

Approved: February 1, 1994

Date

MINUTES OF THE SENATE COMMITTEE ON FINANCIAL INSTITUTIONS AND INSURANCE.

The meeting was called to order by Chairperson Richard Bond at 9:08 a.m. on January 28, 1994 in Room 529-S of the Capitol.

Members present: Senators Corbin, Hensley, Lawrence, Moran, Petty, Praeger, and Steffes.

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

Conferees appearing before the committee: Thomas J. Corcoran, Gubernatorial Appointee to State Banking Board
Keith L. Nitcher, Gubernatorial Appointee to KS Dev. Authority Board
Don R. Paxson, Gubernatorial Appointee to Pooled Money Investment Board

Others attending: See attached list

Senator Steffes moved to approve the minutes of the meeting of January 27 as submitted. Senator Corbin seconded the motion; the motion carried.

The chairman opened the confirmation hearing on Thomas J. Corcoran, Gubernatorial Appointee to the State Banking Board. (Attachment #1.) Mr. Corcoran presented a brief personal history as well as his background in banking. In response to Senator Bond's question, Mr. Corcoran advised that he has been involved with three banks in the past but is not now involved with any bank as a stockholder or director. Senator Steffes observed that Mr. Corcoran is another public member of the Banking Board and it is in the interest of consumers to be so represented on the board. Senator Petty observed that Mr. Corcoran is highly qualified and strongly recommended his confirmation to the board. There were no further questions of Mr. Corcoran and the confirmation hearing was closed. Senator Petty made a motion, seconded by Senator Steffes, to recommend confirmation of Thomas J. Corcoran to the Senate for two terms--the present term to expire 4/30/94, and the second term to expire 4/30/97. The motion carried.

Confirmation hearing on Keith Nitcher, Gubernatorial Appointee to the Kansas Development Authority Board of Directors was opened. (Attachment #2.) After hearing Mr. Nitcher's professional background and brief personal history, Senator Bond noted Mr. Nitcher's excellent qualifications for this appointment. The committee was also provided a written testimonial to Mr. Nitcher's qualifications by William F. Caton, President of the Kansas Development Finance Authority. (Attachment #3.) Since the committee had no further questions, the hearing was closed. Senator Praeger, after expressing her pleasure with Mr. Nitcher's appointment, made a motion to recommend confirmation to the Senate. Senator Corbin seconded the motion. The motion carried.

The chairman then opened the hearing on Don R. Paxson, Gubernatorial Appointee to the Pooled Money Investment Board. (Attachment #4.) Mr. Paxson, a fourth generation Kansan, provided brief personal history and professional background. Senator Petty observed that Mr. Paxson is obviously very well qualified for this position and recommended his confirmation. Senator Hensley moved to recommend to the Senate confirmation of Mr. Paxson to the Pooled Money Investment Board. The motion was seconded by Senator Petty. The motion carried.

Chairman Bond requested the Governor's representative to convey to the Governor the committee's appreciation of the excellence of her choices for the above appointments.

The committee adjourned at 9:37 a.m.

The next meeting is scheduled for February 1, 1994.

GUEST LIST

SENATE

COMMITTEE: FINANCIAL INSTITUTIONS AND INSURANCE

DATE: 1-28-94

[illegible]



FILED

JAN 18 1994

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

BILL GRAVES
SECRETARY OF STATESTATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSEAPPOINTMENT 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

C O R C O R A N T H O M A S J.

Last Name

First Name

MI

C O R C O R A N E V E L Y N M

Spouse's Name

7 1 7 1 S W F O U N T A I N D A L E

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

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

City, State, Zip Code

9 1 3 ** 4 7 8 ** 3 8 8 8

Home Phone Number

9 1 3 ** 4 7 8 ** 4 8 8 8

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

M E M B E R

List Name of Agency, Commission or Board

S T A T E B A N K I N G B O A R D

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.

