

MINUTES OF THE SENATE COMMITTEE ON FEDERAL AND STATE AFFAIRS

The meeting was called to order by Chairperson Lana Oleen at 11:00 a.m. on January 25, 1993 in Room 254-E of the Capitol.

All members were present except: Sen. Vidricksen (excused)
Sen. Hensley (excused)
Sen. Walker (excused)

Committee staff present: Mary Galligan, Legislative Research Department
Jeanne Eudaley, Committee Secretary

Conferees appearing before the committee:

Col. John Crawford, Jr., for appointment to Brig. Gen., as Asst. Adjutant Gen. for Kansas Air
National Guard
Bernard Wiltz, Kansas Lottery Commission, Second District

Others attending: See attached list

Sen. Oleen asked Mary Galligan to give a brief review of the confirmation process to the committee. Ms. Galligan explained a 1991 Interim Committee studied the confirmation process and as a result of the study, the Governmental Organization Committee recommended the Confirmation Committee be abolished and established, under Senate Rule 56, that confirmations be referred to the "appropriate" committee, i.e., one which reflects that committee's interests. She continued by pointing out the confirmation process is a Senate process only; that there is a three-member Confirmation Oversight Committee and a liaison to work with the committees to coordinate timeliness and paperwork as required. Ms. Galligan stated that not all appointees require full hearings and if the time limit passes and the appointee is not recommended by the committee, the Senate may consider it without recommendation from that committee. She gave other details to the committee and recommended members of the committee refer to the Confirmation Handbook for a full listing of appointees and their responsibilities, along with Confirmation Rules which have been adopted. Sen. Oleen stated the revised Rules allow 20 legislative days for a committee to hold a hearing for an appointee, and if it is not possible for the committee to schedule a hearing within those 20 days, an extension may be requested from the Senate President. This may happen because the committee has not received the necessary paperwork or the appointee is out of state. The committee secretary will work with the confirmation liaison to expedite the confirmations.

Sen. Oleen asked Sen. Praeger to introduce pages, assisting the committee today, who are from her district.

Sen. Oleen announced the committee will hold confirmation hearings for two appointees today and introduced Adj. Gen. James Rueger. He introduced John Crawford, whom he nominated to become Assistant Adjutant General. Col. Crawford made a statement (Attachment 1) to the committee. Committee members also referred to the Confirmation Questionnaire (Attachment 2). Sen. Oleen questioned Col. Crawford about cutbacks in the National Guard, and he replied that they have input into restructuring the Guard and he is also on the Long-range Planning Committee. Sen. Jones asked if the rank of brigadier general automatically comes with the position of assistant adjutant general, and Col. Crawford replied it did not; if he is confirmed by the Kansas Senate, he will then go through the nomination process in the U.S. Senate. Adj. Gen. Rueger explained the process of accepting applications for the position, selecting the best person for the job and submitting the information to the Governor for final decision. Col. Crawford also explained that he has been in the Civil Service, but will have to resign his position if he is confirmed. Sen. Oleen announced the committee will take action later in the week.

Sen. Oleen introduced Bernard Wiltz, appointed to the Lottery Commission, who made general remarks to the committee and referred to the Confirmation Questionnaire (Attachment 3). Sen. Ramirez questioned Mr.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON FEDERAL AND STATE AFFAIRS, Room 254-E
Statehouse, at 11:00 a.m. on January 25, 1993.

Wiltz if he had served on other committees, etc., where he had input in an on-going operation, or any experience setting budgets, and he replied he had years of business experience. Sen. Oleen questioned if he had attended any meetings, since he was appointed in June, 1992, and he answered he has been attending commission meetings. Mr. Wiltz stated he has had no orientation by the Governor's Office before serving on the commission. Sen. Jones asked if he has served on other statewide offices, and if he is comfortable serving on the commission, and Mr. Wiltz stated he has served on committees in his community, and that he is comfortable serving on the commission. Sen. Gooch asked if Mr. Wiltz if he felt he could make a contribution to the commission, and he answered that he has a good business background and that he can offer his opinion. Mr. Wiltz stated he has undergone KBI background investigation, that he supports the Lottery and that it is a good source of revenue for the state. He also stated he is not a gambler and before his appointment, had not bought a lottery ticket.

