

Approved: 1/26/93

Date

MINUTES OF THE SENATE COMMITTEE ON FINANCIAL INSTITUTIONS AND INSURANCE.

The meeting was called to order by Chairperson Richard Bond at 9:10 a.m. on January 22, 1993 in Room 529-S of the Capitol.

All members were present.

Committee staff present: William Wolff, Legislative Research Department
Fred Carman, Revisor of Statutes
June Kossover, Committee Secretary

Conferees appearing before the committee: Chip Wheelen, Kansas Medical Society
John Vulgamore, Gubernatorial Appointee

Others attending: See attached list

Chip Wheelen, Kansas Medical Society, appeared before the committee to request introduction of a bill that would amend K.S.A.65-4915 to add a new definition of "health care provider group." (Attachment #1.) Senator Praeger made a motion, seconded by Senator Steffes to introduce the legislation. The motion carried.

John Vulgamore, Gubernatorial Appointee to the Credit Union Council, appeared before the committee and provided a brief history of his involvement with credit unions. (Attachment #2.) Mr. Vulgamore is a former Postmaster and has served for 15 years on the Board of the Government Employees Credit Union of Wichita, Kansas. He has been attending meetings of the Credit Union Council since March, 1992. Mr. Vulgamore briefly outlined his concerns and expectations as a member of the council. Senator Lee made a motion, seconded by Senator Lawrence, to recommend that the Senate confirm the appointment of Mr. Vulgamore to the Credit Union Council. The motion carried.

Oren Windholz, Gubernatorial Appointee to the Savings and Loan Goardalso scheduled to appear at this meeting, was not present.

Senator Lee made a motion, seconded by Senator Lawrence, to recommend that the Senate confirm the reappointment of Clayton C. McMurray to the Pooled Money Investment Board. The motion carried. (Attachment #3.)

On a motion by Senator Petty and seconded by Senator Praeger, the committee will recommend that the Senate confirm Michael Johnston to the Pooled Money Investment Board. The motion carried. (Attachment #4.)

The committee adjourned at 9:28 a.m.

The next meeting is scheduled for January 26, 1993.

GUEST LIST

SENATE

COMMITTEE: FINANCIAL INSTITUTIONS AND INSURANCE

DATE: 1-22-93

[illegible]

AMEND K.S.A. 1992 Supp. 65-4915 by adding new definition of "health care provider group" as follows:

(I) an insurance company, health maintenance organization, or administrator of a health benefits plan which engages in any of the functions defined as peer review under this section.

records and testimony of information contained therein privileged; exceptions. (a) As used in this section:

(1) "Health care provider" means: (A) Those persons and entities defined as a health care provider under K.S.A. 40-3401 and amendments thereto; and (B) a dentist licensed by the Kansas dental board, a dental hygienist licensed by the Kansas dental board, a professional nurse licensed by the board of nursing, a practical nurse licensed by the board of nursing, a mental health technician licensed by the board of nursing, a physical therapist assistant certified by the state board of healing arts, an occupational therapist registered by the state board of healing arts, an occupational therapy assistant registered by the state board of healing arts, a respiratory therapist registered by the state board of healing arts and a physician's assistant registered by the state board of healing arts.

(2) "Health care provider group" means:

(A) A state or local association of health care providers;

(B) the board of governors created under K.S.A. 40-3403 and amendments thereto;

(C) an organization of health care providers formed pursuant to state or federal law and authorized to evaluate medical and health care services;

(D) a review committee operating pursuant to K.S.A. 65-2840b through 65-2840d, and amendments thereto;

(E) an organized medical staff of a licensed medical care facility as defined by K.S.A. 65-425 and amendments thereto, an organized medical staff of a private psychiatric hospital licensed under K.S.A. 75-3307b and amendments thereto or an organized medical staff of a state psychiatric hospital or state institution for the mentally retarded, as follows: Larned state hospital, Osawatomie state hospital, Rainbow mental health facility, Topeka state hospital, Kansas neurological institute, Norton state hospital, Parsons state hospital and training center and Winfield state hospital and training center;

(F) a health care provider;

(G) a professional society of health care providers or one or more committees thereof;

(H) a Kansas corporation whose stockholders or members are health care providers or an association of health care providers, which corporation evaluates medical and health care services; or

(3) "Peer review" means any of the following functions:

(A) Evaluate and improve the quality of health care services rendered by health care providers;

(B) determine that health services rendered were professionally indicated or were performed in compliance with the applicable standard of care;

(C) determine that the cost of health care rendered was considered reasonable by the providers of professional health services in this area;

(D) evaluate the qualifications, competence and performance of the providers of health care or to act upon matters relating to the discipline of any individual provider of health care;

(E) reduce morbidity or mortality;

(F) establish and enforce guidelines designed to keep within reasonable bounds the cost of health care;

(G) conduct of research;

(H) determine if a hospital's facilities are being properly utilized;

(I) supervise, discipline, admit, determine privileges or control members of a hospital's medical staff;

(J) review the professional qualifications or activities of health care providers;

(K) evaluate the quantity, quality and timeliness of health care services rendered to patients in the facility;

(L) evaluate, review or improve methods, procedures or treatments being utilized by the medical care facility or by health care providers in a facility rendering health care.

(4) "Peer review officer or committee" means an individual employed, designated or appointed by, or a committee of or employed, designated or appointed by, a health care provider group and authorized to perform peer review.

(b) Except as provided by K.S.A. 60-437 and amendments thereto and by subsections (c) and (d), the reports, statements, memoranda, proceedings, findings and other records of peer review committees or officers shall be privileged and shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity or be admissible in evidence in any judicial or administrative proceeding. Information contained in such records shall not be discoverable or admissible at trial in the form of testimony by an individual who participated in the peer review process. This privilege may be claimed

by the legal entity creating the peer review committee or officer, or by the commissioner of insurance for any records or proceedings of the board of governors.

(c) Subsection (b) shall not apply to proceedings in which a health care provider contests the revocation, denial, restriction or termination of staff privileges or the license, registration, certification or other authorization to practice of the health care provider.

(d) Nothing in this section shall limit the authority, which may otherwise be provided by law, of the commissioner of insurance, the state board of healing arts or other health care provider licensing or disciplinary boards of this state to require a peer review committee or officer to report to it any disciplinary action or recommendation of such committee or officer; to transfer to it records of such committee's or officer's proceedings or actions to restrict or revoke the license, registration, certification or other authorization to practice of a health care provider; or to terminate the liability of the fund for all claims against a specific health care provider for damages for death or personal injury pursuant to subsection (i) of K.S.A. 40-3403 and amendments thereto. Reports and records so furnished shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity and shall not be admissible in evidence in any judicial or administrative proceeding other than a disciplinary proceeding by the state board of healing arts or other health care provider licensing or disciplinary boards of this state.

(e) A peer review committee or officer may report to and discuss its activities, information and findings to other peer review committees or officers or to a board of directors or an administrative officer of a health care provider without waiver of the privilege provided by subsection (b) and the records of all such committees or officers relating to such report shall be privileged as provided by subsection (b).

History: L. 1984, ch. 238, § 7; L. 1987, ch. 176, § 7; L. 1988, ch. 236, § 1; July 1.

Attorney General's Opinions:

Health care peer review committee reports; confidentiality and open meeting requirements. 89-42.

CASE ANNOTATIONS

1. Documents from doctors' peer review committee hearing not privileged in federal and state antitrust suit. *Jiricko v. Coffeyville Memorial Hosp. Medical Center*, 700 F.Supp. 1559, 1564 (D. Kan. 1988).

F141 1-22-93
Attachment #1

W. Steelen, KMS, 1/22



FILED

APR 9 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

V U L G A M O R E J O H N W

Last Name

First Name

MI

V U L G A M O R E D E L O R E S M

Spouse's Name

R T 4 B O X 2 6 A B

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

G I R A R D K S 6 6 7 4 3

City, State, Zip Code

8 1 6 ** 7 2 4 ** 8 4 1 2

Home Phone Number

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

K A N S A S C R E D I T U N I O N C O U N C I L

List Name of Agency, Commission or Board

M E M B 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.

* 7 2 3 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.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
2.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
3.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
4.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
5.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
6.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
7.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	

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

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

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

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

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Postmaster Retired		
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.	UNIVERSITY OF KANSAS	Chanute KS	
2.	AREA HEALTH EDUCATION		

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.			