Senate 4/1/94
1-28-94
Attachment #1

* [] [] [] []

3. **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.	CORCORAN Chemical PRODUCTS, INC 7171 S.W. FOUNTAINDALE, Topeka, KS 66614	CLEANING, DISCREATING Floor Finishes, For Industry	72%	TOM EVE	____ You ____ Spouse ____ 100% Jointly
2.	CORCORAN SAILBOATS SAME	SAILBOATS + SAILS + SUPPLIES	100%	TOM EVE	____ You ____ Spouse ____ 100% Jointly
3.	BIRTHDAY Bunch of Topeka	STOCK INVESTMENT Club	23%	TOM EVE	46% You 34% Spouse ____ Jointly
4.				____ ____ ____	____ You ____ Spouse ____ Jointly
5.				____ ____ ____	____ You ____ Spouse ____ Jointly
6.				____ ____ ____	____ You ____ Spouse ____ Jointly
7.				____ ____ ____	____ You ____ Spouse ____ Jointly

4. **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.		

7141 1/28/94
1-2

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.	CORCORAN Chemical Products, Inc		
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.	CORCORAN Chemical Products, Inc		
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.	Lets Help	BOARD OF DIRECTORS	Tom
	" "	CHAIRMAN, Resource Comm.	" "
2.	ST. PATRICK DAY COMMITTEE OF Tolson	CHAIRMAN	Tom
3.			
4.			
5.			

7/41 1/28/94

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, Thomas J. Moran, 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.

1/13/94

Date

Thomas J. Moran

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES .

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

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SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: Thomas J. Corcoran

Home Address: 7171 S.W. Fountaindale

City, State, Zip Code: Topeka, KS 66614-4627

Home Phone: 913 / 478-3888

Business Address: 7171 S.W. Fountaindale

City, State, Zip Code: Topeka, KS 66614-4627

Business Phone: 913 / 478-4888

Date of Birth: 11/12/22 Place of Birth Dubuque, IA

Party Affiliation Democrat

Appointed as: member / Banking Board

Effective 12/23/93 for the 5/1/94 term
ending 4/31/97 Succeeding Paul Dugan

Salary 476 Statutory Authority 74-3004

Statutory Requirements _____

1. EDUCATION:

High School Rockhurst High School, Kansas City, MO

Year Graduated 1940

Postsecondary	Degree, etc.	Dates
<u>Rockhurst College</u>	<u></u>	<u>1940-1943</u>
<u>Shrivingham U., England</u>	<u></u>	<u>1945</u>
<u>Rockhurst College</u>	<u></u>	<u>1946</u>

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

Dates	Name	Location
<u>1983 - present</u>	<u>International Sanitary Supply Assn.</u>	<u>Chicago, IL</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? X Yes No
If so, please list dates and offices held.

Date	Office
1950's	Precinct Committeeman, Clay County, KS
1960's	" " Shawnee County, KS

Please see attached Resume made in 1979 before starting our own business, Corcoran Chemical Products, Inc.

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>1960's</u>	<u>KS Small Business Admin. Board</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:

6. EXPERIENCE OR INTERESTS WHICH QUALIFY YOU FOR THE OFFICE WHICH YOU HAVE BEEN APPOINTED: 3

My major in college was economics. I have been an investor
in three banks. I was on the Board of Directors of the Country
Club Bank in Kansas City, MO. I am not now interested in any
of these banks. I am presently a small business man.

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE: After service
and school I sold salt for the American Salt Corp in Northern and
Western Kansas. Became the Sales Manager. Left to become Western
Regional (USA) Manager of Interstate Chemical. Left to become
Sr. Vice President Aristo Foods. Left to go back to former boss
of Interstate - West Chemical. In 1979 Started Corcoran Chemical Prod
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:

March 43-Dec 45 U.S. Army Air Force Dec. 20 1945 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

Thomas J. Corcoran
Signature

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1-7

Mr. Thomas Corcoran
7171 Fountaindale
Topeka 66614
State Banking Board
Public Member

