public Trust - Treece Buyout; the motion passed unanimously.

Eddie Hamilton, a County Commissioner in Cherokee County, was present and commented upon the infrastructure maintenance performed by the county government. He expressed his desire to help the residents of Treece relocate (Attachment 4).

Upon a motion by Senator Haley and a second by Senator Huntington to recommend confirmation of Eddie Hamilton to the State Public Trust - Treece Buyout; the motion passed.

Betty McBride described her public service experience and indicated she had served as the Cherokee County Treasurer from 1969 until 1991. She indicated she was familiar with Treece residents and described the devastation in the community (Attachment 5).

Upon a motion by Senator Brungardt and a second by Senator Colyer to recommend confirmation of Betty McBride to the State Public Trust - Treece Buyout; the motion carried unanimously.

Senator Barnett thanked all appointees for attending and asked whether there were special guests to be introduced. Mr. Hamilton and Mr. Delmont introduced their wives, Barbara and Ruth, respectively.

Confirmation Hearing for the Medicaid Inspector General - Kansas Health Policy Authority

Nicholas Kramer referred Senators to his Confirmation Information Summary and distributed some additional written comments (Attachment 6 and Attachment 7). He commented relative to the IG position at KHPA emphasizing that the IG office is independent of KHPA management and the importance of providing findings and recommendations without impairment or improper influence. Mr. Kramer described the three vital functions/objectives of his office, the engagement of the Surveillance and Utilization Review Unit (SURS) and the Medicaid Fraud Control Unit (MFCU) in investigation and prevention of fraud/abuse, and his commitment to serving in a competent, professional manner.

Senator Schmidt asked if Mr. Kramer's office is included in the KHPA budget. Mr. Kramer affirmed that his office expenditures are included in the KHPA budget under a separate line item approved by the Kansas Legislature. Senator Schmidt inquired whether Mr. Kramer's office independently investigates fraud/abuse reports. Mr. Kramer responded his staff consists of two professional and one support staff member; while preliminary investigations can be conducted, the Attorney General's office is better trained and staffed to conduct in-depth investigations. Senator Schmidt requested clarification between the term "audit" and "investigation." Mr. Kramer elaborated that an audit usually involves a KHPA program to determine whether control measures in place effectively mitigate any adverse outcome or risk related to Medicaid claims. Such audits usually contain program analysis and recommendations (relative to Medicaid claims and controls) and are reported to the KHPA Board of Directors. Mr. Kramer indicated his office reports directly to the Finance and Audit Committee (KHPA Board of Directors). Senator Schmidt asked if Mr. Kramer, in his role as Inspector General, would change or revise a report upon the request of a KHPA Board Member. Mr. Kramer responded that he would not change or revise a report upon a Board member's request. Senator Schmidt inquired whether Mr. Kramer, as the Inspector General, would provide recommendations to the Kansas Legislature to which Mr. Kramer responded affirmatively.

Senator Kelly commented that numbers between \$25 to \$70 million in Medicaid fraud have been projected in various committee meetings. She asked whether Mr. Kramer had any sense as to the reality of numbers being quoted. Mr. Kramer indicated he could not comment given his short tenure (5 months) with the agency. Senator Kelly followed with a question related to how much money is

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captured using SURS and MFCU. Mr. Kramer indicated he would provide that information at a later date.

Senator Colyer suggested that Mr. Kramer appear at the Senate Public Health and Welfare Committee early in the next session to report on OIG goals, obstacles encountered, and successful implementation of objectives.

Senator Huntington asked whether two professional staff members were adequate to achieve OIG goals. Mr. Kramer indicated that many other OIG offices around the country have larger staffs, his focus is to use the resources allocated to address the most vulnerable areas encountered.

Upon a motion by Senator Schmidt and a second by Senator Colyer to recommend confirmation of Nicholas Kramer as the Medicaid Inspector General, Kansas Health Policy Authority; the motion carried.

Confirmation Hearing for Executive Director - Kansas State Board of Healing Arts

Kathleen Selzer Lippert acting interim director, introduced Board members present: Dr. Michael Beasley, president; Dr. Myron Leinwetter, vice president; Dr. Kimberly Templeton, member; Betty McBride, member; and Gary Counselman, member. Ms. Lippert briefed those attending on her professional career focusing on the pursuit of public service and public protection. She commented that her background in litigation provides the experience to enforce state laws that safeguard the public and strengthen the healing arts professions (Attachment 8).

Senator Huntington asked Ms. Lippert what challenges exist at the Board of Healing Arts. Ms. Lippert indicated that in the past, the BOHA has come under intense scrutiny. She explained the largest challenges are to effectively and efficiently license healing arts providers and to hold them accountable when expectations are unmet. In addition, utilizing pro-active education for healing arts professionals (beginning at the post-graduate level) to enable them to successfully provide care in the community and to reduce the number of complaints/investigations coming the Board of Healing Arts.

Upon a motion by Senator Schmidt and a second by Senator Haley to recommend confirmation of Kathleen Selzer Lippert as the executive director, Kansas State Board of Healing Arts; the motion carried unanimously.

The meeting was adjourned at 2:02pm

PUBLIC HEALTH AND WELFARE
GUEST LIST
May 3, 2010

| NAME | AFFILIATION |
|-------------------------|------------------------|
| Kathleen Sebler Hippert | KSBHA |
| Gary Counselman, DC | KSBHA - Member |
| Beth McBride | Treece Trustee |
| Gabus J. Hamilton | Guest |
| Eddie J. Hamilton | TREECE TRUST |
| Jim Alkman | Treece Trust Appointee |
| Myron Leinwetter | KSBHA |
| Sandy Leinwetter | Guest |
| Bob D. Miller | KADN |
| Stampler | KSBHA |
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Senate Confirmation Information Summary
Prepared and Submitted by the Office of Governor Mark Parkinson

Appointee: Gene Bicknell

Position: Member, State Public Trust – Treece Buyout Board of Trustees

Expiration Date: March 15, 2013

Term Length: Four year

Statutory Authority: KSA 2009 Supp.49-512

Party Affiliation: Republican

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

County:

Size requirement *(if any)*:

Other, specify:

⇒ Statutory party affiliation requirement:

⇒ Statutory industry or occupation requirements:

Salary: N/A

Predecessor: New Position

Board Composition Prior to Confirmation of New Appointee:

(SEE ATTACHED LIST)

Senate Public Health & Welfare
Date:
Attachment:

05/03/10

1

GENE BICKNELL
Businessman, Civic Leader, Philanthropist

100 N. Pine • Pittsburg, Kansas 66762 • work phone: 620/231/3390
fax: 620/231/1199 • email: gene.bicknell@ogboffice.com

Highlights of Business Accomplishments

Founder of five companies:

- NPC International, Inc. – world's largest Pizza Hut franchisee with 1100 stores; 35,000 employees nationwide
- Pitt Plastics, Inc. – manufacturer of polyethylene can liners and other types of packaging and storage bags, three domestic plants and affiliates in Asia.
- National Mills, Inc. – manufacturer of t-shirts and provider of other screen printing services; affiliates in Latin America
- Zouire – national promotional apparel and supplies company; client list includes major corporations
- M.S. Productions, Inc. – oil development and reserve operation

Additionally, has numerous investments in farm, cattle, motel, commercial properties and real estate. Serves on the Board of Directors of Parkview Land Developers., and University National Bank.

Highlights of Public Service/Political Activities

- Founded the O. Gene Bicknell Center for Entrepreneurship in the Pittsburg State University College of Business
- Taught courses on entrepreneurship at Pittsburg State University and Wichita State University; served as an adhoc professor at Kansas State University, lectured at numerous universities across the country
- Served on the national board of directors for the Students in Free Enterprise (SIFE)
- Appointed by Kansas Gov. Mike Hayden to state-wide economic development task force
- Appointed by Kansas Gov. Bill Graves to co-chair a state-side task force on education
- Served as president of the Highway 69 Association
- Served as chairman of the Pittsburg State University Presidential Search Committee
- Served on the board of directors for the Kansas City Board of Trade
- Served on numerous Pittsburg community boards including Mt. Carmel Medical Center, Pittsburg Area Chamber of Commerce, Pittsburg YMCA, United Way, Salvation Army
- Served in a leadership role in Pittsburg NOW!, a community-based economic development organization
- Helped found the PSU Alumni Foundations; Served as president of the PSU Foundation, Inc., current member of the Foundation executive committee
- Republican candidate for Governor of Kansas in 1986 and 1994
- Delegate to the National Republican conventions in 1988 and 1992
- Served as a precinct committeeman; Worked on the election campaigns of numerous public office holders including U.S. Senator Robert Dole, Congressman Joe Skubitz, Senator Sam Brownback, Congressman Jim Ryun and several gubernatorial candidates; was active in the Bush-Quayle campaign

Philanthropist

- Established the Gene Bicknell Celebrity Charity Golf Tournament in 1991 with proceeds going to Pittsburg State University Athletics and Mt. Carmel Medical Center. The annual golf tournament has generated more than \$1.3 million for the university and medical center in its 15 year history

Gene Bicknell

PERSONAL:

Gene Bicknell was born in Picher, Oklahoma. He had four brothers and one sister. A poor family, but with strong values and hard work ethic. His family moved to Kansas when he was a small child. When he was 16 he attended college at what is now Pittsburg State University. He worked his way through college while he obtained his degree in business. Later returning to earn his MBA from Pittsburg State. He spent two years in the Army at Ft. Leonard Wood. After his active duty period from 1953 to 1955, Gene remained in the Army Reserve until his discharge in 1961.

Gene is married. His wife Rita, has a degree in Law from Washburn University, and is currently an attorney with the William L. Phalen - Rita J. Bicknell law firm in Pittsburg. Gene has five grown children, eighteen grandchildren and four great grandchildren.

WORK HISTORY:

In 1955 Gene went to work for the Goodyear Tire and Rubber Company in Topeka, Kansas. He left Goodyear to begin a career in Insurance sales with New York Life. Gene was a New York Life Insurance representative in the Pittsburg area and worked his way from sales to management. He continued to work for New York Life until 1971.

In 1962, while working for New York Life, Gene bought into the Pizza Hut system. Becoming a franchisee for Pittsburg, Kansas and Joplin, Missouri. Working at night and staffing with college students, Gene expanded with Pizza Huts in Kansas, Missouri, Arkansas and Oklahoma, Louisiana, Tennessee, Mississippi and Alabama.

Gene founded a pizza company in 1965 known as C.B. International. The company became Southeast Pizza Huts, Inc. in 1979. In 1984 Southeast Pizza Huts became a publicly held company and the name then changed to National Pizza Company. National Pizza Company, now known as NPC International, Inc., went from a publicly held company to a privately held restaurant group in August of 2001 and currently consists of over 1100 Pizza Hut restaurants operating across the United States. In May of 2006 Gene sold his interests in NPC International to Merrill Lynch and Assoc. of New York.

In 1971, Gene founded Pitt Plastics, Inc., a plastic can liner manufacturing company. Pitt Plastics, Inc. has steadily grown through the years, continually increasing and improving their product line. Through the 34 years of operation several major expansion projects were completed which added additional bag manufacturing lines, more technological procedures, and additional warehousing and inventory space to the facility. These expansions helped to position Pitt Plastics, Inc., as one of the top plastic can liner, packaging and storage bag manufacturers in the country. In 2001, Pitt Plastics acquired Capital Poly another can liner manufacturing company with plants in Columbus, Ohio and Atlanta, Georgia.

In addition to the position he held with NPC, International and currently holds with Pitt Plastics, Gene is Chairman of the Board of Zouire, which sells promotional items such as T-shirts, denim shirts, pique golf shirts, sweaters, jackets, hats, etc., to major corporations throughout the U.S.

Gene is on the board of two smaller banks, SIFE (Students in Free Enterprise), and various other boards for groups (non-profit and advisory) across the Nation.

COMMUNITY SERVICE AND OTHER ACTIVITIES:

Gene was on the Pittsburg City Council and was the youngest Mayor ever in Pittsburg, Kansas. He served on the USD 250 School Board, and was a finance board member of the Kansas 125th Anniversary Commission, as well as, the Board of Mt. Carmel Medical Center.

He has chaired every major fund raising drive in Pittsburg: Red Cross, Salvation Army, Cancer Society, Athletic Scholarships, YMCA, United Way, and most recently was honorary chairman of the "Legacy of Hope" drive for the Cancer Center at Mt. Carmel Medical Center and is one of the current fund raising chairman for the Salvation Army drive in Pittsburg. He also chairs the \$100,000,000 PSU campaign.

Gene founded the O. Gene Bicknell Center for Entrepreneurship at Pittsburg State University. He was also one of the founders of the Alumni Foundation of Pittsburg State. He is currently on the Board of Councilors at Pitt State and, Gene served as Chairman of the Search Committee for the new President of Pittsburg State and Chairman of the Technology Center fund drive. He has taught MBA students at Pitt State and has also taught as an ad hoc professor at Pitt State University and lectured at Wichita State University and Kansas State University as well as other major Universities throughout the United States and abroad.

An authority on Human Behavior patterns and motivation, self improvement and people skills, he has designed a graduate course in Entrepreneurship which designates planning, preparation and research, personal development and improvement, while encompassing business planning and long range thinking skills; such as intuitiveness and sense of urgency, listening and learning.