1-22-93

2-3

- 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, John VULGAMORE, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

4/7/92
Date

[Signature]
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

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

1-22-93
2-4

SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: John W VULGAMORE

Home Address: Rt 4, Box -26 AB

City, State, Zip Code: GIRARD, KS 66743

Home Phone: 316 / 724-8412

Business Address: RETIRED

City, State, Zip Code: _____

Business Phone: 1 _____

Date of Birth: 2/6/31 Place of Birth Wichita, KS

Party Affiliation DEMOCRAT KBI Check(Yes/No) yes

Appointed as: member, Credit Union Council

Effective 3/4/92 for the 3 year term

ending 6/11/94 Succeeding Henry Busset

Salary _____ Statutory Authority 17-2232

Statutory Requirements _____

1. EDUCATION:
High School EAST High - Wichita, KS

Year Graduated 1949

Postsecondary	Degree, etc.	Dates
<u>KS STATE UNIVERSITY</u>	<u>BS</u>	<u>1987</u>
<u>WICHITA STATE UNIVERSITY</u>	<u>NONE</u>	<u>1960's</u>
_____	_____	_____

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

Dates	Name	Location
<u>1968-1978</u>	<u>Downtown Lions Club</u>	<u>Wichita, KS</u>
<u>1979-1987</u>		<u>Pittsburg, KS</u>

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

4. HAVE YOU EVER BEEN EMPLOYED BY OR HELD A POSITION OR OFFICE WITH ANY FEDERAL, FOREIGN STATE, OR LOCAL GOVERNMENTAL ENTITY OR AGENCY? YES
If so, please list dates and offices held:

<u>1955-1987</u>	<u>U.S. Post Service</u>

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:

A total of 12 yrs on the Board of Directors
Govt. Employees Credit Union - Wichita KS
Trained Employees Wichita Postoffice on Handling
Money & Waiting on Customers

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE: While Postmaster
of SARDONIA KS, with 11 EMPLOYEES, WAS RESPONSIBLE
FOR ALL FINANCE. AS Postmaster PITTSBURG KS, with 60
EMPLOYEES, TRAINED ALL EMPLOYEES DEALING WITH
FINANCE

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:

U.S. NAVY 1951-1955 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.

NONE

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

John W. Tulgumare
Signature



FILED

APR 9 1992

BILL GRAVES
GOVERNOR 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

M	C	M	U	R	R	A	Y				C	L	A	Y	T	O	N							C
---	---	---	---	---	---	---	---	--	--	--	---	---	---	---	---	---	---	--	--	--	--	--	--	---

Last Name

First Name

MI

M	C	M	U	R	R	A	Y					G	W	E	N	D	O	L	Y	N				R
---	---	---	---	---	---	---	---	--	--	--	--	---	---	---	---	---	---	---	---	---	--	--	--	---

Spouse's Name

1	9	3	7		S	W		A	R	R	O	W	H	E	A	D								
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

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

T	O	P	E	K	A		K	A	N	S	A	S		6	6	6	0	4						
---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--

City, State, Zip Code

9	1	3	**	2	7	2	**	1	8	1	7
---	---	---	----	---	---	---	----	---	---	---	---

Home Phone Number

			**				**				
--	--	--	----	--	--	--	----	--	--	--	--

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

P	O	O	L	E	D	M	O	N	E	Y	I	N	V	E	S	T	M	E	N	T	B	O	A	R	D
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

List Name of Agency, Commission or Board

M	E	M	B	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.

0	3	5	8
---	---	---	---

- 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. Fox & Company ELGIN, ILLINOIS	FORMERLY FIRM OF CERTIFIED PUBLIC ACCOUNTANTS	RETIRED, PARTNER'S INTEREST	X	1% You Spouse 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 ☒.

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

1-22-93
3-2

Clayton C. McMurray
1937 SW Arrowhead
Topeka, Kansas 66604

Kansas Commission on Governmental Standards and Conduct

Dear Sirs:

In my judgment, your instructions for Section G of the "Statement of Substantial Interests For Individuals Whose Appointment to State Office is Subject to Senate Confirmation" are not clear. Especially with respect to amounts received by a Corporation or Partnership in which the preparer of the Statement owns an interest. Then the instructions on the enclosed "Guide" don't seem to be consistent with the instructions on the Form. For example, fees or commissions received by a corporation or partnership in which the preparer owns an interest, but does not receive directly any of the funds received. In such a situation what name would be entered in the Column: "Received By"?