D

04/30/97

Mr. Clarence Gideon
1500 Lakeside Drive
Topeka 66604
State Banking Board
Second District Banker

(913) 262-0102 04/30/95

Mr. Marvin Max
9700 Lamar Avenue
Overland Park 66207
State Banking Board
Third District Banker

04/30/95

Mr. Douglas Morley
507 East 4th Street
Belle Plaine 67013
State Banking Board
Fourth District Banker

(316) 488-2211 04/30/94

Ms. Candace Murphy
HCR - Box 5
Protection 67127
State Banking Board
At Large (First District) Banker Appointee

D (316) 622-4224 04/30/96

Mr. Michael Sarras
1619 North 81 Street
Kansas City 66112
State Banking Board
Third District Banker

04/30/94

Mr. Ray Shepherd
P. O. Box 112
Fort Scott 66701
State Banking Board
Public Member

D (316) 223-0900 04/30/95

Ms. Guylene Stoddard
1221 Nelson
Liberal
State Banking Board
First District Banker

D

04/30/96

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REPORT DATE 01/11/94

BDMEMBER REPORT FOR BANK

PAGE 2

Mr. John Timmer
4500 Turnberry Drive
Lawrence 66047
State Banking Board
Public Member

D

04/30/96

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SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: KEITH L. NITCHER

Home Address: 1312 JONATHAN DRIVE

City, State, Zip Code: LAWRENCE, KANSAS, 66049

Home Phone: 913 / 843-5302

Business Address: N/A

City, State, Zip Code: N/A

Business Phone: 1 / N/A

Date of Birth: 8-25-21 Place of Birth RR. QUENEMO, KS.

Party Affiliation REPUBLICAN

Appointed as: a member of Ks. Development Finance Authority

Effective 11/22/93 for the 4 year term

ending 6/30/97 Succeeding Ed Flentje

Salary n/a Statutory Authority 74-8903

Statutory Requirements _____

1. EDUCATION:
High School POMONA RURAL HIGH SCHOOL

Year Graduated 1939

Postsecondary Degree, etc. Dates

THE KANSAS STATE TEACHERS
COLLEGE OF EMPORIA LIFE CERTIFICATE 1939-1941

WASHBURN MUNICIPAL UNIVERSITY BACHELOR OF ARTS 1946-1948

7/41 1/28/94
Attachment #2

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

Dates	Name	Location
7-31-60 To Current	AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS	NEW YORK, N.Y.
4-5-57 To Current	KANSAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	TOPEKA, KS.
MORE THAN 20 years Prior to my Retirement 8-17-93	CHAMBER OF COMMERCE	LAWRENCE, KS.

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
	N/A

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:

	N/A

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? N/A ☒
List groups you represented or for which you employed a lobbyist:

N/A

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

SEE ATTACHED STATEMENT

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE:

SEE ATTACHED STATEMENT

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:

9-1-42 To 2-15-46 ARMY (ACTIVE DUTY) HONORABLE

2-15-46 To 2-14-49 ARMY (INACTIVE RESERVES) 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

Keith L. Nether
Signature

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6. *Experience or interests which qualify you for the office to which you have been appointed.*

I have worked in accounting and financial management activities for the State of Kansas agencies for almost 40 years (April 1954 - August 1993). These agencies are: Accounts and Reports Division of Department of Administration, The University of Kansas (Lawrence campus) and The University of Kansas Medical Center. This state experience has allowed me to become familiar with the State's budgeting, purchasing, personnel, architectural services and accounting system.

In my role as chief financial officer for The University of Kansas, I have worked closely with the staff of Kansas Development Finance Authority in the issuance of revenue bonds for construction projects financing, as well as for refunding outstanding bonds. This work has consisted of assisting the University to obtain Board of Regents and Legislative approval, to develop information as to the need for the bond financing, to plan for and describe the revenue stream to pay the debt service and to describe the flow of funds through the various designated accounts established in the bond document. In this process I have worked with K.D.F.A. bond counsel, Board of Regents staff (fiscal and legal), and have participated in meetings with K.D.F.A. staff and rating agencies and underwriters.