Gene began the O. Gene Bicknell Celebrity Charity Golf Tournament in 1991, which benefited Pittsburg State University and Mt. Carmel Medical Center. The Tournament was held each year in Pittsburg, Kansas during the month of July. It showcased the community and brought recognizable celebrities to Pittsburg. Steve Jones, Tom Purtzer, Wedgy Winchester have anchored the Pro-Am. While baseball and football greats and Hall of famers lead the sports celebrities. Brett Favre - Steve Owens in Football; George Brett - Enos Slaughter - Hank Bauer - Ralph Terry in Baseball; Robert Newman - Pat Boone - Peter Marshall - Jimmie Rodgers, Dale Robertson in entertainment, and many others. In July of 2005 the 15th and final Celebrity Golf Tournament was held. Over it's 15 year history Gene's tournament contributed over \$1.3 million to Pittsburg State and to Mt. Carmel.

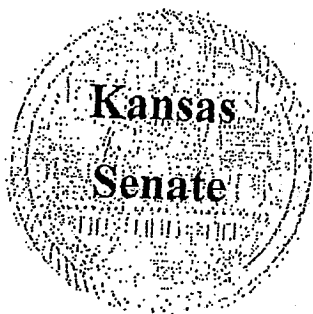
POLITICAL ACTIVITIES:

Politically, Gene has helped candidates on every level with various campaigns. From envelope stuffing, to door-to-door fundraising, to personal contributions; he has supported many candidates. He served on the Businessman's advisory committee for President Bush. He was a delegate to the National Republican Convention in 1988 and 1992. He ran for Governor of Kansas in 1986 and was defeated in the Primary. In 1994, he once again sought the Republican gubernatorial nomination but was defeated in the August 1994 Primary. He still remains very active in fund raising and behind the scenes.

OTHER ACTIVITIES AND HOBBIES:

Gene has done radio and TV sportscasting off and on over the past 30 years. He has acted professionally in 23 movies, episodic TV shows, some TV commercials; he has a strong background in theater, and has done two TV Pilots. Gene is currently directing a Patriotic Broadway Musical called "Celebrate America" at the Mansion America Theater in Branson, Missouri.

Gene enjoys playing golf and tennis, flying, writing (books and songs), and has published a book "Never Fry Bacon in the Nude", on motivation, self-improvement and people skills. He enjoys family activities and likes to spend time with his children and grandchildren whenever possible.



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, O. Gene Bicknell (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

O. Gene Bicknell

Date

2-1-10

STATE OF KANSAS

BOARDS AND COMMISSIONS APPOINTMENT QUESTIONNAIRE

Please include title and middle name along with any names previously used.

Orvil _____ Gene _____ Bicknell _____
First Name Middle Name Last Name

_____ Title _____

_____ Previous First Name _____ Previous Middle Name _____ Previous Last Name _____

_____ Previous Title _____

Home Address: 792 North Manasota Key Rd.

City: Englewood State: FL Zip: 34223

Driver's License Number: ██████████ Social Security Number: ██████████

Appointing Authority: Governor Mark Parkinson

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

Please submit your resume/bio with this application.

This Questionnaire is to be fully completed by each appointee. If required, a senate confirmation hearing to consider an appointee will not be scheduled until a completed questionnaire and all other related documents are received. Please answer each question completely to the best of your knowledge. If a question is not 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.

Please include title and middle name along with any names previously used.

Orvil _____ Gene _____ Bicknell _____
First Name Middle Name Last Name

Previous First Name Previous Middle Name Previous Last Name

Board to which seeking appointment: Federal Government Super buyout Fund for Treece, Kansas
View Boards and Commissions: <http://www.kssos.org/forms/communication/boards.pdf>

Appointing Authority: Governor Mark Parkinson Confirm by Kansas Senate

Home Address: 792 North Manasota Key Rd.

City: Englewood State: FL Zip: 34223

Business Name: Bicknell Family Holding Company

Business Address: 184 Expressway Lane

City: Branson State: MO Zip: 65616 County: 65616

Position Title: Advisor - Chairman

Home Phone: 941-497-6799 Business Phone: 417-239-1333 Cell Phone: 620-235-2118

Fax Number: 941-497-6980 E-mail Address: gene.bicknell@mariner-holdings.com

Kansas resident? Yes No Date of Birth: 09/24/1932 Place of Birth: Picher, Oklahoma
mm/dd/yyyy

Registered? Yes No Party Affiliation: Republican

Congressional District: Florida KS Senate District: N/A KS Representative District: N/A

Find your Districts: <http://www.ipsr.ku.edu/ksdata/vote/>

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 to 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? (Please list degree, major course, school, and dates)
MBA - Pittsburg State University Pittsburg, Kansas

2. Describe your employment experience. Include any expertise related to the position to which you are seeking appointment.
Worked in the Picher-Treece area as a youngster. Founded several companies that have provided hundreds of Jobs for Kansas and still do. Thousands of jobs overall. Managed and supervised employees and interacted with many other companies and organizations.

3. List any professional licenses that you have obtained and include the number for each license.
N/A

4. Why do you feel you are a good candidate for the position to which you are seeking appointment?
Knowledge and exposure to area and involvement in gathering information about Buyout in Picher.

5. What do you see as the purpose or mission of the role to which you are seeking appointment?
To help victims and get this Buyout done fairly for both sides.

6. Military Service: List rank, date and type of discharge from active service.
 None
SFC 1953-1961 Honorable Discharge

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
Attached

8. Elective Public Office: List all elective public offices sought and/or held with dates of service.
 None
Mayor - Commission, Pittsburg, Kansas 1965 School Board President in 1980's

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.
 Yes No
Gubernatorial Candidate in 1986 and 1994. Worked on numerous campaigns in Kansas and Florida and Presidential Campaigns.
10. Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.
 None
Honorary Doctorate - Pittsburg State University - Meritorious Achievement Pittsburg State - National Philanthropy Award National Entrepreneurship Award
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
Screen Actors Guild/ Aftra / Mid America Constitutional Coalition
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.
 Yes No
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.
 Yes No
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.
 Yes No
Please see attachments and resume
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 are seeking appointment? If so, please describe.
 Yes No

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.
 Yes No
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
Born in Picher, Oklahoma into a mining family (Lead & Zinc) Treece is one mile away - Doing Documentary on this area and familiar with toxic area and the buyout fund (Superfund) Well educated with the area and the people. Know the suffering and the need for the Buyout.
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.
 Yes No
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.
 Yes No
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 are seeking appointment.
 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.
 Yes No
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 are seeking appointment, please indicate the employer, the position and the length of time it has been held. If not, please so state.
 Yes No

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.
 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.
 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 are seeking appointment or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position.
 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?
Truthfully and Honestly
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.
 Yes No
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.
 Yes No

29. U.S. Military Convictions: Have you ever been convicted by any military court? If so, please provide details.
 Yes No
30. Imprisonment: Have you ever been imprisoned, been on probation or been on parole? If so, please provide details.
 Yes No
31. Agency Proceedings/Civil Litigation: Are you presently, or have you ever been, a party of 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.
 Yes No
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 of 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.
 Yes No
- 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.)
 Yes No
33. Other Litigation:
 Yes No
- 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.
Several Business Related Lawsuits, but nothing criminal or related to this appointment. All positively resolved.

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.
 Yes No

34. Drivers License: Has your driver's license ever been suspended or revoked? If so, please describe.
 Yes No

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.
 Yes No

36. Security Clearance Denial: Have you ever been denied a military or other governmental clearance? If so, please explain.
 Yes No

37. Firings:

a.) During the past ten years, have you been fired from a job for any reason? If so, please explain.
 Yes No

b.) During the past ten years, have you quit a job after being told that you would be fired? If so, please explain.
 Yes No

c.) During the past ten years, did you leave a job by mutual agreement because of specific problems? If so, please explain.
 Yes No

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
 Yes No

39. Consumption of Alcohol: Have you ever or are you currently abusing alcohol? If so, please explain.
 Yes No

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.
 Yes No

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?
 Yes No

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.
 Yes No

Appealing Federal and State Claims of Taxes

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

With the knowledge of the area and the people, I feel that I know more than 99% of the people in Kansas about the buyout and the procedure.

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

REFERENCES

Name: Rep. Julie Menghini How they know you: Socially

Home Address: 1207 E. Quincy

City: Pittsburg State: KS Zip: 66762

Home Phone: _____ Business Phone: 620-232-6519

Name: Senator Pat Roberts How they know you: Politically

Home Address: P.O. Box 1485

City: Topeka State: KS Zip: 66601

Home Phone: _____ Business Phone: 785-354-4728

Name: Senator Sam Brownback How they know you: Politically Socially

Home Address: 303 Hart Senate Bldg.

City: Washington State: DC Zip: 20510

Home Phone: _____ Business Phone: 202-224-6521

Name: Governor Mark Parkinson How they know you: Politically

Home Address: Capitol Bldg. 200 SW 10th Ave. Ste. 2125

City: Topeka State: KS Zip: 66612-1590

Home Phone: _____ Business Phone: 785-896-3232

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 non-consideration 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: *C. Anne Bicknell* Date: *1-26-10*

STATE OF KANSAS



Sec. of St. bar code

KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS. This statement (pages 1 through 4) 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:

PLEASE TYPE OR PRINT

Bicknell Last Name Orvil First Name Gene MI

Rita J. Spouse's Name

714 E. 510th Ave. Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Pittsburg, KS 66762 City, State, Zip Code

620-231-3927 Home Phone Number (include area code) 620-231-3390 Business Phone Number (include area code)

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 State Office;
- 6. Candidate for State Office;
- 7. Other (Contractor / Member of Compact).

Oversight Commission of Trece Byrnie List Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms)

Agency 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.*

4705

Rev. 3/2006

- 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. | | | | | |
| 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 .

| | 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. | Mariner Holdings | 4200 W. 115th | Wealth Investments |
| 2. | | Leawood, KS 66211 | |

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

If you have nothing to report in Section "E"2, check here .

| | NAME OF BUSINESS | ADDRESS | TYPE OF BUSINESS |
|----|------------------|---------|------------------|
| 1. | | | |
| 2. | | | |

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

| | BUSINESS NAME AND ADDRESS | POSITION HELD | HELD BY WHOM |
|----|--------------------------------------|---------------|--------------|
| 1. | University Bank Pittsburg, Kansas | Board Member | Self |
| 2. | Bank of Cameron Cameron, MO | Board Member | Self |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

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

H. DECLARATION:

I, O. Gene Bicknell, 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.

2/22/10

Date

O. Gene Bicknell

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____

Return your completed statement to the Secretary of State, Elections Division, Memorial Hall, First Floor, 120 SW 10th, Topeka, Kansas 66612-1594.

Print Form

Reset Form



OFFICE OF THE GOVERNOR

Mark Parkinson, Governor

www.governor.ks.gov

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

Appointee: James Dahmen

Position: Member, State Public Trust – Treece Buyout Board of Trustees

Expiration Date: March 15, 2013

Term Length: Four year

Statutory Authority: KSA 2009 Supp.49-512 **Party Affiliation:** Unaffiliated

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

County:

Size requirement (*if any*):

Other, specify:

⇒ Statutory party affiliation requirement:

⇒ Statutory industry or occupation requirements:

Salary: N/A

Predecessor: New Position

Board Composition Prior to Confirmation of New Appointee:

(SEE ATTACHED LIST)

Senate Public Health & Welfare
Date:
Attachment:

05/03/10
2

RESUME

NAME: James J. Dahmen

MARITAL STATUS: Married

ADDRESS: 123 East Elm Street
Columbus, KS 66725

PHONE: (620)429-1123 (H) E-MAIL: dahmenj@columbus-ks.com (H)
(620)429-3132 (W) jdahmen@columbus-ks.com (W)

EDUCATION: High School: Pipestone High School, Pipestone, MN.
College: St. Mary's College, Winona, MN.
Continuing Ed: Institute for Organizational Management, Colorado
Industrial Development Institute, Norman, OK.
Certified Industrial Developer, Norman, OK.
(relinquished)

EMPLOYMENT:

1985 to present:

Columbus Telephone Co., Columbus, KS.
Business: Independent Telephone Cooperative
Duties: General Manager

- (a) Day-to-day operation of the Co-op, including Internet, long distance and data services.
- (b) Work closely with the board of directors to identify strategic direction of the Co-op.
- (c) Work with the local community to determine long term information technology needs.
- (d) Work with employees and consulting staff to establish and maintain state of the art information technology.
- (e) Work with public service commission staff and consultants to minimize the impact and costs of regulation on Co-op members.
- (f) Deeply involved in the economic development of the service territory, creating a growth environment enhanced by the availability of state of the art IT services.

James J. Dahmen

Page 2

- 1979 to 1985: Mid-America, Inc., Parsons, K.S.
Business: Economic Development
Duties: (a) Economic/Industrial marketing responsibilities for 24 Industrial Parks in 10 southeast Kansas counties.
(b) Coordination & packaging of finance alternatives for plant expansion/locations.
- 1974 to 1979: Minnesota Department of Economic Development
Business: Industrial Development/International Trade
Duties: (a) Served three years as field representative for the Industrial Development Division in southern Minnesota.
(b) Served one year as Director of Industrial Development.
(c) Served one year as Assistant Commissioner for the Agency; then left government for the private sector.