The Chairman announced the Joint Committee will hold a hearing on Friday on the constitutional amendment allowing the Mirage Casino at The Woodlands (SCR 1608).

Committee adjourned at 11:55.

GUEST LIST

COMMITTEE: Senate Federal & State Affairs

DATE: JAN. 25, 1993

[illegible]

Attach.

STATE OF KANSAS
THE ADJUTANT GENERAL
P.O. BOX C-300
TOPEKA, KANSAS 66601-0300

MADAM CHAIRPERSON, MEMBERS OF THE CONFIRMATION COMMITTEE:

I AM JOHN J. CRAWFORD JR., AND I AM APPEARING BEFORE THIS COMMITTEE TO SEEK CONFIRMATION FOR APPOINTMENT TO THE RANK OF BRIGADIER GENERAL IN THE KANSAS AIR NATIONAL GUARD FOR MY ASSIGNMENT AS THE ASSISTANT ADJUTANT GENERAL FOR AIR IN THE KANSAS AIR NATIONAL GUARD.

I BEGAN MY MILITARY CAREER WITH MY ENLISTMENT AS AN AIRMAN BASIC IN THE UNITED STATES AIR FORCE RESERVE IN JANUARY 1955. I WAS ASSIGNED AS AN AIRBORNE RADIO OPERATOR AND LATER AS A FLIGHT ENGINEER ON C-119 AIRCRAFT. AFTER ACCUMULATING 900 FLYING HOURS IN THE C-119 I WAS COMMISSIONED AS A SECOND LIEUTENANT THROUGH THE AIR FORCE OUTSTANDING AIRMAN PROGRAM. I WAS ASSIGNED AS AN AIRCRAFT MAINTENANCE OFFICER AND SERVED IN THAT CAPACITY UNTIL ASSIGNMENT TO THE KANSAS AIR NATIONAL GUARD IN OCTOBER 1969. I SERVED AS THE EXECUTIVE SUPPORT OFFICER TO THE CHIEF OF MAINTENANCE FOR THE 184TH TACTICAL FIGHTER GROUP UNTIL AUGUST 1980. I WAS ASSIGNED AS THE DIRECTOR OF ADMINISTRATION FOR THE 184TH TACTICAL FIGHTER GROUP AND IN 1982 BECAME THE COMMANDER OF THE COMBAT SUPPORT SQUADRON. IN MARCH 1986 I WAS APPOINTED AS THE DEPUTY COMMANDER FOR RESOURCES AND THE RESOURCE MANAGEMENT SQUADRON COMMANDER. I SERVED IN THOSE CAPACITIES UNTIL FEBRUARY 1987 WHEN I WAS APPOINTED AS THE VICE COMMANDER FOR THE 184TH TACTICAL FIGHTER GROUP. IN JULY 1988 I WAS ASSIGNED TO MAXWELL AIR FORCE BASE, ALABAMA, TO ATTEND AIR WAR COLLEGE. UPON GRADUATION FROM AIR WAR COLLEGE IN MAY 1989 I WAS ASSIGNED TO STATE HEADQUARTERS IN TOPEKA AS THE DIRECTOR OF RESOURCES. IN AUGUST 1991 I WAS ASSIGNED

Sen 7 & SA
1/25/93
Cott 1

AS THE EXECUTIVE SUPPORT STAFF OFFICER TO THE ADJUTANT GENERAL OF KANSAS. I WAS ASSIGNED TO MY CURRENT POSITION OF ASSISTANT ADJUTANT GENERAL FOR AIR IN MAY 1992. I WAS PROMOTED TO MY CURRENT GRADE OF COLONEL IN 1987.

I GRADUATED FROM LANERI HIGH SCHOOL IN FT. WORTH, TEXAS, AND ATTENDED ARLINGTON STATE COLLEGE RECEIVING A TWO YEAR ASSOCIATES DIPLOMA IN INDUSTRIAL ELECTRICAL ENGINEERING. I RETURNED TO COLLEGE, NOW NAMED THE UNIVERSITY OF TEXAS AT ARLINGTON, AND EARNED MY BACHELOR OF SCIENCE DEGREE IN MATHEMATICS IN 1966.

