Approved: 4/27/q Date

MINUTES OF THE SENATE COMMITTEE ON FINANCIAL INSTITUTIONS AND INSURANCE.

The meeting was called to order by Chairperson Richard Bond at 12:17 p.m. on April 27, 1994 in Room 521-S of the Capitol.

Members present: Senators Corbin, Hensley, Lee, Praeger, and Steffes.

Committee staff present: William Wolff, Legislative Research Department

June Kossover, Committee Secretary

Conferees appearing before the committee: William E. Hauber, Lawrence, Kansas

The committee met on this date for the purpose of hearing the Gubernatorial appointees to the Kansas Credit Union Council and the Kansas State Banking Board.

William E. Hauber, Lawrence, KS, appointee to the Kansas Credit Union Council, appeared before the committee and spoke briefly of his background with credit unions. (Attachment #1.) Mr. Hauber has an extensive 17 year association with credit unions in Kansas, including having worked as an examiner for the Kansas Department of Credit Unions for eight years. Mr. Hauber is currently president of the Fort Leavenworth Credit Union. Following brief questions and comments, Senator Praeger made a motion, seconded by Senator Lee, to recommend Mr. Hauber for confirmation by the Senate to the Kansas Credit Union Council. The motion carried.

The committee also considered the following gubernatorial reappointees:

Lovel Gene Swan, to the Kansas Department of Credit Unions (Attachment #2); Carol A. Malecki, to the Kansas Department of Credit Unions (Attachment #3); Douglas M. Morley, to the Kansas State Banking Board (Attachment #4); Michael P. Sarras, to the Kansas State Banking Board (Attachment #5).

Since these are reappointments, <u>Senator Praeger made a motion to recommend them for confirmation in absentia</u>. <u>Senator Lee seconded the motion</u>. <u>The motion carried</u>.

The chair advised the committee that, due to time constraints, the minutes of this meeting will be available for review this afternoon in room 128S. Barring requests for revisions or amendments, the minutes will be considered to be approved after 4:00 p.m. today, April 27.

Senator Bond advised the committee that members will be well advised to closely monitor the actions of the United States Senate pertaining to interstate branch banking. The committee discussed how changes in federal law may affect Kansas banking law.

The committee adjourned at 12:33 p.m.



MAR 2.1 1994
BILL GRAVES
RETARY OF ST

Senate 7/41 KCGS&C 201-3, Rev. 2-92 4/27/94 Attachment #1

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.

PLEASE TYPE OR PRINT A. IDENTIFICATION: E MI First Name Last Name Spouse's Name R Rural Route. or P.O. Box Number Number & Street Name, Apartment Number, City, State, Zip Code 9 Business Phone Number Home Phone Number APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION: В. IJ W List Name of Agency, Commission or Board 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.

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 PERCENT OF BY OWNERSHIP WHON INTERESTS
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3.			You Spouse Jointly
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5.			You Spouse Jointly
6.			You Spouse Jointly
7.			You Spouse Jointly

D. <u>GIFTS OR HONORARIA:</u> 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.					

Senate 7/4/ 4/27/94 1-2

G.	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 EMPLOYMEN	r or other bus:	INESS IN THE PRECED	ING CALENDAR YEAR.	IF SAME
	AS SECTION "B", CHECK HERE	•			
	If you have nothing to rep	ort in Section	"E"1, check here _	•	

	NAME OF BUSIN	ESS	ADDRESS	TYPE OF BUSINESS
1. Fort L	EAVEN WORTH	CREDIT UNION	1 ST of KANSAS - Fr. LEAU, KS.	CREDIT UNION
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	A D D R B S S	TYPE OF BUSINESS
1. LAWRENCE MEMORIAL HUSPITAL	325 MAINE - LAWRENCE, KS	HUSPITAL
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 WHON
1. FORT LEAVENWORTH CREDIT UNION	PRESIDENT	WILLIAM
1st + LANSAS - FT. LEAUENWORTH, KS.		
2. YANSAS CORPURATE (REDIT UNION	VICE- CHAIRMAN	WILLIAM
8410 W. KELLONA - WICHITA, KS		W ICCONT
3.		
4.		
5.		

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1-3

4/27/94

G. <u>RECEIPT OF FEES AND COMMISSIONS:</u> 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 $\sqrt{}$.

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H.	DECLARA	中TAN.
11.	DECTRIC	TTON

I. WILLIAM E. H	
(including any accomp	panying pages and statements) has been examined by me and to the best of ief is a true, correct and complete statement of all of my substantial
my knowledge and beli interests and other m	matters required by law. I understand that the intentional failure to
file this statement a	as required by law or intentionally filing a false statement is a class
B misdemeanor.	La Hora Ray
3-16-94	William Dlanker

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.