ORGANIZATIONAL INVOLVEMENT: Note: Provide leadership and technical assistance to these organizations, thus advancing the mission of the Co-op by attracting new people, business and capital to the Co-op service territory.

- Kansas Telecommunications Industry Association, Past Chairman
Industry services and political lobbying organization.
- Kansas Technology Enterprise Corporation (KTEC), Past Board Chairman
Private/Public partnership to leverage new technology creation in Kansas.
Budget \$15,000,000/yr.
- Investment & Commercialization Committee of KTEC, Past Chairman
Make equity investments in startup technology companies.
- Information Telecommunications & Technology Center, Member of Advisory Board at University of Kansas for technology R & D.
- Columbus Economic Development Steering Committee, Chairman
Community Strategy/Project development group.
- Columbus Economic Development Corporation, Secretary
501 (c) (4) corporation to own property and buildings.
- Organization for the Promotion and Advancement of Small Telephone Companies (OPASTCO), Member.
National industry association for member services and legislative lobbying.

- Mid-America, Inc./SEK, Inc., Trustee
Ten county economic development organization for the expansion of existing industry and the attraction of new.
- Columbus Community Foundation, Founder/Advisor
501 (c) (3) community foundation for the enhancement of worthwhile organizations and projects in Columbus. Assets: \$600,000
- Columbus Lions Club, Tail Twister
A community service organization.
- Kansas Cavalry, Member
A group of 300 Kansas business people who travel the country promoting Kansas as a place to do business.

15 YEARS OF PROJECT PRIDE: Note: Through the active involvement of Columbus Telephone Company, we'd like to share some of the successes of which we are most proud.

- Installation of 30+ miles of fiber for toll connectivity.
- Installation of fiber to the home and VOIP soft switch.
- Providing broadband Internet services to our customers.
- Acquisition of the local cable system and placement on fiber.
- Installation of broadband Internet access in 100% of our schools.
- Installation of wireless Internet access for rural schools.
- The attraction of several manufacturers to Columbus, creating 500 new jobs and \$60 million in investment.
- Creation of an industrial park.
- Construction of a 40,000 sq. ft. speculative building.
- Creation of three new residential developments, totaling 180 acres.
- Construction of a 10,000 sq. ft. museum and genealogy library.
- Construction of a clock tower for a 1919 court house clock.
- A complete facelift of our downtown district.
- Annexation of over 350 acres to the city of Columbus.

REFERENCES: Provided under separate cover.



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, James Joseph Dahmen acknowledge that as part of the
(print name)

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

A handwritten signature in black ink, appearing to read "James Joseph Dahmen", written over a horizontal line.

Date

1/7/10

Form 08/08



**Kansas
Senate**
CONFIRMATION OVERSIGHT COMMITTEE
APPOINTMENT QUESTIONNAIRE

Full Name: James Joseph Dahmen
(please include title and middle name along with any names previously used)

Home Address: 123 East Elm Street, Columbus KS 66725
(Street Address) (City, State, Zip)

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

Position to which Appointed: State Public Trust-H.B. 2168

Appointing Authority: Office of Governor Mark Parkinson

* 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: James Joseph Dahmen
(please include title and middle name along with any names previously used)

Position to which Appointed: Public Oversight Committee/Treece, KS Trust

Appointing Authority: Office of Governor Mark Parkinson

Home Address: 123 East Elm St Columbus, KS 66725
(Street Address) (City, State, Zip)

Business Name: Columbus Telephone Co.

Business Address: 224 S Kansas Ave Columbus, KS 66725
(Street Address) (City, State, Zip)

Position Title: General Manager and Assistant Secretary

Home Phone: 620-429-1123 Business Phone: 620-429-3132 Cell Phone: 620-762-0210

Fax Number: 620-429-1704 E-Mail Address: jdahmen@columbus-ks.com

Kansas resident? Yes / No Date of Birth: 12-2-43 Place of Birth: South Dakota

Registered Voter? Yes Party Affiliation: N/A

Congressional District: 2 Kansas Senate District: 14 Kansas Representative District: 1

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.
.N/A
4. Why do you feel you are a good candidate for the position to which you have been appointed?
See Resume
5. What do you see as the purpose or mission of the role to which you have been appointed?
To oversee & Administer relocation Assistance & property Acquisition
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 See Resume
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
10. **Honors and Awards:** List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.
None
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 See Resume
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 See Resume
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 Assistant Secretary Columbus Telephone Co Regulated by the KCC

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? Investigate, determine, resolve the issue
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. Disgruntled customer filed suit against company, No Yes naming me also. Court dismissed it on lack of credible grounds.
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: Dwayne Umbarger Knows you how?: From Mid-America days & my Senator

Address: 1585 70th Road Thayer, KS 66776
(City, State, Zip)

Home Phone: 620-839-5458 Business Phone: 785-296-7389

Name: Doug Gatewood Knows you how?: 25 yr customer & my Representative

Address: P.O. Box 306 Columbus, KS 66725
(City, State, Zip)

Home Phone: 620-429-3690 Business Phone: 785-296-7648

Name: Ann Charles Knows you how?: Co-Member of Mid-America, Inc

Address: Great Plains Ind. Park, 1209 Corp. Dr. #6, Parsons, KS 67357
(City, State, Zip)

Home Phone: 620-778-1892 Business Phone: 620-421-1228

Name: Anne Emerson Knows you how?: through Mid-America employment

Address: 1001-C North Broadway Pittsburg, KS 66762
(City, State, Zip)

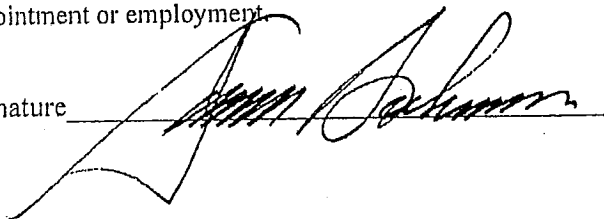
Home Phone: _____ Business Phone: 620-231-6040

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

1/7/10



Sec. of St. bar code

KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS. This statement (pages 1 through 4) 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:

PLEASE TYPE OR PRINT

DAHMEN JAMES J
Last Name First Name MI

Jeloyce C Dahmen
Spouse's Name

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

Columbus, KS 66725
City, State, Zip Code

620-429-1123 620-429-3132
Home Phone Number (include area code) Business Phone Number (include area code)

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 State Office;
6. Candidate for State Office;
7. Other (Contractor / Member of Compact).

TREECE, KANSAS Trust Authority
List Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms)

KDHE
Agency 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.

3909

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. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
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| 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 .

| | 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. | Columbus Telephone Co | 224 So. KS Ave, Columbus, KS | Local Exchange Carrier |
| 2. | | | |

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

| | NAME OF BUSINESS | ADDRESS | TYPE OF BUSINESS |
|----|------------------|---------|------------------|
| 1. | | | |
| 2. | | | |

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

| | BUSINESS NAME AND ADDRESS | POSITION HELD | HELD BY WHOM |
|----|--|-----------------|--------------|
| 1. | Columbus Telephone Co 224 So. KANSAS Ave, Columbus, KS 66725 | Asst. Secretary | JAMES |
| 2. | Columbus Economic Development Corp EAST Pine Street, Columbus | Secretary | " |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

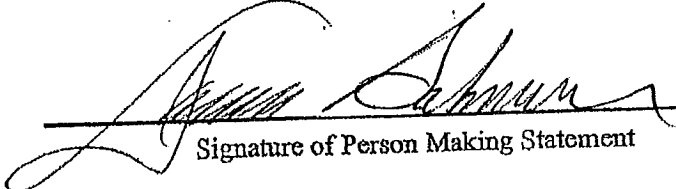
- G. **RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. The phrase "client or customer" relates 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. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
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| 11. | | | |
| 12. | | | |
| 13. | | | |

H. **DECLARATION:**

I, JAMES T. DAHLEN, 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.

2/21/10
Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 2

Return your completed statement to the Secretary of State, Elections Division, Memorial Hall, First Floor, 120 SW 10th, Topeka, Kansas 66612-1594.

Print Form

Reset Form



OFFICE OF THE GOVERNOR

Mark Parkinson, Governor

www.governor.ks.gov

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

Appointee: John O. Delmont

Position: Member, State Public
Trust - Treece Buyout Board of Trustees

Term Length: 4-year

Expiration Date: March 15, 2014

Statutory Authority: K.S.A. 2009 Supp. 49-512

Party Affiliation: Democrat

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

Congressional District:

County:

Size requirement (*if any*):

Other, specify:

⇒ Statutory party affiliation requirement:

⇒ Statutory industry or occupation requirements:

Salary: N/A

Predecessor: Succeeds himself -
reappointed

Board Composition Prior to Confirmation of New Appointee: N/A

Senate Public Health & Welfare
Date:
Attachment:

05/03/10

3

3871 SOUTH LOSTINE ROAD • COLUMBUS, KANSAS • 66725
620-848-3717

JOHN O. DELMONT JR.

SUMMARY OF QUALIFICATIONS

Rural Water District #2 Board 1968-1976

Riverton School Board District #404 1975-1983

Kansas County Commissioners Assoc Board 1981-1985
President 1985

Kansas Assoc of Counties Board 1984-1988
President 1988

Kansas Council on Employment & Training 1986-1996
Appointed by Gov. John Carlin

PIC/LED Board 1983-1996
Appointed by Gov. John Carlin

Kansas Job Service Employers Committee 1988-1996

KCAMP Insurance Board 1991-1996

Who's Who in Government Service 1991

EMPLOYMENT

Cattle Rancher/Farmer 1954-Present

Cherokee County Commissioner 1977-1997

B.F. Goodrich Rubber Company 1957-1986

Eagle Pitcher Mining Company 1954-1957

EDUCATION

Cherokee County Rural High School Graduated 1954

PERSONAL

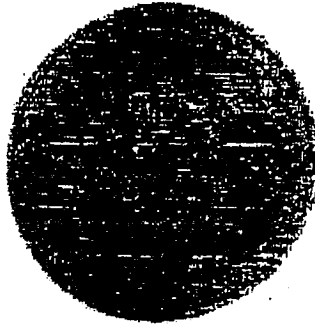
Baxter Springs Masonic Lodge #71 1961-Present

Galena Elks Lodge 1970-1995

Fort Scott Scottish Rite 1961-Present

United Methodist Church

Lifelong resident of Cherokee County Kansas



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, John O. Delmont Jr acknowledge that as part of the
(print name)

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

John O. Delmont Jr.

Date

1-28-10

Form 08/08



Full Name: John Orbin Delmont Jr
(please include title and middle name along with any names previously used)

Home Address: 3871 SE Lostine Road Columbus, Ks 66725
(Street Address) (City, State, Zip)

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

Position to which Appointed: State Public Trust-Treece Buyout Board of Trustees

Appointing Authority: Melissa Gregory, director of appointments

* 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: John Orbin Delmont Jr
(please include title and middle name along with any names previously used)

Position to which Appointed: State Public Trust - Treece Buyout Board of Trustees

Appointing Authority: Governor

Home Address: 3871 SE Lostine Road Columbus, Kansas 66725
(Street Address) (City, State, Zip)

Business Name: N/A

Business Address: N/A
(Street Address) (City, State, Zip)

Position Title: N/A

Home Phone: 620-848-3717 Business Phone: N/A Cell Phone: 620-674-1376

Fax Number: 620-848-3717 E-Mail Address: rdelmont@4state.com

Kansas resident? Yes / No Date of Birth: 1-18-36 Place of Birth: Commerce, OK

Registered Voter? yes Party Affiliation: Democrat

Congressional District: 2 Kansas Senate District: 14 Kansas Representative District: 1

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.
N/A
4. Why do you feel you are a good candidate for the position to which you have been appointed?
past County Commissioner with over 20 yrs of local experience
5. What do you see as the purpose or mission of the role to which you have been appointed?
to give local residents of Treece a fair and honest buyout agreement
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 See Resume
8. Elective Public Office: List all elective public offices sought and/or held with dates of service.
None County Commissioner 1976-1998
USD #404 - School Board 1970-1978
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 John Delmont vs. Cecil Gibson 1976 etc.
10. Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.
None See Resume
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 Baxter Springs Masonic Lodge #71
Fort Scott Scottish Rite 32°
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. *See Resume*
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? *with the best of my knowledge*
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 **only as a board of county commissioners**
- 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: Tim Shallenburger Knows you how?: President of American Bank
Address: 12th & Military Baxter Springs, Kansas 66713
(City, State, Zip)
Home Phone: N/A Business Phone: 620-856-2301

Name: Fred Low Knows you how?: friend
Address: 7829 SE 42nd Terrace Baxter Springs, KS 66713
(City, State, Zip)
Home Phone: 620-856-5937 Business Phone: _____

Name: Charles Sweeton Knows you how?: friend
Address: 3111 Edgewood Ave Baxter Springs, KS 66713
(City, State, Zip)
Home Phone: 620-856-5891 Business Phone: _____

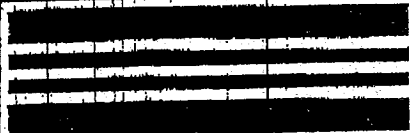

Name: Jack Garner Knows you how?: friend
Address: 4307 SE Boston Mills Road Columbus, KS 66725
(City, State, Zip)
Home Phone: 620-848-3875 Business Phone: _____