I WAS EMPLOYED BY TEXAS ELECTRIC SERVICE COMPANY, ONE OF THE LARGEST UTILITY COMPANIES IN TEXAS, FROM 1955 UNTIL 1966 AS A LINEMAN AND LATER AS A MICROWAVE TECHNICIAN. IN 1966 I WENT TO WORK FOR GENERAL DYNAMICS AS AN AEROSPACE ENGINEER WORKING ON THE B-58 AND F-111 AIRCRAFT. IN 1969 I MOVED FROM FT WORTH TO WICHITA, KANSAS AND WAS EMPLOYED BY CESSNA AIRCRAFT AS A PROJECT LEADER CHARGED WITH IMPLEMENTING STATE OF THE ART FLIGHT TEST DATA RECORDING TECHNOLOGY. IN 1971 I WAS EMPLOYED BY TYMSHARE INCORPORATED, AN INTERNATIONAL COMPUTER TIME SHARING COMPANY, AS A DIVISION MANAGER. I LATER BECAME THE VICE PRESIDENT OF RESEARCH AND DEVELOPMENT FOR SOFTWARE PRODUCTS. IN 1984 I LEFT TYMSHARE TO FORM MY OWN DATA PROCESSING SERVICE CONSULTING FIRM. I AM STILL IN THE CONSULTING BUSINESS EVEN THOUGH I AM CURRENTLY EMPLOYED FULL TIME IN THE KANSAS AIR NATIONAL GUARD.

I HAVE SERVED AS A MEMBER OF KIWANIS INTERNATIONAL, A MEMBER OF THE AMERICAN MANAGEMENT ASSOCIATION, A MEMBER OF THE AMERICAN ASSOCIATION OF DATA PROCESSING PROFESSIONALS, AND AS A MEMBER OF THE KANSAS NATIONAL GUARD ASSOCIATION.

I HAVE BEEN MARRIED TO THE FORMER DEANNA M. KNEIFL FROM FT WORTH, TEXAS, FOR OVER 33 YEARS, AND WE HAVE ONE MARRIED DAUGHTER, A PROGRAM

MANAGER WITH BOEING COMPUTER SERVICES, A SON-IN-LAW WHO IS AN F-16 CREW CHIEF WITH THE 184TH TACTICAL FIGHTER GROUP, AND A NINE YEAR OLD GRANDSON. MY WIFE, DEANNA, ATTENDED WICHITA STATE UNIVERSITY WHERE SHE RECEIVED HER BACHELORS AND MASTERS DEGREES IN SPEECH PATHOLOGY. SHE WAS THE DIRECTOR OF EARLY CHILDHOOD DEVELOPMENT AT THE INSTITUTE OF LOGOPEDICS IN WICHITA FOR SEVERAL YEARS AND IS CURRENTLY A SPEECH PATHOLOGIST IN THE BUTLER COUNTY SCHOOL SYSTEM.

AS THE ASSISTANT ADJUTANT GENERAL FOR AIR IN THE KANSAS AIR NATIONAL GUARD, I WILL BE RESPONSIBLE FOR PROVIDING GUIDANCE AND DIRECTION TO THE TWO FLYING UNITS LOCATED IN KANSAS, ONE IN WICHITA AND THE OTHER HERE IN TOPEKA. I SERVE AS THE PRINCIPAL SPOKESPERSON FOR THE ADJUTANT GENERAL IN ALL MATTERS RELATING TO THE AIR NATIONAL GUARD IN KANSAS AND AM CHARTERED TO KEEP HIM INFORMED REGARDING MISSION, FORCE STRUCTURE, AND RESOURCE MANAGEMENT OF BOTH FLYING UNITS. THE KANSAS AIR NATIONAL GUARD HAS A MEMBERSHIP OF APPROXIMATELY 2600 PEOPLE OF WHICH OVER 1000 ARE FULL TIME EMPLOYEES.

I AM EXTREMELY PROUD TO BE A MEMBER OF THE KANSAS AIR NATIONAL GUARD AND WILL LOOK FORWARD TO THE NEW CHALLENGES THAT MY ASSIGNMENT BRINGS WITH IT.