I have tried to answer the Form in accordance with the instructions on the Form, but I suspect I have supplied more than is necessary.

Hopefully, you will give this question more consideration and clarify just what you want reported.

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. PROPERTY MANAGEMENT Co.	TOPEKA, KANSAS	PROPERTY MANAGEMENT
2. ECONOMIC DEVELOPMENT ASSOCIATES, INC.	TOPEKA, KANSAS	CONSULTANTS

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. TOPEKA FELLOWSHIP, INC. TOPEKA, KANSAS	TREASURER	SELF
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. BISHOP GROUP	HUTCHINSON, KANSAS	SELF VIA ECONOMIC
2.		DEVELOPMENT
3.		ASSOCIATES, INC.
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		

H. **DECLARATION:**

I, CLAYTON C. McMURRAY, 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 6, 1992
Date

Clayton C. McMurray
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0.

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

SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: CLAYTON C. McMURRAY

Home Address: 1937 S.W. ARROWHEAD

City, State, Zip Code: TOPEKA, KANSAS 66604

Home Phone: 913 / 272-1817

Business Address: N/A

City, State, Zip Code: N/A

Business Phone: / N/A

Date of Birth: OCT. 28, 1920 Place of Birth SHARON SPRINGS, KS

Party Affiliation REPUBLICAN KBI Check(Yes/No) No

Appointed as: MEMBER-POOLED MONEY INVESTMENT BOARD

Effective JULY 1, 1992 for the FOUR YEAR term

ending JUNE 30, 1996 Succeeding New Position

Salary NONE Statutory Authority KSA 75-4221a, amended 1992 session, Chapter 146, Section 24

Statutory Requirements CERTIFIED PUBLIC ACCOUNTANT

1. EDUCATION:

High School WYANDOTTE, KANSAS CITY, KANSAS

Year Graduated 1938

Postsecondary	Degree, etc.	Dates
<u>UNIVERSITY OF KANSAS</u>	<u>BS-BUSINESS</u>	<u>1946-1947</u>
<u>KANSAS CITY, KANSAS JUNIOR</u>	<u></u>	<u></u>
<u>COLLEGE</u>	<u></u>	<u>1938-1940</u>

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

Dates	Name	Location
<u>SEE ATTACHED</u>		

✓ 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
<u>1970-1974</u>	<u>KANSAS STATE BOARD OF ACCOUNTANCY</u>
<u>1983 To 6/30/92</u>	<u>POOLED MONEY INVESTMENT BOARD</u>

4. HAVE YOU EVER BEEN EMPLOYED BY OR HELD A POSITION OR OFFICE WITH ANY FEDERAL, FOREIGN STATE, OR LOCAL GOVERNMENTAL ENTITY OR AGENCY? No

If so, please list dates and offices held:

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:

CERTIFIED PUBLIC ACCOUNTANT - APRIL 1950 TO DATE

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE:

PRACTICE OF PUBLIC ACCOUNTANCY - JUNE 1947 TO AUG. 31, 1981

ACCOUNTANT-CONSOLIDATED INVESTMENTS - SEPT. 1, 1981 TO SEPT. 30, 1984

V/P-FINANCE - EXECUTIVE MANOR, INC. - OCT. 1, 1984 TO JUNE 30, 1990

PART-TIME CONSULTANT - JULY 1, 1990 TO PRESENT

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:

1942-1945 U.S. ARMY - MEDICAL DEPT. 11/30/45 - 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.

NONE

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

Clayton E. Murray
Signature

CLAYTON C. McMURRAY
SENATE CONFIRMATION QUESTIONNAIRE

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

Dates -----	Name -----	Location -----
6-30-53 to Present	American Institute of Certified Public Accountants	New York, N.Y.
2-20-56 to Present	Kansas Society of Certified Public Accountants	Topeka, Kansas
1962 to Present	Downtown Optimist Club	Topeka, Kansas
1988 to 1990	Downtown Rotary Club	Topeka, Kansas
1978 to 1990	Greater Topeka Chamber of Commerce	Topeka, Kansas



APR 13 1992

BILL GRAVES
SECRETARY OF STATE

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

[illegible]

Last Name

First Name

MI

[illegible]