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 John Robin Dalmont Jr. Date 1-19-10

| | | |
|--|--|--|
|  Soc. of St. bar code | STATE OF KANSAS  KANSAS GOVERNMENTAL ETHICS COMMISSION STATEMENT OF SUBSTANTIAL INTERESTS FORM | |
| <p>INSTRUCTIONS. This statement (pages 1 through 4) 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.</p> <p>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.</p> | | |
| <p>A. IDENTIFICATION: PLEASE TYPE OR PRINT</p> | | |
| Last Name <u>Delmont</u> | First Name <u>John</u> | MI <u>0</u> |
| Spouse's Name <u>Ruth Delmont</u> | | |
| Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number <u>3871 SE Lorraine Road</u> | | |
| City, State, Zip Code <u>Columbus Kansas 66725</u> | | |
| Home Phone Number (include area code) <u>620-848-3717</u> | | Business Phone Number (include area code) <u>620-674-1376</u> |
| <p>B. THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE: <i>(check one or more of the following)</i></p> | | |
| <input type="checkbox"/> 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); | | |
| <input type="checkbox"/> 2. Appointed Member of a State Board, Council, Commission or Authority; | | |
| <input checked="" type="checkbox"/> 3. Appointed State Position is Subject to Senate Confirmation; | | |
| <input type="checkbox"/> 4. Employee of a State Agency or University; | | |
| <input type="checkbox"/> 5. General Counsel for State Office; | | |
| <input type="checkbox"/> 6. Candidate for State Office; | | |
| <input type="checkbox"/> 7. Other (Contractor / Member of Compact). | | |
| List Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms) <u>Buy-Out Board For Treece Kansas Board member</u> | | |
| Agency <u>Buy-Out Board For Treece Kansas</u> | | Division if applicable (May use acronyms) <u>Board member</u> |
| * 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. | | |
| <input type="checkbox"/> 3631 | | Rev. 2/2006 |

2

SSI of: [REDACTED]

- 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. Delmont Revocable Trust | home | home farm | 100% | John & Ruth |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
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| 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

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

3

SSI of: [REDACTED]

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. | | | |
| 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. | Crossmark | Plano, Texas | marketing |
| 2. | | | |

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

| | BUSINESS NAME AND ADDRESS | POSITION HELD | HELD BY WHOM |
|----|---------------------------|---------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

SSI of: [REDACTED]

- 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 | | | |
| 2 | | | |
| 3 | | | |
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| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |

H. DECLARATION:

I, John A. Delmont, 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.

2-24-10

Date

John A. Delmont
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0

Return your completed statement to the Secretary of State, Elections Division, Memorial Hall, First Floor, 120 SW 10th, Topeka, Kansas 66612-1594.

[REDACTED]

[REDACTED]

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

Appointee: Eddie L. Hamilton

Position: Member, State Public Trust – Treece Buyout Board of Trustees

Expiration Date: March 15, 2011

Term Length: Four year

Statutory Authority: KSA 2009 Supp.49-512 **Party Affiliation:** Democrat

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

County:

Size requirement (*if any*):

Other, specify:

⇒ Statutory party affiliation requirement:

⇒ Statutory industry or occupation requirements:

Salary: N/A

Predecessor: New Position

Board Composition Prior to Confirmation of New Appointee:

(SEE ATTACHED LIST)

Senate Public Health & Welfare

Date:

05/03/10

Attachment:

4



**Kansas
Senate**

CONFIRMATION OVERSIGHT COMMITTEE

APPOINTMENT QUESTIONNAIRE

Full Name: Eddie Lee Hamilton
(please include title and middle name along with any names previously used)

Home Address: 440 NORTH Lee, Columbus, Ks. 66725-1028
(Street Address) (City, State, Zip)

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

Position to which Appointed: Treece, Ke. TRUST, "saught."

Appointing Authority: Governor of Kansas

* 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: Eddie Lee Hamilton
(please include title and middle name along with any names previously used)

Position to which Appointed: Treasurer, Ks. TRUST, "Sought"

Appointing Authority: Governor of Kansas

Home Address: 440 NORTH Lee, Columbus, Ks. 66725-1028
(Street Address) (City, State, Zip)

Business Name: N.A.

Business Address: N.A.
(Street Address) (City, State, Zip)

Position Title: N.A.

Home Phone: 620-429-2028 Business Phone: N.A. Cell Phone: 620-875-2010

Fax Number: N.A. E-Mail Address: N.A.

Kansas resident? Yes / No Date of Birth: 07-09-30 Place of Birth: Columbus, Ks.

Registered Voter? Yes Party Affiliation: DEMOCRAT

Congressional District: 2nd Kansas Senate District: 14th Kansas Representative District: 15th

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? ATTACHED.
2. Describe your employment experience. Include any expertise related to the position to which you were appointed. ATTACHED.

3. List any professional licenses that you have obtained and include the number for each license.
NA
4. Why do you feel you are a good candidate for the position to which you have been appointed? YES
5. What do you see as the purpose or mission of the role to which you have been appointed?
To make a smooth and equitable transition for all TRECCE, KS Residents.
6. Military Service: List rank, date and type of discharge from active service.
 None Honorable AA U.S. NAVAL AIR FORCE S.N. 344-96-40
Discharged Jan. 11, 1950
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 Attached
8. Elective Public Office: List all elective public offices sought and/or held with dates of service.
 None Attached. #3
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
10. Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.
 None Attached #4
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 Attached #5
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 *ATTACHED*
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 *NO.*
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 *NO.*
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 *NO.*

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 *NO*
26. **Conflict of Interest:** How would you resolve any potential conflicts of interest that, while maybe unforeseen at this point in time, could arise? *To the best of my ability.*
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. *N.A.*
 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. *N.A.*
 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 *N.A.*
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: DOUG GATEWOOD Knows you how?: FRIEND
 Address: 411 South Florida Av., Columbus, Ks. 66725
(City, State, Zip)
 Home Phone: 620-429-3690 Business Phone: _____

Name: DARREL SHUMAKE Knows you how?: FRIEND
 Address: 520 NORTH PARMENTER AVE., Columbus, Ks. 66725
(City, State, Zip)
 Home Phone: 620-429-1918 Business Phone: 620-429-2284

Name: JIM McCONNELL Knows you how?: WORK and Friend
 Address: 2959 N.W. 90th ST., Columbus, Ks. 66725
(City, State, Zip)
 Home Phone: 620-597-2739 Business Phone: N.A.

Name: JAMES W. WOODARD Knows you how?: FRIEND and WORK
 Address: 430 WEST ELM, Columbus, Ks. 66725
(City, State, Zip)
 Home Phone: 620-429-1192 Business Phone: N.A.

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 Eddie L. Hamilton Date 01-03-10

#1494

Eddie L. Hamilton
440 North Lee
Columbus, Kansas 66725
620-429-2028

EXPERIENCE:

| | |
|--------------------------------|---|
| 2000 to Present | Retired |
| February, 1994 - February 2000 | Kansas Highway Advisory Commission |
| January, 1989 - December, 1992 | County Commissioner Cherokee County, Kansas |
| January, 1987 | Retired from U.S.P.S. |
| December, 1956 - January, 1987 | U.S. Post Office City Carrier - 10 years Rural Carrier - 20 years |
| July, 1955 - November, 1956 | Spencer Chemical Co. Research Technician |
| January, 1955 - June, 1955 | U.S. Bureau of Census Clerk |

EXPERIENCE SUMMARY:

As a clerk with the Census Bureau, I edited farm census reports.

As a research technician for Spencer Chemical Co., I did research on food additives.

As an employee of the U.S. Post Office, I was responsible for the delivery of city and rural mail. I was responsible for all money order sales, stamp sales, package postage sales and restricted mail sales of postage. I was responsible for the delivery of restricted, as well as all normal mail to 330 families, along with maintaining public relations with these families. I was responsible for helping three consolidations during my career as a rural carrier, which resulted in a considerable savings to the United States Postal Service.

As a County Commissioner, I was responsible for the budget of the county, as well as all facets of county government. I also had regional responsibilities in being chairman of a multi-county commission that organized a community corrections program. I was a member of Regional County Commission that organized a juvenile detention program and construction of a new facility.

EDUCATION:

1951 - Fort Scott Junior College
1948 - Kansas State Teachers College
(Completed one semester in business at each school - no degree)
1944 - 1948 - Cherokee County Community High School
1936 - 1944 - Columbus City Schools
1949 - 1950 - Served in U.S. Naval Air Force
1950 - 1957 - Naval Reservist

REFERENCES:

Available Upon Request

3. Elective Offices Held:

- A. Maude Norton Memorial Hospital Board: May 1988 - March 1995
- B. Cherokee County Commissioner: January 1989 - January 1993

4. Honors and Awards:

- A. Certification of Appreciation: Maude Norton City Hospital
- B. Certificate of Appreciation: 1992-2000 Kansas Department of Transportation
- C. Certificate of Appreciation: Southeast Kansas Regional Planning Commission

5. Organization Affiliations:

- A. Chairman: Maude Norton City Hospital Board
- B. Chairman: Cherokee County Commissioners - 2 years
- C. Member of Southeast Kansas Regional Planning Commission Board - 3 years
- D. Life Member of Prudence Lodge No. 100 A.F. & A.M., Columbus, Kansas
Life Member of Scottish Rite of Free Masonry, S.J. USA, Valley of Fort Scott, Kansas, Orient of Kansas
- E. Member of V.F.W. Post 1372, Columbus, Kansas
- F. Member of Columbus Kansas Library Board for 4 years

14. Compensation:

- A. Received compensation and mileage while serving as a member of the Kansas Highway Advisory Board



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, Eddie L. Hamilton acknowledge that as part of the
(print name)

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 Eddie L. Hamilton Date 01-03-10

| | | |
|--|--|--------------------------|
| STATE OF KANSAS | | |
|  | | |
| Sec. of St. bar code | | |
| KANSAS GOVERNMENTAL ETHICS COMMISSION | | |
| STATEMENT OF SUBSTANTIAL INTERESTS FORM | | |
| INSTRUCTIONS: This statement (pages 1 through 4) 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 9 th , Topeka, KS or call 785-296-4219. | | |
| A. IDENTIFICATION: PLEASE TYPE OR PRINT | | |
| <u>Hamilton,</u> | <u>Eddie</u> | <u>L.</u> |
| Last Name | First Name | MI |
| <u>BARBARA</u> | | |
| Spouse's Name | | |
| <u>440 NORTH LEE</u> | | |
| Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number | | |
| <u>Columbus, Ks. 66725</u> | | |
| City, State, Zip Code | | |
| <u>1-620-429-2028</u> | <u>None</u> | |
| Home Phone Number (include area code) | Business Phone Number (include area code) | |
| B. THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE: | | |
| <i>(check one or more of the following)</i> | | |
| <input type="checkbox"/> | 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); | |
| <input checked="" type="checkbox"/> | 2. Appointed Member of a State Board, Council, Commission or Authority; | |
| <input type="checkbox"/> | 3. Appointed State Position is Subject to Senate Confirmation; | |
| <input type="checkbox"/> | 4. Employee of a State Agency or University; | |
| <input type="checkbox"/> | 5. General Counsel for State Office; | |
| <input type="checkbox"/> | 6. Candidate for State Office; | |
| <input type="checkbox"/> | 7. Other (Contractor / Member of Compact). | |
| List Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms) | | |
| <u>State Public Trust</u> | | |
| Agency | 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. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Rev. 3/2006 |

2

SSI of: [REDACTED]

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. I.R.A. ACCOUNT Stanley Bank-Columbus, OH | - | - | 100% | SELF |
| 2. Stocks. Thru Edward Jones Corp | - | - | 0% | SELF + WIFE |
| 3. | | | | |
| 4. | | | | |
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| 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. | | |

3. SSI of: [REDACTED]

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 X.

| | NAME OF BUSINESS | ADDRESS | TYPE OF BUSINESS |
|----|------------------|---------|------------------|
| 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. | | | |

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. | | | |
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SSI of: [REDACTED]

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. | | | |
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H. DECLARATION:

I, Eddie L. Hamilton, 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.

02-20-10

Date

Eddie L. Hamilton

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____

Return your completed statement to the Secretary of State, Elections Division, Memorial Hall, First Floor, 120 SW 10th, Topeka, Kansas 66612-1594.