THANK YOU FOR YOUR TIME AND YOUR SUPPORT.

JOHN J. CRAWFORD JR.
COLONEL, KSANG
ASSISTANT ADJUTANT GENERAL FOR AIR

SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Attach. 2

Name: JOHN J. CRAWFORD, JR

Home Address: RR 3 Box 198P

City, State, Zip Code: Augusta KS 67010

Home Phone: 316 / 733-2088

Business Address: HQ KSANG, Box C-300

City, State, Zip Code: Topeka KS 66601-0300

Business Phone: 913 / 266-1043

Date of Birth: 20 Sep 37 Place of Birth Chicago IL

Party Affiliation Republican

Appointed as: Assistant Adjutant General (Air)

Effective May 1992 for the _____ term

ending _____ Succeeding _____

Salary _____ Statutory Authority 48-208

Statutory Requirements _____

1. EDUCATION:
High School Laneri, Ft Worth TX

Year Graduated 1955

Postsecondary	Degree, etc.	Dates
<u>University of Texas, Arlington TX</u>	<u>BS-Math</u>	<u>1966</u>
_____	_____	_____
_____	_____	_____

S. F. & S. A.
1/25/93
Att 2

WHICH YOU HAVE BEEN APPOINTED:

Broad experience as both a business manager and a military leader. Held key management positions in the private sector and several command positions in the military.

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE: _____

1970-1984 General Mgr Research & Design - Tymshare Inc

1984-1986 Self Employed - Consultant

1986-1989 Active Duty - Vice Commander, 184 TFG, KS ANG

1989-1991 Self Employed - Consultant

1991-Present Air Technician, HQ KSANG, Executive Support Staff Officer

8. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? Yes

If so, please list dates of service, branch of service and date and type of discharge:

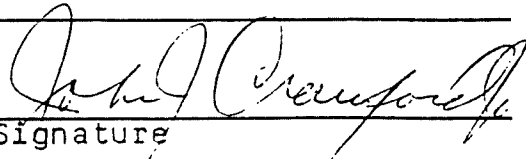
1955-Present Member of Air National Guard

9. HAVE YOU EVER BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES FOR VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE (EXCLUDING TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$100 OR LESS WAS IMPOSED)? No

10. DISPOSITION OF ANY INTERESTS THAT MIGHT HAVE PRESENTED A POTENTIAL CONFLICT OF INTEREST FOR THIS POSITION.

None

Return to: Mary Holladay
Appointment Secretary
Office of the Governor
2nd Floor, State Capitol
Topeka, KS 66612


Signature



KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

STATEMENT OF SUBSTANTIAL INTERESTS FOR STATE EMPLOYEES

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by each state employee named as a designee by their agency head (K.S.A. 46-247, 46-248, 46-282, and 46-285). Failure to complete and return this statement may result in a fine of \$10 per day for each day it remains unfiled. Also, any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 913-296-4219.

A. IDENTIFICATION:

PLEASE TYPE OR PRINT

C	R	A	W	F	O	R	D					J	O	H	N					J			J	R
---	---	---	---	---	---	---	---	--	--	--	--	---	---	---	---	--	--	--	--	---	--	--	---	---

Last Name

First Name

MI

C	R	A	W	F	O	R	D					D	E	A	N	N	A			M				
---	---	---	---	---	---	---	---	--	--	--	--	---	---	---	---	---	---	--	--	---	--	--	--	--

Spouse's Name

R	R	3		B	O	X		1	9	8	P													
---	---	---	--	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

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

A	U	G	U	S	T	A		K	S		6	7	0	1	0									
---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--

City, State, Zip Code

3	1	6	**	7	3	3	**	2	0	8	8
---	---	---	----	---	---	---	----	---	---	---	---

Home Phone Number

9	1	3	**	2	6	6	**	1	0	4	3
---	---	---	----	---	---	---	----	---	---	---	---

Business Phone Number

B. AGENCY EMPLOYED BY:

K	A	N	S	A	S		N	A	T	I	O	N	A	L		G	U	A	R	D				
---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--

List Name of Agency or University (You may use abbreviations but no acronyms)

H	Q		A	N	G		A	S	S	I	S	T	A	N	T		A	G		(A	I	R)
---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---

Division (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.