Spouse's Name

5	7	0	0		S	W		3	1	S	T		T	E	R	R	A	C	E							
---	---	---	---	--	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--

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

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

City, State, Zip Code

9	1	3	**	2	7	2	**	9	3	3	9
---	---	---	----	---	---	---	----	---	---	---	---

Home Phone Number

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

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

D	E	P	T		O	F		T	R	A	N	S	P	O	R	T	A	T	I	O	N		
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

List Name of Agency, Commission or Board

S	E	C	R	E	T	A	R	Y		O	F		T	R	A	N	S	P	O	R	T	A	T	I
---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---

Position

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

*

9	7	6	9
---	---	---	---

- 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. Midwest Mortgage Corporation P. O. Box A Parsons, KS 67357	Mortgage Lending	Stockholder	<u>X</u> _____ _____ _____ _____ _____	<u>100</u> _____ You _____ Spouse _____ 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 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. Midwest Mortgage Corporation	PO Box A, Parsons, KS 67357	Mortgage Lending
2. First National Bank & Trust	PO Box 877, Parsons, KS 67357	Commercial Bank

3. State of Kansas (KDOT & Human Resources) Topeka, KS 66612 State Government

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 Southwestern Bell Telephone Company	220 E. 6th, Topeka, KS 66603	Telephone Company
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. Midwest Mortgage Corporation PO Box A, Parsons, KS 67357	President and Director	Self
2. Midwest Mortgage Corp. PO Box A, Parsons, KS 67357	Secretary-Treasurer	Spouse
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.	First National Bank and Trust	PO Box 877, Parsons, KS 67357	Self
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

H. **DECLARATION:**

I, Michael L. Johnston, 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 6, 1992

Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0.

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

SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: Michael L. Johnston

Home Address: 5700 S.W. 31st Terrace

City, State, Zip Code: Topeka, Kansas 66614

Home Phone: 913 / 272-9339

Business Address: 7th Floor, Docking State Office Building

City, State, Zip Code: Topeka, Kansas 66612

Business Phone: 913 / 296-3461

Date of Birth: 07/29/45 Place of Birth Parsons, Kansas

Party Affiliation Democrat KBI Check(Yes/No) Yes

Appointed as: Member, Pooled Money Investment Board (PMIB)

(Pleasure of Governor)
Effective July 1, 1992 for the four-year term

ending June 30, 1994 Succeeding Laura Nicholl

Salary None Statutory Authority 75-4221a

Statutory Requirements Assist in developing and implementing the State's
idle fund investment policy

1. EDUCATION:

High School St. Patrick's, Parsons, Kansas

Year Graduated 1963

Postsecondary	Degree, etc.	Dates
<u>Parsons Junior College</u>	<u></u>	<u>1/64 - 5/66</u>
<u>Pittsburg State University</u>	<u>BSBA</u>	<u>9/68 - 5/71</u>
<u>University of Kansas</u>	<u>MPA</u>	<u>9/74 - 5/80</u>

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

Dates	Name	Location
<u>1984-1991</u>	<u>Chamber of Commerce</u>	<u>Parsons, Kansas</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

3. HAVE YOU EVER BEEN ELECTED OR APPOINTED TO ANY PUBLIC OFFICE IN KANSAS? XX Yes No
If so, please list dates and offices held.

Date	Office
<u>1/77 - 1/91</u>	<u>State Senator, 14th District</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

4. HAVE YOU EVER BEEN EMPLOYED BY OR HELD A POSITION OR OFFICE WITH ANY FEDERAL, FOREIGN STATE, OR LOCAL GOVERNMENTAL ENTITY OR AGENCY? No
If so, please list dates and offices held:

<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

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:

<u> </u>
<u> </u>
<u> </u>

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

Strong background of education and experience in both the public and private
sectors. Over seven (7) years experience in operating my own financial
service business--Midwest Mortgage Corporation. Company involved in mortgage
banking through sale of loans into the secondary mortgage market.

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE: Over twenty (20)
consecutive years in public service--fourteen (14) as an elected official.
Worked in the Industrial Safety and Health field from 1966-1976. Since that
time, worked in the insurance, real estate, and mortgage lending areas in
addition to the State Senate service.

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:

2/63 - 2/71 U. S. Army 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)?

2/80 Charged with DUI - Dismissed and plead guilty to Reckless
Driving

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 