[REDACTED]

[REDACTED]



OFFICE OF THE GOVERNOR

Mark Parkinson, Governor

www.governor.ks.gov

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

Appointee: Betty J. McBride

Position: Member, State Public Trust – Treece Buyout Board of Trustees

Expiration Date: March 15, 2012

Term Length: Four year

Statutory Authority: KSA 2009 Supp.49-512

Party Affiliation: Democrat

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

County:

Size requirement (*if any*):

Other, specify:

⇒ Statutory party affiliation requirement:

⇒ Statutory industry or occupation requirements:

Salary: N/A

Predecessor: New Position

Board Composition Prior to Confirmation of New Appointee:

(SEE ATTACHED LIST)

Senate Public Health & Welfare

Date:

05/03/10

Attachment:

5

**Kansas
Senate**

CONFIRMATION OVERSIGHT COMMITTEE

APPOINTMENT QUESTIONNAIRE

Full Name: BETTY JEAN MC BRIDE
(please include title and middle name along with any names previously used)
BETTY JEAN SANDELLA (MAIDEN NAME)

Home Address: 429 SOUTH DELAWARE COLUMBUS, KANSAS 66725
(Street Address) (City, State, Zip)

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

Position to which Appointed: TRUSTEE-STATE PUBLIC TRUST FOR TREECE BUYOUT

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: BETTY JEAN (SANDELLA) MC BRIDE
(please include title and middle name along with any names previously used)

Position to which Appointed: TRUSTEE-STATE PUBLIC TRUST FOR TREECE BUYOUT

Appointing Authority: GOVERNOR

Home Address: 429 SOUTH DELAWARE COLUMBUS, KANSAS 66725
(Street Address) (City, State, Zip)

Business Name: EXCHANGE STATE BANK

Business Address: 209 NE AVE. COLUMBUS, KANSAS 66725
(Street Address) (City, State, Zip)

Position Title: LOAN MANAGER

Home Phone: (620) 429-2650 Business Phone: (620) 429-1873 Cell Phone: (620) 762-2646

Fax Number: _____ E-Mail Address: _____

Kansas resident? Yes / No Date of Birth: 9/21/1936 Place of Birth: PITTSBURG, KANSAS

Registered Voter? YES Party Affiliation: DEMOCRAT

Congressional District: 2nd Kansas Senate District: 14th Kansas Representative District: 1st

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? GRADUATE OF CHEROKEE COUNTY COMMUNITY HIGH SCHOOL
2. Describe your employment experience. Include any expertise related to the position to which you were appointed. CHEROKEE COUNTY TREASURER--1969-1991
DIRECTOR, KANSAS DIVISION OF VEHICLES--1991-1998
LOAN MANAGER--EXCHANGE STATE BANK, COLUMBUS, KANSAS, 1999-present

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?
My past experience in dealing with the values of land during my tenure as Co. Treasurer
vast experience in financing working with public and accountability?
5. What do you see as the purpose or mission of the role to which you have been appointed?
To adopt bylaws for the administration and regulation of the affairs of the trust
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 SEE RESUME
8. **Elective Public Office:** List all elective public offices sought and/or held with dates of service.
 None SEE RESUME
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
10. **Honors and Awards:** List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.
 None SEE RESUME
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 SEE RESUME
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 BOARD MEMBER, KANSAS BOARD OF HEALING ARTS.
STATE RETIREE, KANSAS DEPT. OF REVENUE
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 DIRECTOR, EXCHANGE STATE BANK, COLUMBUS, KANSAS
STOCKHOLDER, EXCHANGE STATE BANK, COLUMBUS, KANSAS

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? If a conflict occurred I would resign my position
There is none at this time.
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: Rep. Doug Gatewood Knows you how?: Friend
 Address: 411 S. Florida Ave. Columbus, Kansas 66725
(City, State, Zip)
 Home Phone: (620) 429-3690 Business Phone: _____

Name: Frank Dunnick Knows you how?: Employer and Friend
 Address: 703 North Summit, Girard, Kansas 66743
(City, State, Zip)
 Home Phone: (620) 724-8121 Business Phone: (620) 724-4911

Name: Dr. Vinton Arnett Knows you how?: Served on State Board together
 Address: 3505 Chaument Dr. Apt B Hays, Kansas 67601
(City, State, Zip)
 Home Phone: (785) 628-3329 Business Phone: (785) 628-3622

Name: Nancy Weeks, Haskell Co. Knows you how?: Fellow County Treasurer and friend
Treasurer
 Address: P.O. 577 Sublette, Kansas 67877
(City, State, Zip)
 Home Phone: (620) 276-1414 Business Phone: (620) 675-2265



Sec. of St. bar code

KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS. This statement (pages 1 through 4) 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: PLEASE TYPE OR PRINT

MC BRIDE BETTY J.
Last Name First Name MI

MC BRIDE RAY E.
Spouse's Name

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

COLUMBIUS KANSAS 66725
City, State, Zip Code

(620) 429-2650 (620) 429-1873
Home Phone Number (include area code) Business Phone Number (include area code)

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 State Office;
6. Candidate for State Office;
7. Other (Contractor / Member of Compact).

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

KANSAS BOARD OF HEALING ARTS BOARD MEMBER
Agency 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. | EXCHANGE STATE BANK, COLUMBIUS KANSAS | BANKING | STOCK | 5-SHARES | SELF |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
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| 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 XX

| | 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. | EXCHANGE STATE BANK | P.O. BOX 461 | BANKING |
| 2. | | COLUMBUS, KANSAS 66725 | |

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

| | NAME OF BUSINESS | ADDRESS | TYPE OF BUSINESS |
|----|------------------|---------|------------------|
| 1. | | | |
| 2. | | | |

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

| | BUSINESS NAME AND ADDRESS | POSITION HELD | HELD BY WHOM |
|----|---------------------------|---------------|--------------|
| 1. | EXCHANGE STATE BANK | DIRECTOR | SELF |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

- 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 XX.

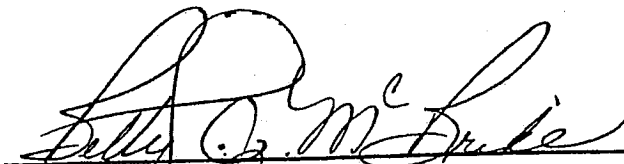
| | NAME OF CLIENT / CUSTOMER | ADDRESS | RECEIVED BY |
|-----|---------------------------|---------|-------------|
| 1. | | | |
| 2. | | | |
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| 12. | | | |
| 13. | | | |

H. DECLARATION:

I, BETTY J. MC BRIDE, 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.

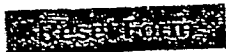
APRIL 14, 2009

Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____

Return your completed statement to the Secretary of State, Elections Division, Memorial Hall, First Floor, 120 SW 10th, Topeka, Kansas 66612-1594.



BETTY MCBRIDE
429 S. Delaware
Columbus, KS 66725
620-429-2650

CAREER SUMMARY

Extensive experience in project management and employee development with expertise in administrative facilitation. Personal characteristics include strong communication skills, creativity in high-visibility positions, and a commitment to sharing knowledge through training and team-building activities.

PROFESSIONAL EXPERIENCE

Loan Document Manager, Part-time employee
Exchange State Bank, Columbus, Kansas

1999 to Present

Loan document manager. Ensure that proper documents have been acquired for loan accurate processing. Ensure that loan clients are in compliance with loan requirements. Request documents needed to assure compliance. Special Projects person for bank. Work with companies on special project proposals to be presented to Bank CEO and Board of Directors. Attendance Controller for employees in Columbus Branch.

Member of Bank Board of Directors (2003-Present)

GOVERNOR APPOINTEE DIRECTOR, DIVISION OF VEHICLES

1991 TO RET. DEC. 1998

STATE OF KANSAS, Topeka, Kansas

Overseen the administration of titles, registration and licenses for more than 2.3 million vehicles registered in Kansas and the state's 750,000 licensed drivers. Division employs 345 people. Worked closely with Kansas motor carrier industry, law enforcement agencies, automobile dealers, applicants for Kansas drivers licenses who report a visual or medical impairment and monitored and provided training to the 105 county treasurers who serve as agents for the State of Kansas in motor vehicle and driver licenses functions.

Major Accomplishments

- Implemented optical imaging technology which replaced a labor intensive system. System benefits: improved customer service, increased productivity, redeployed equipment and recovered floor space.
- Oversaw the design, development and re-issuance of 2.5 million new license plates to County Treasurers for issuance in 1994.
- Combined the Pre-Edit section and Dealer Licensing Bureau within the Titles and Registration Bureau to expedite the issuance of certificates of title and dealer licenses.
- Implemented a digitized driver license system in the Kansas drivers license examining bureau and 60 County Treasurers offices.
- Spearheaded implementation in Kansas of 86,000 federal Commercial Driver Licenses (CDL) which is the 5-13

- key to keeping truckers with bad driving records off the highways.
- Implemented Motor-Voter program in drivers license and County Treasurer locations.
- Revised computer program for the International Registration Plan (IRP) and special permits in the Motor Carriers Services Bureau.
- Devised an inventory system to monitor County Treasurer inventory and costs applicable to the manufacturing of all license plates which allows an accurate budget system as well as payment via a paperless voucher.
- Adopted administrative changes to implement the lowering of the minimum blood alcohol level from .10 to .08.
- Monitored enhancements to the Vehicle Information Processing System (VIPS).

CHEROKEE COUNTY TREASURER, Columbus, Kansas

1968 to 1991

Chief financial officer of Cherokee County and established office budget. Controller of county and state taxes and collection of state vehicle sales tax. Agent for the state of Kansas over county motor vehicle department. Investment officer for all county funds. Responsible for preparation and submission of federal and state reports to appropriate agencies. Administered Kansas statutes.

Major Accomplishments

- Increased office efficiency by converting a manually operated office to complete office automation.
- Initiated improved financial reporting methods by restructuring office bookkeeping practices.
- Established initial procedures of investing county idle funds producing financial gains which resulted in lower tax levies for county taxpayers.
- Instituted new operating procedures which improved efficiency and increased productivity of each unit while maintaining all quality standards.
- Developed strategy to address legal issues of county and state government.
- Improved the performance, teamwork and communication of the ten-member office staff.
- Successfully negotiated complex contracts.

PREVIOUS EXPERIENCE

Extensive experience in all aspects of office management.

ORGANIZATIONS AND REGISTRATIONS

- Member of Kansas Motor Carriers Working Group Committee.
- Member of Kansas Development Finance Authority Board of Directors
- Member of American Association of Motor Vehicle Administrators (AAMVA)
- Member of Drivers License and Drivers Control Committee for AAMVA
- Board of Directors American Association of Motor Vehicle Administrators (1996-1997)
- Member of Kansas Department of Revenue Executive Committee
- President of Kansas County Treasurers Association (1984).
- Chairman of Kansas County Treasurers Legislative Committee (1985)
- Member of Kansas County Treasurers Legislative Committee (1970-1991)
- President of Southeast Kansas County Officials Association three non-consecutive terms
- Kansas Council on Employment and Training (1986-1988)
- State Municipal Accounting Board (1986-1988)
- State Evaluation Subcommittee, KS Council on Employment and Training (1988)
- CAMA Appraisal/Tax Administration Interface Committee (1988-1991)
- Vehicle Information Processing System (VIPS) Advisory Committee (1983-1989)
- VIPS Sales Tax Module Advisory Committee (1987-1989)
- Delinquent Tax Payment Committee (1991)
- Executive Board member Kansas Association of Counties (1985 & 1990)

City of Columbus Economical Development Steering Committee (1987-1991)
Governors State Quincentenary Committee (1990-1991)
Kansas Development Finance Authority Board (1993-1997)
Member Kansas Board of Healing Arts (1999-To Present)
Past President Kansas Board of Healing Arts (2007-2008)
Cherokee County Budget Advisory Committee (2009)

HONORS

Second Place Worldwide Finalist Award from Network World for imaging system installed in Division of Vehicles, Drivers Control Bureau (1994)
Topeka's YWCA Leadership Women in the Workplace award (1994)
Honored by Kansas County Treasurer's who established award named "The Betty McBride Outstanding County Treasurer Award" presented annually to a Kansas County Treasurer. Selection is made by a special committee. (1998-Present)
Who's Who of American Women (1987-1988 edition)
Who's Who World Wide (1994)



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, BETTY J. MC BRIDE acknowledge that as part of the
(print name)

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

Betty J. McBride

Date

1-8-10

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

Letha J. McBride

Date

Jan. 8, 2010

Kansas Senate

CONFIRMATION OVERSIGHT COMMITTEE

APPOINTMENT QUESTIONNAIRE

Full Name: Nicholas Marc Kramer
(please include title and middle name along with any names previously used)

Home Address: 6540 SW 24th Ct Topeka, KS 66614
(Street Address) (City, State, Zip)

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

Position to which Appointed: Inspector General

Appointing Authority: Kansas Health Policy Authority

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

Senate Public Health & Welfare

Date:

05/03/10

Attachment:

6

(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: Nicholas Marc Kramer
(please include title and middle name along with any names previously used)

Position to which Appointed: Inspector General

Appointing Authority: Kansas Health Policy Authority

Home Address: 6540 SW 24th CT Topeka, KS 66614
(Street Address) (City, State, Zip)

Business Name: Kansas Health Policy Authority

Business Address: 900 SW Jackson St, Suite 900-N, Topeka, KS 66612
(Street Address) (City, State, Zip)

Position Title: Inspector General

Home Phone: 273-2966 Business Phone: 296-2112 Cell Phone: 785-817-8459

Fax Number: 296-0465 E-Mail Address: MICK.KRAMER@KHPA.KS.GOV

Kansas resident? Yes / No Date of Birth: 9/30/55 Place of Birth: Topeka, KS

Registered Voter? yes Party Affiliation: Independent

Congressional District: 2 Kansas Senate District: 20 Kansas Representative District: 51

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.
See attachment
4. Why do you feel you are a good candidate for the position to which you have been appointed?
See attachment
5. What do you see as the purpose or mission of the role to which you have been appointed?
See attachment
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 *See Resume*
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
10. **Honors and Awards:** List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.
 None *National merit scholarship semi-finalist*
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. *Cornerstone of Topeka*
 None *United Way of Greater Topeka*
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 *only my state employee compensation.*
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?