*

8	7	8	6
---	---	---	---

- C. **OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income in, which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "C", check here ____.

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM	PERCENT OF OWNERSHIP INTERESTS
1. Crawford & Associates	Farming	Owner	____ You ____ Spouse <input checked="" type="checkbox"/> Jointly	
2.			____ You ____ Spouse ____ Jointly	
3.			____ You ____ Spouse ____ Jointly	
4.			____ You ____ Spouse ____ Jointly	
5.			____ You ____ Spouse ____ Jointly	
6.			____ You ____ Spouse ____ Jointly	
7.			____ You ____ Spouse ____ Jointly	

- D. **GIFTS OR HONORARIA:** List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value \$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.		

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.	Air National Guard	Topeka KS	Military
2.	Crawford & Associates	Augusta KS	Farming

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.	ElDorado School System	ElDorado KS	Education
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.	Crawford & Associates	Owner	Self
	RR 3 Box 198P, Augusta KS 67010		
2.			
3.			
4.			
5.			

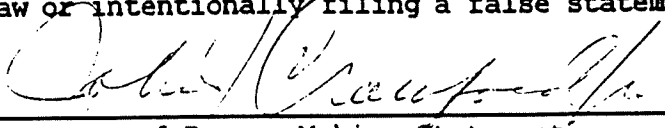
- G. **RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. The phrase "client or customer" relates only to businesses or combination of businesses. In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee which is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional page if necessary to complete this section.
- If you have nothing to report in Section "G", check here X .

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

H. **DECLARATION:**

I, JOHN J. CRAWFORD, JR, declare that this statement of substantial interest (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


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

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



To all who shall see these presents, greeting:

Know Ye, that reposing special trust and confidence in the patriotism, valor, fidelity and abilities of JOHN JOSEPH CRAWFORD, JR.
I do appoint him BRIGADIER GENERAL in

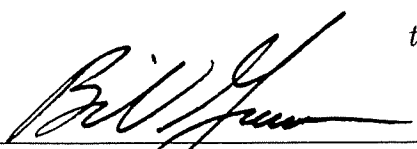
The National Guard of The State of Kansas

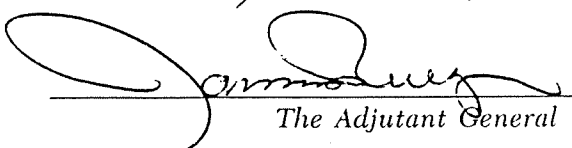
to rank as such from the TWELFTH day of MAY
nineteen hundred and NINETY TWO. He is therefore carefully and diligently to discharge the duty of the office to which he is appointed by doing and performing all manner of things thereunto belonging.

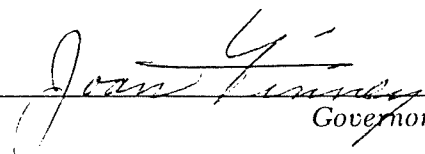
And I do strictly charge and require all Officers and Soldiers under his command to be obedient to his orders as an officer of his grade and position. And he is to observe and follow such orders and directions from time to time, as he shall receive from his Superior Officers, according to the rules and discipline governing the National Guard, and hold the said office in the manner specified by Law in pursuance of the trust reposed in him, and for his so doing this shall be his authority and commission.

Given under my hand at the City of Topeka

this 22nd day of July AD 1992


Secretary of State


The Adjutant General


Governor

FILED

AUG 10 1992



AUG 10 1992

Kansas Commission
on Governmental
Standards & Conduct

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT
SECRETARY OF STATE

STATEMENT OF SUBSTANTIAL INTERESTS FOR STATE EMPLOYEES

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by each state employee named as a designee by their agency head (K.S.A. 46-247, 46-248, 46-282, and 46-285). Failure to complete and return this statement may result in a fine of \$10 per day for each day it remains unfiled. Also, any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 913-296-4219.