Prior to establishment of K.D.F.A., I worked with Board of Regents appointed bond counsel and others in the issuance of several series of bonds for projects at The University of Kansas, both Lawrence campus and Medical Center.

7. *Summary of Business and professional experience.*

Teaching

- 7th and 8th grades at Lebo, Kansas, term 1941-1942.
- Clark's Secretarial School, Topeka, one full year 1948-1949. I taught part-time night classes in accounting there while finishing a degree at Washburn University, 1947-1948.
- Instructor, School of Business at The University of Kansas. I taught Governmental Accounting during spring semesters, 1963-1967.

Public Accounting

I worked for Homer J. Henning, C.P.A., Ottawa, Kansas (1952-1954) to acquire the two years experience required for issuance of CPA certificate.

State of Kansas

I began work in Accounts and Reports Division in April 1954. The work consisted of accounting and reporting. I was the supervisor of the accounting control and service section at the time I transferred to The University of Kansas in March 1957.

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(7. Summary of Business and professional experience, cont'd)

The University of Kansas

I served as Comptroller from 1957 to 1968. The Comptroller is the chief accounting officer for the University and supervises cashiering, financial reporting, payment voucher audit, sponsored research accounting and at that time was ex-officio Treasurer of University related organizations; i.e., University of Kansas Athletic Corporation, Memorial Union Corporation (Student Union), Center for Research, Inc., and William Allen White Foundation.

After serving one year as Deputy Vice Chancellor for Finance, I was promoted to Vice Chancellor for Finance and held that title for the period 1969-1974. In that position I was assigned supervisory responsibility for Comptroller, Personnel Services, Budget, Physical Plant, Parking and Printing Services.

In 1974, Chancellor Archie Dykes restructured the Central Administration. I was given the title of University Director of Business and Fiscal Affairs and assigned supervisory responsibility over the financial affairs of both the Lawrence campus and the Medical Center in Kansas City. In addition to maintaining financial oversight over budget control, I assisted the chancellor in most matters that have budgetary, fiscal administration, audit, and board of regents reports and policy adherence. Until 1981 the offices of Comptroller, budget and purchasing reported operationally to the University director.

When Chancellor Budig came to the University in 1981, the day-to-day campus financial transactions were assigned to campus executive vice chancellors for processing supervision. Since that time, the University director has been closely associated with the chancellor to provide information, historical background, and financial coordination with activities involving the University and the Kansas University Endowment Association, The University of Kansas Athletic Corporation and the professional practice associations at the Medical Center. In addition, the University director has provided university leadership in working with various other organizations in issuing revenue bonds as described in #6 above.

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APR 19 1993

BILL GRAVES
INDUCT.

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

[illegible]

Last Name

First Name

MI

[illegible]

Spouse's Name

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

L	A	W	R	E	N	C	E		K	A	N	S	A	S		6	6	0	4	9				
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City, State, Zip Code

9	1	3	**	8	4	3	**	5	3	0	2
---	---	---	----	---	---	---	----	---	---	---	---

Home Phone Number

9	1	3	**	8	6	4	**	5	5	0	3
---	---	---	----	---	---	---	----	---	---	---	---

Business Phone Number

B. AGENCY EMPLOYED BY:

U	N	I	V	E	R	S	I	T	Y		O	F		K	A	N	S	A	S					
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List Name of Agency or University (You may use abbreviations but no acronyms)

B	U	S	I	N	E	S	S		A	F	F		U	N	I	V		D	I	R	E	C	T	O	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.

★	0	9	2	7
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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 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. 44 acres of land 3/4 mi. north of Pomona, KS	Boat Storage & pasture rental	100% owned	___ ___ You	___ ___ Spouse
			___ ___ X Jointly	
2. 84 acres of land 6 mi. N. & 1/2 mi. west of Pomona, KS	Rental of farm property.	100% owned	___ ___ You	___ ___ Spouse
			___ ___ X 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.		