See Attached

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 refer to my answer to question #4

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

REFERENCES

Name: Joan Wagon Knows you how?: Supervisor at Dept. of Revenue
Address: Ks Dept of Revenue; 915 Harrison; Topeka, KS 66612
(City, State, Zip)
Home Phone: 286-3254 Business Phone: 296-3041

Name: Ms. Barbara Hinton Knows you how?: Co-worker; Legis Post Audit
Address: LPA; 800 SW Jackson St. Suite 1200; Topeka, KS 66612
(City, State, Zip)
Home Phone: 842-5892 Business Phone: 296-3792

Name: Ms. Carmen Alldritt Knows you how?: Co-worker, Ks Dept. of Revenue
Address: 1st Flr. DSOB; 915 Harrison St.; Topeka, KS 66612
(City, State, Zip)
Home Phone: _____ Business Phone: 296-3601

Name: Mary Hoover Knows you how?: Professional Associations
Address: 5632 SW Hawick Ln; Topeka, KS 66614
(City, State, Zip)
Home Phone: 273-2242 Business Phone: 296-2973

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 Nicholas Kramer

Date 1-28-2010

Kansas
Senate

CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, Nicholas M Kramer acknowledge that as part of the
(print name)

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 Nicholas M Kramer Date 11/5/09

RESUME

Nicholas M. Kramer
6540 SW 24th Ct.
Topeka, Kansas 66606

Home (913) 273-2966
Work (913) 296-7051

EDUCATION

University of Kansas
B.S. in Accounting and Business Administration
Washburn University
Associate Degree in Computer Science
Master of Business Administration

CERTIFICATIONS

Certified Public Accountant
Certified Internal Auditor
Certified Information Systems Auditor

ORGANIZATIONS

Association of Government Accountants
President of Topeka Chapter
Vice-President, Midwestern Region
Institute of Internal Auditors
Chapter President

TEACHING EXPERIENCE

The Hunt for Fraud - IIA Seminar - 1994
Internal Auditing - Washburn Univ. MBA Program - 1995
Value Added Auditing - IIA Seminar - 2000

WORK EXPERIENCE

1983 - Present

Internal Audit Manager
Kansas Department of Revenue

I conducted performance audits of all programs and bureaus within the department and prepare formal audit reports for the Secretary of Revenue. I initiated this function in 1983, hired the staff, and wrote the charter which governs the work.

Accomplishments include:

- Restructuring the Motor Carrier Inspection program.
- Initiating the reorganization of the collection function.
- Overseeing the mainframe security system.
- Completing annual IRS safeguard security audit.
- Acting as a consultant on accounting-related questions.

1979-1983

Audit Supervisor
Legislative Division of Post Audit

I conducted all phases of financial, performance, sunset, and single audits of state agencies.

1978-1979

Staff Accountant
Main Hurdman and Co.

1977-1978

Staff Accountant
Touche Ross and Co.

3. List any professional licenses that you have obtained and include the number for each license.

I have attained the certifications listed below. The CPA, CIA, and CISA are issued by their respective professional associations to regulate and license those individuals who demonstrate proficiency and commitment to the profession by passing a rigorous examination and attaining the required length and type of experience. The CGFM was attained through acquiring the required level and duration of experience in government financial management.

Certified Public Accountant

CPA #3983, Issued August 24, 1979 by the Kansas Board of Accountancy
Regulated by the American Institute of Certified Public Accountants

Certified Internal Auditor

CIA Certificate #11320, Issued August 12, 1982 by the Institute of Internal Auditors

Certified Information Systems Auditor

CISA Certificate #9920305, Issued February 4, 1999 by the Information Systems Audit and Control Association

Certified Government Financial Manager

CGFM Certificate #9134, Issued September 1, 1996 by the Association of Government Accountants

Please note. In the public accounting and auditing professions, licenses are otherwise known as *permits to practice*. State government auditors and accountants are not required to have a permit to practice, and I do not have a permit to practice at this time. Since obtaining the Certified Public Accountant designation in 1979, I have maintained my permit to practice.

4. Why do you feel you are a good candidate for the position to which you have been appointed?

The position of Inspector General is much like the Chief Audit Executive of a public or private sector organization. The job involves complex issues and relationships. Typically, the background of these individuals includes the requisite educational achievements, professional certifications, and relevant experience.

I believe the KHPA Board of Directors considered these criteria in selecting me for the position of Inspector General. In this briefing, I'll provide details about my background and also touch on personal traits and perspectives that will help ensure my success in fulfilling the duties of the position.

Experience

I have the necessary experience to conduct the affairs of the Office of Inspector General (OIG). After obtaining my accounting degree, I gained two years experience in public accounting to meet the requirements for the certified public accounting, or CPA, designation.

I then spent four years at the Legislative Division of Post Audit. I learned how to evaluate state agency programs and made the transition from financial auditor to performance auditor in the public sector. I led audit teams and presented audit reports to the Kansas Legislature. I enhanced my skills in report writing, documentation, and program evaluation.

In 1983, I established a new Internal Audit Unit at the Department of Revenue, where I incorporated performance audit theory and techniques into the traditional internal auditing discipline. My unit conducted audits of KDOR's operations and programs. In each audit, we analyzed key processes to ensure that primary risks were managed effectively and evaluated the attainment of agency objectives and legislative mandates. All audits were conducted with an eye toward efficiency and effectiveness of operations.

We also investigated allegations of employee fraud. Our fraud investigations were conducted to identify any fraudulent activity or theft that occurred, establish the amount of loss, and obtain appropriate evidence to identify and prosecute the perpetrator.

I have mentored students, by initiating an internship program at the Department of Revenue. Through this program, I encouraged and trained young auditors while adding value to KDOR programs at an affordable cost to the state.

Communication Skills

Good audit work begins with asking the right questions and being a good listener. With an independent frame of mind and by employing sound examination strategies, the auditor can serve policymakers by ensuring that controls are operating as designed, that resources are being efficiently employed, and that desired program results are being attained.

Once the audit analysis is complete, the auditor becomes the communicator. I take pride in my writing ability. In each of the position that I have held, I have prepared audit reports that are meaningful, accurate, and designed to be of value to managers and policymakers. I always present the audit reports orally, to ensure the recipient understands the most salient points, including the recommendations for corrective action, and to respond to questions.

Why I accepted the position of Inspector General

This is a crucial time in health care administration at the national, state, and local level. I left a rewarding position at KDOR because I wanted to lend my efforts to this challenge by providing program evaluation, risk identification, and control assessment to assist program managers and policymakers who are concerned with health care administration.

This is also a crucial point in time for KHPA's Office of Inspector General. The problems experienced prior to my arrival are well documented. The morale and productivity of the OIG staff were in need of improvement. The relationship of the OIG with KHPA managers needed to be solidified. Service to the KHPA Board of Directors and the Kansas Legislature needed to be upgraded in quality and quantity.

I took on this challenge, not because it was easy, but because it was essential. The seeds of improvement are there. The audit staff, the KHPA Board members, and KHPA managers are committed to utilizing the services of the Office of Inspector General as provided in state law.

5. The mission of the KHPA Office of Inspector General is as follows:

- Establish a full-time program of audit, investigation and performance review.
- Provide increased accountability, integrity and oversight of the State Medicaid Program, the State MediKan Program, and the State Children's Health Insurance Program (SCHIP) within the jurisdiction of the Kansas Health Policy Authority.
- Assist in improving agency and program operations and in deterring and identifying fraud, waste, abuse and illegal acts.
- Assist the KHPA Board of Directors in carrying out its governance role.
- Assist KHPA management in establishing effective managerial controls and risk mitigation and performance monitoring strategies.

To accomplish this mission, the Office of Inspector General conducts audits and program reviews of KHPA administered programs. We also conduct investigations of fraud, waste, abuse and illegal acts by KHPA and its agents, employees, vendors, contractors, consumers, clients, and health care providers.

We evidence our work by preparing formal audit reports for presentation to the KHPA Board of Directors and KHPA management. Our annual reports, findings, and recommendations are also provided to the legislative post auditor, specified legislative committees, and the governor.

26. How would you resolve conflicts of interest?

There are safeguards built into the law and into the standards of the auditing profession to *avoid* conflicts of interest. Put simply, there must not be a conflict of interest, to ensure the auditor conducts the audit in an independent, unbiased manner.

The standards of the AICPA, the Government Accountability Office, and the Institute of Internal Auditors all speak to the importance of independence in thought and appearance.

KSA 75-7427 states as follows, "The Office of Inspector General shall be independent and free from political influence" "The Inspector General should be selected without regard to political affiliation."

With these safeguards firmly in place, the likelihood of a conflict arising is minimal. However, should an unforeseen conflict arise, I would follow the rules promulgated by the auditing profession. The requirements would include disclosing my personal conflict or impairment to the Board of Directors of the KHPA. I would then make arrangements for another auditor to conduct the audit. As noted in the statute, "Subject to appropriations, the inspector general may obtain the services of CPAs, qualified management consultants, professional auditors, or other professionals necessary to independently perform the functions of the office."



Sec. of St. bar code

KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS. This statement (pages 1 through 4) 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:** PLEASE TYPE OR PRINT

Kramer Nicholas M
 Last Name First Name MI

Belinda Jane Kramer
 Spouse's Name

6540 SW 24th Ct
 Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Topeka, Kansas 66614
 City, State/Zip Code

(785) 273-2966 (785) 296-2112
 Home Phone Number (include area code) Business Phone Number (include area code)

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 State Office;
6. Candidate for State Office;
7. Other (Contractor / Member of Compact).

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

Ks. Health Policy Authority Inspector General
 Agency 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.

0833

- 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 attached*

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

| | 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. | Ks Department of Revenue | 915 SW Harrison | State Agency |
| 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. | Hills Pet Nutrition | 400 SW 8th | Pet Nutrition |
| 2. | | | |

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

| | BUSINESS NAME AND ADDRESS | POSITION HELD | HELD BY WHOM |
|----|---------------------------|---------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

- 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. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
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| 13. | | | |

H. DECLARATION:

I, Nicholas Kramer, 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.

12-20-09

Date

Nicholas M Kramer

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 2.

Return your completed statement to the Secretary of State, Elections Division, Memorial Hall, First Floor, 120 SW 10th, Topeka, Kansas 66612-1594.

Print Form

Reset Form

6-19

Accounts & activity

Total Vanguard Assets \$404,774.28

Print this page

Download transactions

[Compare to year-end balances](#)

[Create a preferred account view](#)

[Find balance by date](#)

[Transfer Of Assets Summary](#)

Hide zero balance holdings

Vanguard Investments

Expand name and address information

Portfolio of Nicholas M. Kramer

Nicholas M. Kramer—Individual Account

[Buy & Sell](#) | [Transaction History](#) | [Cost Basis](#)

Price as of 12/08/2009

| Name | Fund & Account | Shares | Price & Change | Value |
|--|------------------|-----------|------------------|--------------------|
| Vanguard Growth Index Fund Investor Shares | 0009-09906537034 | 694.868 | \$26.46 -\$0.25 | \$18,386.21 |
| Vanguard Small-Cap Index Fund Investor Shares | 0048-09906537034 | 300.684 | \$26.51 -\$0.22 | \$7,971.13 |
| Vanguard Inflation-Protected Securities Fund Investor Shares | 0119-09906537034 | 1,754.274 | \$12.87 -\$0.01 | \$22,577.51 |
| Vanguard REIT Index Fund Investor Shares | 0123-09906537034 | 373.972 | \$14.34 -\$0.07 | \$5,362.76 |
| Vanguard Emerging Markets Stock Index Fund Investor Shares | 0533-09906537034 | 409.631 | \$25.60 -\$0.40 | \$10,486.55 |
| Vanguard 500 Index Fund Admiral Shares | 0540-09906537034 | 67.839 | \$101.08 -\$1.03 | \$6,857.17 |
| Vanguard Mid-Cap Index Fund Investor Shares | 0859-09906537034 | 758.701 | \$15.75 -\$0.14 | \$11,949.54 |
| Subtotal | | | | \$83,590.87 |

Nicholas M. Kramer—Rollover IRA

[Buy & Sell](#) | [Transaction History](#) | [Contribution Summary](#) | [Distribution Summary](#)

Price as of 12/08/2009

| Name | Fund & Account | Shares | Price & Change | Value |
|--|------------------|--------|----------------|---------------|
| Vanguard Prime Money Market Fund Sweep account-Rollover IRA, 50076941 | 0030-09906537034 | 0.000 | \$1.00 — | \$0.00 |
| Subtotal | | | | \$0.00 |

Nicholas M. Kramer—Rollover IRA Brokerage Account - 50076941 †

Sweep account—Rollover IRA—0030-09906537034

[Buy & Sell](#) | [Balances](#) | [Order Status](#) | [Transaction History](#) | [Brokerage Profile](#) | [Cost Basis](#)

Refresh with current values

Price as of 12/08/2009

| Name | Symbol | Account Type | Quantity | Price & Change | Value |
|---|--------|--------------|----------|------------------|-------------------|
| HARRIS ASSOC INVT TR OAKMARK INTL FD CL I | OAKIX | Cash | 566.0770 | \$16.680 -\$0.24 | \$9,442.16 |
| Net Debit (What is this?) | | | | | -\$59.84 |
| Subtotal | | | | | \$9,382.32 |