A. IDENTIFICATION:

PLEASE TYPE OR PRINT

C	R	A	W	F	O	R	D					J	O	H	N					J			J	R
---	---	---	---	---	---	---	---	--	--	--	--	---	---	---	---	--	--	--	--	---	--	--	---	---

Last Name

First Name

MI

C	R	A	W	F	O	R	D					D	E	A	N	N	A			M				
---	---	---	---	---	---	---	---	--	--	--	--	---	---	---	---	---	---	--	--	---	--	--	--	--

Spouse's Name

R	R	3		B	O	X		1	9	8	P													
---	---	---	--	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

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

A	U	G	U	S	T	A		K	S		6	7	0	1	0									
---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--

City, State, Zip Code

3	1	6	**	7	3	3	**	2	0	8	8
---	---	---	----	---	---	---	----	---	---	---	---

Home Phone Number

9	1	3	**	2	6	6	**	1	0	4	3
---	---	---	----	---	---	---	----	---	---	---	---

Business Phone Number

B. AGENCY EMPLOYED BY:

K	A	N	S	A	S		N	A	T	I	O	N	A	L		G	U	A	R	D				
---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--

List Name of Agency or University (You may use abbreviations but no acronyms)

H	Q		A	N	G		A	S	S	I	S	T	A	N	T		A	G		(A	I	R)
---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---

Division (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.

*

8	7	8	6
---	---	---	---

- C. **OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income in, which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "C", check here ____.

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM	PERCENT OF OWNERSHIP INTERESTS
1. Crawford & Associates	Farming	Owner	___ You ___ Spouse <input checked="" type="checkbox"/> Joint	
2.			___ You ___ Spouse ___ Joint	
3.			___ You ___ Spouse ___ Joint	
4.			___ You ___ Spouse ___ Joint	
5.			___ You ___ Spouse ___ Joint	
6.			___ You ___ Spouse ___ Joint	
7.			___ You ___ Spouse ___ Joint	

- 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.		

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.	Air National Guard	Topeka KS	Military
2.	Crawford & Associates	Augusta KS	Farming

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.	ElDorado School System	ElDorado KS	Education
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.	Crawford & Associates	Owner	Self
	RR 3 Box 198P, Augusta KS 67010		
2.			
3.			
4.			
5.			

- G. **RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays fees or commission 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 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 X.

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

H. **DECLARATION:**

I, JOHN J. CRAWFORD, JR, 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



Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.

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

SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: BERNARD F WILTZ

Home Address: 56 VIRGINIA

City, State, Zip Code: SABETHA, KS 66534

Home Phone: 913 / 284 2216

Business Address: NONE

City, State, Zip Code: _____

Business Phone: 1 _____

Date of Birth: 10-22-23 Place of Birth SABETHA, KS

Party Affiliation DEMOCRAT KBI Check(Yes/No) _____

Appointed as: KANSAS LOTTERY COMM. 2ND DIST. APPTTEE

Effective 6-16-92 for the FULL term

ending 6-15-96 Succeeding DUANE NIGHTINGALE

Salary NON SALARY Statutory Authority KSA 74-8709-195
SUF

Statutory Requirements 1 MEMBER FROM EACH DISTRICT;
PARTY BALANCE MUST BE MAINTAINED

1. EDUCATION:
High School SABETHA HIGH SCHOOL
Year Graduated 1941

Postsecondary	Degree, etc.	Dates
<u>BASIC ENGINEERING</u>	<u>ASTP CERTIFICATE</u>	<u>6-43 to 4-44</u>
_____	_____	_____
_____	_____	_____

Sen. J. & S. C.
1/25/93
att 3

2. MEMBERSHIP IN BUSINESS, TRADE AND PROFESSIONAL ORGANIZATIONS DURING PAST 10 YEARS:

Dates Name Location

NONE IN LAST 10 YRS _____

3. HAVE YOU EVER BEEN ELECTED OR APPOINTED TO ANY PUBLIC OFFICE IN KANSAS? ✓ Yes _____ No

If so, please list dates and offices held.