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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.	Kaiser Foundation Health Plan of Kansas City, Inc.	10561 Barkley, Overland Park, Kansas	Health Maintenance Organization (HMO)
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.	Kansas Public Employees Retirement Sys.	Topeka, KS	Retirement of benefits for public school teaching.
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. Kaiser Foundation Health Plan of Kansas City, Inc. 10561 Barkley, Overland Park, KS	Outside Director	Keith L. Nitcher
*	2. University of Kansas Center for Research, Inc., Univ. of Kansas, Lawrence, KS	Ex-Officio member of Board of Directors	Keith L. Nitcher
*	3. University of Kansas Athletic Corporation, Univ. of Kansas, Lawrence, KS	Ex-Officio non-voting member of board of directors & treasurer	Keith L. Nitcher
	4.		
	5.		

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* Ex-Officio by reason of my position as university director of business & fiscal affairs at the university of Kansas.

- 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, Keith L. Nitcher, 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, 1993
Date

Keith L. Nitcher
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES .

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



KANSAS

KANSAS DEVELOPMENT FINANCE AUTHORITY

Joan Finney
Governor

Wm. F. Caton
President

MEMORANDUM

DATE: January 28, 1994

TO: Senate Finance Committee

FROM: Wm. F. Caton, President *WFC*

SUBJECT: Confirmation for Keith L. Nitcher for the Kansas Development Finance Authority Board of Directors

Please consider confirmation of Keith L. Nitcher as a new board member for the Kansas Development Finance Authority ("KDFA"). Recently retired from the position of Director of Business and Fiscal Affairs at the University of Kansas, Mr. Nitcher has spent over 30 years building the financial integrity of the University. Mr. Nitcher brings tremendous financial talent to the KDFA Board as well as experience in public debt structuring.

As KDFA continues to mature, Mr. Nitcher's experience will influence our impact on State finances in a very positive way. KDFA is very fortunate that Mr. Nitcher has agreed to continue to serve the State of Kansas in this important capacity.

I consider Governor Finney's selection of Mr. Nitcher to the KDFA board an excellent appointment; I hope you will agree and recommend confirmation of this appointment.

WFC:lb

*Senate 7171
1/28/94
Attachment #3*

SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: Don R. Paxson

Home Address: 2255 Westridge Drive

City, State, Zip Code: Topeka, KS 66614

Home Phone: 913 / 273-7118

Business Address: 534 S. Kansas Ave., Suite 1500

City, State, Zip Code: Topeka, KS 66603

Business Phone: 913 / 233-4226

Date of Birth: 11/7/35 Place of Birth Topeka, KS

Party Affiliation Democrat

Appointed as: Member, Pooled Money/Invest Bd

Effective 8/18/93 for the 4 year term
ending 6/30/96 Succeeding New Position
Salary NA Statutory Authority 75-4221a

Statutory Requirements _____

1. EDUCATION:
High School Topeka High School

Year Graduated 1953

Postsecondary	Degree, etc.	Dates
<u>University of Kansas</u>	<u>BBA</u>	<u>5/57</u>
<u>University of Kansas</u>	<u>JD</u>	<u>1/70</u>
_____	_____	_____

Senate 7141
1/28/94
Attachment #4

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

Dates	Name	Location
<u>1959 to 1993</u>	<u>Kansas Society of CPA's</u>	<u>Topeka, KS</u>
<u>1959 to 1993</u>	<u>American Institute of CPA's</u>	<u>NY, NY</u>
<u>1970 to 1993</u>	<u>Kansas State Bar Assn.</u>	<u>Topeka, KS</u>
<u>1970 to 1993</u>	<u>American Bar Assn.</u>	<u>Washington, D.C.</u>