⊙ **Nicholas M. Kramer—Roth IRA - 1**

Buy & Sell | Transaction History | Contribution Summary | Distribution Summary

Price as of 12/08/2009

| Name | Fund & Account | Shares | Price & Change | Value |
|---|------------------|-----------|------------------|--------------------|
| Vanguard Short-Term Investment-Grade Fund Investor Shares | 0039-09906537034 | 2,279.598 | \$10.65 \$0.02 | \$24,277.72 |
| Vanguard 500 Index Fund Investor Shares | 0040-09922470146 | 151.614 | \$101.05 -\$1.03 | \$15,320.59 |
| Vanguard Mid-Cap Index Fund Investor Shares | 0859-09922470146 | 159.682 | \$15.75 -\$0.14 | \$2,514.99 |
| Subtotal | | | | \$42,113.30 |

⊙ **Nicholas M. Kramer—Traditional IRA**

Buy & Sell | Transaction History | Contribution Summary | Distribution Summary

Price as of 12/08/2009

| Name | Fund & Account | Shares | Price & Change | Value |
|---|------------------|-----------|-----------------|--------------------|
| Vanguard Mid-Cap Index Fund Investor Shares | 0859-88017737799 | 2,216.435 | \$15.75 -\$0.14 | \$34,908.85 |
| Subtotal | | | | \$34,908.85 |

⊙ **Nicholas M. Kramer—Roth IRA - 2**

Buy & Sell | Transaction History | Contribution Summary | Distribution Summary

Price as of 12/08/2009

| Name | Fund & Account | Shares | Price & Change | Value |
|--|------------------|--------|----------------|---------------|
| Vanguard Prime Money Market Fund Sweep account-Roth IRA - 2, 29141432 | 0030-88038318032 | 0.110 | \$1.00 — | \$0.11 |
| Subtotal | | | | \$0.11 |

⊙ **Nicholas M. Kramer—Roth IRA - 2 Brokerage Account - 29141432 †**

Sweep account—Roth IRA - 2—0030-88038318032

Buy & Sell | Balances | Order Status | Transaction History | Brokerage Profile | Cost Basis

Refresh with current values

Price as of 12/08/2009

| Name | Symbol | Account Type | Quantity | Price & Change | Value |
|-------------------------------|--------|--------------|----------|------------------|-------------------|
| TEMPLETON GLOBAL BOND FD CL C | TEGBX | Cash | 469.8510 | \$12.690 -\$0.08 | \$5,962.40 |
| Subtotal | | | | | \$5,962.40 |

Nicholas M. Kramer Portfolio Total \$175,957.85

Portfolio of Nicholas M. Kramer, Belinda J. Kramer

 Nicholas M. Kramer, Belinda J. Kramer—Joint Account

Buy & Sell | Transaction History | Cost Basis

Price as of 12/08/2009

| Name | Fund & Account | Shares | Price & Change | Value |
|--|------------------|-----------|-----------------|--------------------|
| Vanguard Admiral Treasury Money Market Fund Bank transfer | 0011-09922051141 | 4,100.900 | \$1.00 — | \$4,100.90 |
| Vanguard Explorer Fund Investor Shares | 0024-09922051141 | 93.336 | \$54.82 -\$0.39 | \$5,116.68 |
| Vanguard Prime Money Market Fund Bank transfer Sweep account-Joint Account, 54863911 | 0030-09922051141 | 50.110 | \$1.00 — | \$50.11 |
| Vanguard Intermediate-Term Tax-Exempt Fund Investor Shares | 0042-09922051141 | 469.134 | \$13.56 \$0.01 | \$6,361.46 |
| Vanguard High-Yield Tax-Exempt Fund Investor Shares | 0044-09922051141 | 144.067 | \$10.33 \$0.02 | \$1,488.21 |
| Vanguard Treasury Money Market Fund | 0050-09922051141 | 0.000 | — — | \$0.00 |
| Vanguard Pacific Stock Index Fund Investor Shares | 0072-09922051141 | 825.822 | \$9.97 -\$0.02 | \$8,233.45 |
| Vanguard Total Bond Market Index Fund Investor Shares | 0084-09922051141 | 5,282.870 | \$10.50 \$0.01 | \$55,470.14 |
| Vanguard Tax-Managed Small-Cap Fund | 0116-09922051141 | 598.465 | \$20.75 -\$0.15 | \$12,418.15 |
| Subtotal | | | | \$93,239.10 |

 Nicholas M. Kramer, Belinda J. Kramer—Joint Brokerage Account - 54863911 †

Sweep account—Joint Account—0030-09922051141

Buy & Sell | Balances | Order Status | Transaction History | Brokerage Profile | Cost Basis

Refresh with current values

Price as of 12/08/2009

| Name | Symbol | Account Type | Quantity | Price & Change | Value |
|---|--------|--------------|----------|--------------------|-------------|
| HARRIS ASSOCIATES OAKMARK EQUITY & INCOME FUND CL I | OAKBX | Cash | 783.0700 | \$25.280 -\$0.18 | \$19,796.00 |
| THIRD AVE VALUE FD INC | TAVFX | Cash | 330.8360 | \$46.270 -\$0.72 | \$15,307.78 |
| Subtotal | | | | \$35,103.78 | |

Nicholas M. Kramer, Belinda J. Kramer Portfolio Total \$128,342.88

Portfolio of Dorothy J. Kramer, Nicholas M. Kramer

 Dorothy J. Kramer, Nicholas M. Kramer—Joint Account

Buy & Sell | Transaction History | Cost Basis

Price as of 12/08/2009

| Name | Fund & Account | Shares | Price & Change | | Value |
|--|------------------|-----------|----------------|---------|--------------------|
| Vanguard Wellington Fund Investor Shares | 0021-88036753660 | 837.749 | \$28.90 | -\$0.21 | \$24,210.95 |
| Vanguard Intermediate-Term Treasury Fund Investor Shares | 0035-88036753660 | 1,011.438 | \$11.73 | \$0.03 | \$11,864.17 |
| Vanguard GNMA Fund Investor Shares | 0036-88036753660 | 754.996 | \$10.86 | \$0.01 | \$8,199.26 |
| Vanguard 500 Index Fund Investor Shares | 0040-88036753660 | 165.375 | \$101.05 | -\$1.03 | \$16,711.14 |
| Vanguard Intermediate-Term Tax-Exempt Fund Investor Shares | 0042-88036753660 | 1,617.948 | \$13.56 | \$0.01 | \$21,939.37 |
| Vanguard Global Equity Fund | 0129-88036753660 | 1,058.369 | \$15.71 | -\$0.21 | \$16,626.98 |
| Subtotal | | | | | \$99,551.87 |
| Dorothy J. Kramer, Nicholas M. Kramer Portfolio Total | | | | | \$99,551.87 |

Portfolio of Brooke Keenan Kramer

| <input checked="" type="radio"/> Brooke Keenan Kramer, Nicholas M. Kramer—Education Savings Account | | | | | |
|--|------------------|--------|----------------|---------|------------------------|
| Buy & Sell Transaction History Contribution Summary Distribution Summary | | | | | Price as of 12/08/2009 |
| Name | Fund & Account | Shares | Price & Change | | Value |
| Vanguard 500 Index Fund Investor Shares | 0040-09922073161 | 9.121 | \$101.05 | -\$1.03 | \$921.68 |
| Subtotal | | | | | \$921.68 |
| Brooke Keenan Kramer Portfolio Total | | | | | \$921.68 |

Outside Investments

Outside Investments allows you to include your non-Vanguard accounts in Consolidated View™. Learn more about this service.

† **Note on account protection:** Securities in your brokerage account are held in custody by Vanguard Brokerage Services® (VBS), a division of Vanguard Marketing Corporation, Member FINRA and SIPC. Account protection

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KHPA OFFICE OF THE
INSPECTOR GENERAL

Landon State Office Building, 900 SW Jackson Street, Suite 900-N, Topeka,
Kansas 66612-1220

Phone: 785-296-2112 Fax: 785-296-0465

www.khpa.ks.gov

Testimony to the Senate Committee on Public Health and Welfare
Nick Kramer, Acting Inspector General
May 3, 2010

Thank you, Chairman Barnett and members of the committee.

I'm Nick Kramer and I'm seeking your confirmation of my appointment by the KHPA Board of Directors to the position of Inspector General for the Kansas Health Policy Authority. Last Thursday, I had the opportunity to meet several of you and I provided a letter of introduction to all of the committee members. Using that as a basis, I'll provide a brief overview of my background and experience. Additionally, Chairman Barnett asked me to summarize my philosophy with respect to the mission of the Office of Inspector General and describe how we plan to accomplish that mission.

A little about me. I am a native Kansan, born in Topeka. I earned a degree in accounting from the University of Kansas. After graduation, I spent 2 and ½ years in public accounting, before joining the Legislative Division of Post Audit in 1979. Four years later, I became the Internal Audit Manager for the Department of Revenue, a role that I served for over 26 years. During my employment, I continued my education. I earned a Masters in Business Administration that I obtained in night classes at Washburn University and I passed the examinations to earn my CPA, and professional Certifications in Internal Auditing and Information Systems Auditing.

Last October, I was selected by the KHPA Board of Directors through a competitive interview process to fill the open position as the Inspector General, where I head a staff of 3.

The IG position at KHPA had experienced its share of controversy prior to my arrival. So much so, in fact, that some questioned the ability of the office to render independent, objective opinions and conduct meaningful analysis of KHPA operations – suggesting that the OIG be moved to the Legislative Division of Post Audit.

In addressing this issue, I worked closely with Barbara Hinton and other members of the Kansas Judicial Council to review the issue and prepare a report for the Kansas Legislature. The council agreed that the Office is correctly positioned, just as it is today. I report directly to the KHPA Board of Directors, which is charged with agency oversight and governance. This organizational

relationship ensures that my office is independent of KHPA management and that the OIG can provide its findings and recommendations without impairment or improper influence. The framers of our enabling legislation, some of you perhaps, included effective safeguards in K.S.A. 75-7427, consistent with professional auditing standards of the Government Accountability Office, to ensure the independence of the OIG.

I have also worked with KHPA Executive Director Dr. Andrew Allison and the KHPA Board of Directors to improve the audit report review and issuance process. Together, we have laid the groundwork for a successful performance audit and inspection function.

The fruits of that labor are exemplified in the first performance audit issued in my brief tenure "*A Performance Audit of Kansas' Medicaid Claims Processing*," which is available for legislative and public review on our website at www.khpa.ks.gov/oig. A second report addressing "*KHPA's Process for Awarding Contracts*" is scheduled for Board Review this coming June.

I'll take one more moment, if I may, to address the mission of our office. We have 3 vital functions as outlined in our statute - to (1) provide increased accountability, integrity and oversight of KHPA programs - including the state Medicaid program, the state MediKan program and the state children's health insurance program within the jurisdiction of the Kansas health policy authority and (2) to assist in improving agency and program operations and (3) in deterring and identifying fraud, waste, abuse and illegal acts. We intend to accomplish all 3 of those objectives.

To illustrate, our next audit will examine controls in the enrollment, termination, and sanctions of Medicaid providers. In plain speaking terms, we want to devote our available time and resources toward areas where we can provide the greatest benefit to our stakeholders.

Keep in mind, in Kansas, preventing and investigating fraud, waste, abuse and illegal acts in Medicaid and other programs is a shared effort among many different work units. There is a SURS Unit (Surveillance and Utilization Review subsystem) within KHPA (staffed by EDS/HP). There is a MFCU - Medicaid Fraud Control Unit. Under the direction of the Kansas Attorney General, they seek restitution from Medical providers who are abusing the program through fraudulent claims or other unlawful activities. In some states, many of these activities are housed under a large OIG office. In Kansas, we use a cooperative structure.

At the OIG, we sometime receive reports of fraud or abuse from the public, via emails or phone calls, and work together with MFCU to determine which cases merit an official investigation. We meet monthly with members of the SURS unit and the MFCU so that we can make referrals to them and to increase our training and awareness with regard to fraud risks and controls. We also meet quarterly with a group that includes fraud investigators working for private health insurance companies.

The focus of my work for over 30 years has been to use performance audit and internal audit disciplines to identify risks, investigate instances of fraud or wrongdoing, provide analysis for decision makers, and make recommendations to improve efficiency and effectiveness of operations in state government. I accepted this position because I recognized that managing health care programs and associated costs had risen to the forefront of the state and national dialogue, and I felt that the Office of Inspector General could play a vital role in assisting state leaders.

I pledge to you that our office will accomplish our mission in a competent, professional manner and provide a valuable resource to our Board of Directors, our agency management, to the Kansas Legislature, and Kansas citizens. Thank you for this opportunity to serve and I'll be happy to address any questions you have.

STATE OF KANSAS

BOARDS AND COMMISSIONS APPOINTMENT QUESTIONNAIRE

Please include title and middle name along with any names previously used.

Kathleen _____ Jo _____ Selzler Lippert _____
First Name Middle Name Last Name

Acting Executive Director Kansas State Board of Healing Arts _____
Title

Kathleen _____ Jo _____ Smith _____
Previous First Name Previous Middle Name Previous Last Name

Previous Title

Home Address: 121 S. 14th Street _____

City: Sabetha _____ State: Kansas _____ Zip: 66534 _____

Driver's License Number: _____ Social Security Number: _____

Appointing Authority: Kansas State Board of Healing Arts _____

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

Please submit your resume/bio with this application.

This Questionnaire is to be fully completed by each appointee. If required, a senate confirmation hearing to consider an appointee will not be scheduled until a completed questionnaire and all other related documents are received. Please answer each question completely to the best of your knowledge. If a question is not 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.