Date Office

1958 TO 1975 MUNICIPAL JUDGE - CITY OF SABETHA, KS
1958 TO 1965 JUSTICE OF PEACE - NEMAHA CO. KS

4. HAVE YOU EVER BEEN EMPLOYED BY OR HELD A POSITION OR OFFICE WITH ANY FEDERAL, FOREIGN STATE, OR LOCAL GOVERNMENTAL ENTITY OR AGENCY?

If so, please list dates and offices held:

See # 3 _____

5. HAVE YOU BEEN A REGISTERED LOBBYIST OR EMPLOYED A REGISTERED LOBBYIST AT ANY TIME DURING THE PAST 5 YEARS? No

If you were a registered lobbyist, did you receive any compensation?

List groups you represented or for which you employed a lobbyist:

6. EXPERIENCE OR INTERESTS WHICH QUALIFY YOU FOR THE OFFICE TO WHICH YOU HAVE BEEN APPOINTED:

OWNED & OPERATED BUSINESSES ~~SINCE~~ FROM
1946 TO 1988 INCLUDING INSURANCE AND REAL
ESTATE; SEED COMPANY; NURSING HOME;
TRANSPORTATION Co; OWNER & OPERATOR OF 320
ACRES OF FARM LAND

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE: _____

REAL ESTATE BROKER (KS) 1957 TO 1984
INSURANCE BROKER (KS) 1957 TO 1984
(SEE ABOVE)

8. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? yes

If so, please list dates of service, branch of service and date and type of discharge:

1943 TO 1946 U.S. ARMY ACTIVE SERVICE

1946 TO 1963 ARMY RESERVE & KANSAS NATIONAL GUARD
HONORABLE

9. HAVE YOU EVER BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES FOR VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE (EXCLUDING TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$100 OR LESS WAS IMPOSED)? No

10. DISPOSITION OF ANY INTERESTS THAT MIGHT HAVE PRESENTED A POTENTIAL CONFLICT OF INTEREST FOR THIS POSITION.

No INTERESTS THAT WOULD BE A
CONFLICT

Return to: Mary Holladay
Appointment Secretary
Office of the Governor
2nd Floor, State Capitol
Topeka, KS 66612

Bernard F. Tully
Signature



FILED

JUN 23 1992

BILL GRAVES
SECRETARY OF STATE

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSE

APPOINTMENT TO STATE OFFICE IS SUBJECT TO SENATE CONFIRMATION

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by each person whose appointment to a state position is subject to Senate confirmation (K.S.A. 46-247 and 46-248). Failure to complete and return this statement may result in a fine of \$10 per day for each day it remains unfiled. Also, any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 913-296-4219.

A. IDENTIFICATION:

PLEASE TYPE OR PRINT

W I L T Z B E R N A R D F

Last Name

First Name

MI

~~L I L A~~ W I L T Z L I L A R

Spouse's Name

56 V I R G I N I A S T

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

S A B E T H A K S 6 6 5 3 4

City, State, Zip Code

9 1 3 ** 2 8 4 ** 2 2 1 6 N O N E **

Home Phone Number

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

K A N S A S L O T T E R Y C O M M I S S I O N

List Name of Agency, Commission or Board

C O M M I S S I O N E R

Position

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

* 5 3 5 1

- C. **OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income in, which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.
- If you have nothing to report in Section "C", check here ____.

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM	PERCENT OF OWNERSHIP INTERESTS
1. FAMILY SHOE STORE, INC. 915 MAIN, SABETHA, KS 66534	RETAIL SHOE STORE	40 SHARES COMMON STOCK	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Jointly	23.5
2.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
3.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
4.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
5.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
6.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
7.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	

- D. **GIFTS OR HONORARIA:** List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.
- If you have nothing to report in Section "D", check here ☒.

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

E. RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE ____.
If you have nothing to report in Section "E"1, check here ☒.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.			
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.	FAMILY SHOP STORE, INC 915 MAIN SABETHA, KS 66534	Sec./TREAS	BERNARD F. WILTZ
2.			
3.			
4.			
5.			

- G. **RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. The phrase "client or customer" relates only to businesses or combination of businesses. In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "G", check here ☒.

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

H. **DECLARATION:**

I, BERNARD F. WILTZ, declare that this statement of substantial interest: (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.

6-21-92

Date

Bernard F. Wiltz
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0.

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