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

Date	Office
<u>1973-76 1991-1993</u>	<u>Kansas State Board of Accountancy</u>
<u>2-1-84 to 5-90</u>	<u>Public Disclosure Commission</u>
<u>4-15-77 to 9-7-78</u>	<u>Governmental Ethics Commission</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:

Practicing CPA from 1957 to 1993

Registered Representative and Financial and Operations

Principal for NASD Securities Dealer 1980 to 1985

Chairman of the Board Fairlawn Plaza Bank approx. 1987 to 1989

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE:

Tax Partner, Wendling Noe Nelson & Johnson 1988 to 1993

Sole Practitioner, Don R. Paxson CPA 1985 to 1988

Vice President Finance, The Columbian Securities Corp. 1981 to 1985

Tax Manager, Arthur Anderson & Co., Seattle, WA 1979 to 1981

Partner, Touche Ross & Co. and Paxson & Richel CPA's 1967 to 1979

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:

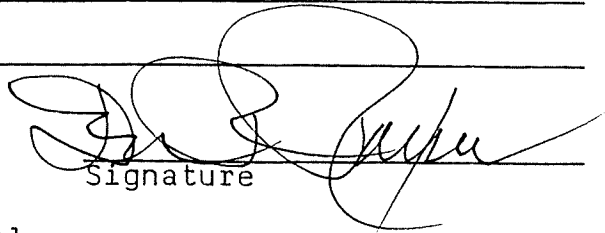
1955 to 1957 Kansas National Guard (Medical)

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 known conflicts

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


Signature

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FILE

APR 07 1993

SECRETARY OF STATE

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

STATEMENT OF SUBSTANTIAL INTERESTS FOR STATE BOARD MEMBERS

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by each member of a board, council or commission designated 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

Grid for Last Name and First Name

Last Name

First Name

MI

Grid for Spouse's Name

Spouse's Name

Grid for Address

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

Grid for City, State, Zip Code

City, State, Zip Code

Grid for Home Phone Number

Home Phone Number

Grid for Business Phone Number

Business Phone Number

B. MEMBER OF A STATE BOARD, COUNCIL OR COMMISSION:

Grid for Board Name

List Name of Board, Council or Commission

Grid for Agency Name

List name of Agency

* 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.

Grid for Social Security Number

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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 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. WENDLING NOE NELSON & JOHNSON 534 S Kansas Ave, Ste 1500/Topeka, KS 66603	CPA Firm	General Partner	<input checked="" type="checkbox"/> 14.3 <input type="checkbox"/> <input type="checkbox"/>	You Spouse Jointly
2.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	You Spouse Jointly
3.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	You Spouse Jointly
4.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	You Spouse Jointly
5.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	You Spouse Jointly
6.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	You Spouse Jointly
7.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 xxxx.

NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY:
1.		
2.		4-1 1/28/94
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.	See Section C		
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 xxxx.

	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.	See Section C		
2.			
3.			
4.			
5.			7/1/1 1/28/94

- 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. Missouri Farm Bureau Services, Inc.	Jefferson City, MO	Firm
2. Columbian Energy Company Limited Partnership	Topeka, KS	Firm
3.		
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13.		

H. **DECLARATION:**

I, Don R. Paxson, 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, 1993

Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

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

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Mr. William Caton R (913) 256-2000 06/30/94
Consumer Credit Commissioner LSOB - Room 352
Auburn 66402
Pooled Money Investment Board

Secretary Mike Johnston D (913) 296-3461 06/30/94
Department of Transportation Docking State Office Bldg.
Topeka 66612
Pooled Money Investment Board

Mr. Clayton McMurray R 06/30/96
1937 S. W. Arrowhead
Topeka 66604
Pooled Money Investment Board
Gubernatorial Appointee

Mr. Don Paxson D (913) 233-4226 06/30/96
1500 Bank IV Tower
Topeka 66603
Pooled Money Investment Board

Ms. Sally Thompson D
State Treasurer's Office 700 Harrison, Suite 201
Topeka 66612
Pooled Money Investment Board
State Treasurer