Please include title and middle name along with any names previously used.

Kathleen Jo Selzler Lippert
First Name Middle Name Last Name

Kathleen Jo Smith
Previous First Name Previous Middle Name Previous Last Name

Board to which seeking appointment: Kansas State Board of Healing Arts / Executive Director Position

View Boards and Commissions: <http://www.kssos.org/forms/communication/boards.pdf>

Appointing Authority: Kansas State Board of Healing Arts

Home Address: 121 S. 14th Street

City: Sabetha State: Kansas Zip: 66534 County: Nemaha

Business Name: Kansas State Board of Healing Arts

Business Address: 235 S. Topeka Blvd., Topeka, Kansas 66603

City: Topeka State: KS Zip: 66603

Position Title: Executive Director

Home Phone: 785-284-2237 Business Phone: 785-296-7413 Cell Phone: 785-285-0400

Fax Number: 785-368-7102 E-mail Address: klippert@ksbha.ks.gov

Kansas resident? Yes No Date of Birth: 07/24/1965 Place of Birth: Buffalo, Minn.
mm/dd/yyyy

Registered? Yes No Party Affiliation: Republican

Congressional District: 1st KS Senate District: 21 KS Representative District: 62

Find your Districts: <http://www.ipsr.ku.edu/ksdata/vote/>

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 to 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? (Please list degree, major course, school, and dates)

1988 BS Business Northeast Missouri State University / Truman
1993 JD Drake Law School
See Resume attached

2. Describe your employment experience. Include any expertise related to the position to which you are seeking appointment.

See Resume

3. List any professional licenses that you have obtained and include the number for each license.

Iowa Law License - cancelled approximately 1996/1997 when I moved to Kansas
Kansas Law License - Bar #17957

4. Why do you feel you are a good candidate for the position to which you are seeking appointment?

I am dedicated to public service and have worked passionately to pursue public protection for my entire career. My general litigation experience and specific experience as a staff attorney with the Kansas State Board of Healing Arts provide the background to enforce the laws of the State of Kansas to safe guard the public and strengthen the healing arts professions.

5. What do you see as the purpose or mission of the role to which you are seeking appointment?

The mission of the Kansas State Board of Healing Arts is to safeguard the public through licensure, education, and discipline of those who practice the healing arts in Kansas. My role is to apply statutes, regulation, legislative directives and implement Board policy through the coordination of available resources to further our mission.

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

See Resume attached

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.
 Yes No
10. Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.
 None
See Resume attached
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
See Resume attached
Member of Northridge Church, Sabetha, Kansas
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.
 Yes No
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.
 Yes No
As a litigation attorney for the Kansas State Board of Healing Arts, I filed a disciplinary petition against the medical license of George Tiller, M.D. Dr. Tiller has regularly been associated with the controversial issue of abortion on both the national and local level.
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.
 Yes No
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 are seeking appointment? If so, please describe.
 Yes No

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.

Yes No

*As a criminal prosecutor, several defendants have filed complaints against me for prosecuting them. All complaints were dismissed without any formal action. I do not believe these individuals would take overt or covert steps to attack me but can not preclude such as a possibility.

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.

Yes No

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.

Yes No

I have been a Kansas state or county employee since 1997. My spouse is the elected Nemaha County Attorney since 1997 and was previously an associate Lyon County attorney from approximately 1990-1992. Further, my spouse served as an attorney in an adoption proceeding in approximately 2009 and received compensation from SRS for his services.

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 are seeking appointment.

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.

Yes No

In approximately 2008, we purchased a load(s) of wood for our wood burning stove from Steve Lukert who was then and still remains a Representative in the Kansas House.

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 are seeking appointment, please indicate the employer, the position and the length of time it has been held. If not, please so state.

Yes No

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.

None

Since October 2009, I have served as Interim Executive Director for the Kansas State Board of Healing Arts. As Interim Executive Director, I have appeared and testified before the Kansas Legislature in support of regulations and / or proposed statutes related to the duties of the Kansas State Board of Healing Arts.

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.

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 are seeking appointment or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position.

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?

Alert the Board members for Kansas Board of Healing Arts and then notify the Governor's office. Further, I would consult with the Kansas Ethics Commission, Attorney General's Office and / or Disciplinary Administrator for Attorneys for guidance on the issue.

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.

Yes No

I have been sued by individuals I have prosecuted for criminal violations; attached are copies of the dismissals for each case. I have been involved in general civil proceedings such as divorce; which are unrelated to any claim of breach of ethics or unprofessional conduct. All civil or other claims are detailed in my KBI background check application.

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.

Yes No

I have been cited for speeding on approximately three (3) occasions; all prior to 2000. I have had occasional parking tickets; I do not have specific information on the parking tickets except that none are outstanding.

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

Yes No

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

Yes No

31. Agency Proceedings/Civil Litigation: Are you presently, or have you ever been, a party of 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.

Yes No

* The prior executive director has filed a claim against the Board. A current employee has filed a complaint against the Board based on one or more unsatisfactory employee evaluations by their current and/or former supervisor. A licensee has filed a motion to squash a subpoena in District Court based on a subpoena for records issued by the Board.

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 of 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.

Yes No

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.)

Yes No

33. Other Litigation:

Yes No

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.

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.

Yes No

see question 31

34. Drivers License: Has your driver's license ever been suspended or revoked? If so, please describe.

Yes No

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.

Yes No

36. Security Clearance Denial: Have you ever been denied a military or other governmental clearance? If so, please explain.

Yes No

37. Firings:

a.) During the past ten years, have you been fired from a job for any reason? If so, please explain.

Yes No

b.) During the past ten years, have you quit a job after being told that you would be fired? If so, please explain.

Yes No

c.) During the past ten years, did you leave a job by mutual agreement because of specific problems? If so, please explain.

Yes No

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
 Yes No
39. Consumption of Alcohol: Have you ever or are you currently abusing alcohol? If so, please explain.
 Yes No
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.
 Yes No
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?
 Yes No
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.
 Yes No
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: Judge Jean Schmidt How they know you: Supervisor at Dist. Atty Office
Home Address: see attached resume
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: 785-233-8200 ext 4130

Name: Judge Nancy Parrish How they know you: Appeared as atty in her courtroom
Home Address: see attached resume
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: 785-233-8200 ext 4067

Name: Steve Schwarm How they know you: Opposing counsel on cases
Home Address: see attached resume
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: 913-895-8177

Name: Tom Beall How they know you: Opposing counsel on cases
Home Address: Wk Address: Kansas Attorney General's Office, 10th and Jackson
City: Topeka State: KS Zip: 66603
Home Phone: 785-220-9840 (cell phone) Business Phone: 785-296-3467

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 non-consideration 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: _____

Kathleen J. Lippert

Date: _____

3/24/10

Please print and return this questionnaire by mail or email to:
Office of the Secretary, Kansas Department of Social and Rehabilitation Services
Attention: Carol Sprague, Docking State Office Building, 6th Floor
915 SW Harrison, Topeka, KS 66612
Phone: 785-296-3271 Email: Carol.Sprague@srs.ks.gov

KATHLEEN J. SELZLER LIPPERT

**121 S. 14TH STREET
SABETHA, KANSAS 66534**

Home 785-284-2237

Work 785-296-8561

KATHLEEN J. SELZLER LIPPERT

LICENSES

- Admitted to the Kansas Bar April, 1997
- Admitted to the Iowa Bar January, 1994

EDUCATION

Van Buren Community High School, Keosauqua, Iowa

- Diploma – May, 1983

University of Northern Iowa, Cedar Falls, Iowa, Attended 1983-1984

- General undergraduate courses

Northeast Missouri State University / Truman State, Kirksville, Missouri, Attended 1984-1988

- B.A. Business Administration – May, 1988
- Emphasis: Personnel Management

Drake University Law School, Des Moines, Iowa, Attended 1990-1993

- Juris Doctorate – May, 1993
- Prosecuting Intern for multiple Iowa counties, including Jefferson, Story and Polk
- Judicial Clerkship, Honorable Ray Fenton
- Activities / Awards: Order of the Barrister, Blackstone Inn of Court, Moot Court Board and ABA/LSD

EXPERIENCE

Interim Executive Director, Kansas Board of Healing Arts, October 29, 2009 - Present

- Serve the Board to promote public safety through efficient licensure, education and appropriate disciplinary action
- Serve the needs of Licensing, Disciplinary, Litigation and Administration departments to effectuate the mission of the agency
- Facilitate the mission of the agency through efficient management of budget, technology and other resources

Litigation Counsel, Kansas Board of Healing Arts, July, 2008 – October, 2009

- Lead a department of nine colleagues (5 attorneys, 3 paralegals and 1 nurse reviewer) in processing a large backlog of cases for Disciplinary Panel review and prompt litigation
- Carry out the directives of the Disciplinary Panel for individual medical investigations

Associate Litigation Counsel, Kansas Board of Healing Arts, September, 2005- July, 2008

- Prepare cases for review by the Disciplinary Panel
- Carry out the directives of cases authorized for action by the Disciplinary Panel
- Litigate complex medical/legal issues and promote public safety by taking action against unprofessional, improper, unauthorized and unqualified medical practice

Assistant Shawnee County District Attorney, August, 1999 – September, 2005

- Robert Hecht, 2001-2005 and Joan Hamilton, 1999-2000
- Domestic homicides: Bloom, McGinnis, Lovell, Patterson, Callaway, and Perez
- Felony domestic violence cases
- Review evidence, file cases, pretrial discovery, trial responsibilities
- Work with Battered Women's Task Force, detectives, law enforcement officers and the courts to provide effective prosecution and victim safety
- Juvenile offender prosecutions including rape, robbery and kidnapping

Assistant Atchison County Attorney, January, 1997 – August, 1999

- Richard Senecal, Atchison County Attorney
- Review evidence, file cases, pretrial discovery, suppression issues, trial responsibilities for approximately 500 adult cases per year
- Educate and train law enforcement officers on applying Constitutional rights to work environment
- Develop and design educational seminars for law enforcement, organize speakers, and presenters for training
- General criminal trials: kidnapping, drug, DUI, aggravated battery and arson

Northcentral Iowa Drug Task Force Prosecutor, May, 1994 – December, 1996

- Paul Martin, Cerro Gordo County Attorney
- Nine county task force, over thirty law enforcement agencies
- Advise and assist the task force and individual officers on criminal investigations
- Prosecute felony and misdemeanor criminal drug violations

Teaching Experience

- Law enforcement training, individuals and groups
- Buena Vista College, Mason City campus, 1995/1996; Introduction to Law and Constitutional Law courses – select texts, create course curriculum, prepare and present subject matter
- Instructor for KAPLAN LSAT review course, Fall 1990 – Fall 1992

REFERENCES

Judge Jean Schmidt
308 Courthouse
200 SE 7th Street
Topeka, Kansas 66603
785-233-8200 ext 4130

Judge Nancy Parrish
303 Courthouse
200 SE 7th Street
Topeka, Kansas 66603
785-233-8200 ext 4067

Steve Schwarm
Senior Operations Counsel
Sisters of Charity of
Leavenworth Health System, Inc
9801 Renner Blvd. Suite 230
Lenexa, Kansas 66219-9745
913-895-8177

Judy Janes
KMS MAP Director
623 SW 10th Ave
Topeka, Kansas 66612-1627
785-231-7342

Jason Coody
Assistant US District Attorney
111 N. Adams Street
4th Floor
Tallahassee, Florida 32301
850-216-3890

Kelli Stevens
Litigation Counsel
Kansas Board of Healing Arts
235 S. Topeka Blvd
Topeka, Kansas 66603
785-296-0961

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:

Selzler Lippert

Last Name

Kathleen

First Name

J

MI

Brad Lippert

Spouse's Name

121 S. 14th Street

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

Sabetha, KS 66534

City, State, Zip Code

(785) 284-2237

Home Phone Number

(785) 296-0961

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)

Kansas Board of Healing Arts

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

Litigation Counsel

Name of the individual (Last, first, and middle)

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. Brad M. Lippert, Attorney at Law 920 Main Street, Sabetha, KS 66534 | Sole Proprietorship | Proprietor | 100% | spouse |
| 2. KPERS 611 S. Kansas Ave., Topeka, KS 66603 | Retirement Account | Retirement Account | 0% | both |
| 3. Rental Property 920 Main Street, Sabetha, KS 66534 | Rental Property | Fee Simple | 100% | self |
| 4. Rental Property 121 S. 14th St., Sabetha, KS 66534 | Rental Property | Fee Simple | 100% | both |

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. Kansas Board of Healing Arts | 235 S. Topeka Blvd, Topeka, KS 66603 | State Agency |

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. Brad M. Lippert, Attorney at Law | 920 Main Street, Sabetha, KS 66534 | Law Firm |
| 2. Nemaha County, Kansas | 607 Nemaha, Seneca, KS 66538 | County Government |

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. Brad M. Lippert, Attorney at Law 920 Main Street, Sabetha, KS 66534 | Proprietor | spouse |
| 2. NEK-CAP RR4, Hiawatha, KS 66434 | Director | spouse |

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. Kickapoo Tribe in Kansas | P.O. Box 109, Horton, KS 66439 | spouse |

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: 04/29/2009

Name of Person Making Statement: Kathleen J. Selzler Lippert