Date

SENATE CONFIRMATION QUESTIONNAIRE APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name	e: WILLIAM E. HAUBER	ζ	
Home	e Address: 3122 W. 29th	TERRACE	
City	, State, Zip Code: LAWRENCE	E, KANSAS 660	<u> </u>
Home	e Phone: 913 / 842-65	18	
Bus	iness Address: 151 of KANS	AS ; P.O. Box 31)3 ²
City	y, State, Zip Code: Corr LEA	AUENWORTH, KANSA	s 66027
Bus	iness Phone: 913 / 651-659	15	
Date	e of Birth: 10-30-52	Place of Birth GAR	NETT LANSN
	ty Affiliation REPUBLICAN		,
App	oInted as: P/A Justit	Henous Co	uncil
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end	ing <u>~ >>/+> (all)</u> Succee	ding PAN	Jichael Kall
Sal	aryµ/\	Statutory Authority	- NIA 17-223
Sta	tutory Requirements <u> </u>		
1.	EDUCATION: High School OSAWA TOME	Hinu School	
	Year Graduated 1970		
	Postsecondary	Degree, etc.	Dates
	UNIVERSITY of LANSAS	BS-BUSINESS	1975

Senate 7/91 4/27/94 1-5

2.	MEMBERSHIP IN BUSINESS, TRADE AND PROFESSIONAL ORGANIZATIONS DURING PAST 10 YEARS:				
	Dates	Name		Location	
	1991 to PRESENT	KANSAS CORPORATE	(REDIT NO 10 12	WICHE	TA, KANSA
	NIA				1
	<u> </u>	A/N			idi — Mind I ndense versennings versen
3.	HAVE YOU EVER OFFICE IN KANS If so, please	BEEN ELECTED OR SAS? list dates and	APPOINTED Yes offices he)O ANY PUBLIC No ld.	:
	Date	Office			
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	NIA	414			
	N/A	Aln			
4.	WITH ANY FEDER ENTITY OR AGEN	BEEN EMPLOYED B RAL, FOREIGN STA NCY? Yes list dates and	TE, OR LOC	AL GOVERNMENTA	
	1979 TO 1987	KANSAS STATE	DEPARTME	UT OF PEDIT	Lucous
		- FINANCIAL	EXAMINER		
		•			
5.	REGISTERED LOI YEARS?	A REGISTERED LOBBYIST AT ANY TI	ME DURING	THE PAST 5	ny
	List groups ye a lobbyist:	ou represented o	r for whic	h you employed	t
	NI	A			

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6.		ICE OR INTER DU HAVE BEEN			IFY YOU	J FOR TH	E OFFICE	TO
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		2nd Floor, Topeka, KS	State C					

Senate 7/4/ 4/27/94 1.7

CU 07-Apr-94

Name	First Name City	R P	Phone Number	Appt.	Exp.
William 3122 Wes Lawrence	Hauber t 29th Terrace KS 66047 Credit Union Council Second District Appointee	R	H (913) 842-6518 W (913) 651-6575	3/1/94	6/11/96
Carol 6718 S. W Topeka	Malecki V. 28th Street KS 66614 Credit Union Council At Large Appointee	D	H (913) 272-5884 W (913) 271-6900	1/3/94	6/11/96
Orletha 1269 Wes Hutchinso	Martens st 69th Street on KS 66502 Credit Union Council First District Appointee	R	H (316) 663-5888 W (316) 662-0731	1/27/93	6/12/95
Sue Ann 408 West Topeka	Shelby 27th Street KS 66611 Credit Union Council Second District Appointee	D	H (913) 232-9944 W (913) 235-9551	11/4/93	6/11/94
Gene 1547 Cad Wichita	Swan dy Lane KS 67212 Credit Union Council Fourth District Appointee	R	H (316) 722-8648 W (316) 683-1199	1/3/94	6/11/96
John Route 4 - Girard	Vulgamore Box 26AB KS 66743 Credit Union Council 5th District Credit Union Member	D	H () - W () -	3/4/92	6/11/94

Senate 4141 4/27/9,4 1-8

	First Name	City	RP	Phone Number	Appt.	Exp.
A. Lee 3408 South	Williams n Knight		D	H (316) 945-2589 W (316) 685-9555	6/13/92	6/12/95
Wichita	KS	67217		W (310) 003 7333		
	Credit Union Co	ouncil				
	At Large Memb	er				

Senate 4101 4/27/94 1-29



APR 7 1994
BILL GRAVES

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCTION

STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSE

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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

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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.

* 775

Senate 7/4/ 4/21/94 KCGS&C 201-3, Rev. 2-92 Ottachment#2 C. <u>OWNERSHIP INTERESTS:</u> 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 PERCENT OF BY OWNERSHIP WHON INTERESTS
1. Scantland Industries, Inc. 1092 N. Jacoby Rd. Copley, Ohio 44321	manufacturing Company	2 Shares Common Stock	You 20% Spouse Jointly
2.			You Spouse Jointly
3.			You Spouse Jointly
4.			You Spouse Jointly
5.			You Spouse Jointly
6.			You Spouse Jointly
7.	AND A MORNOUTH BLASTICLITUS WHAT THE PROPERTY CHANGE CONTROL STATE STORE STATE OF SHE		You Spouse Jointly

D. <u>GIFTS OR HONORARIA:</u> 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	WHON GIFT RECEIVE	D III	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 (5) OF	EMPLOY	MENT O	R O	THER :	BUSI	NESS	IN	THE	PRECEDING	CALENDAR	YEAR.	IF	SAME
	AS SECTION	'B", C	HECK I	iere											
	If you have	nothi	ng to	report	in	Sect	ion '	"E"1,	ct	eck	here	.•			

NAME OF BUSINESS	THE RESIDENCE OF THE PROPERTY	ADDRESS	TYPE OF BUSINESS
1. Boeing Wichita Emplo	yees C.U. 29	100 S.011ver Sichita KS 67210	Credit Union
2. Scantland Industr	ies, Inc. c	192 N. Jacoby Rd.	manufacturer

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. Wichita Clipic	1331/ E. Murdock	g Medical Services
2 . Пиши жилими рыси отникования планата принаграмический принаграмиче	\	

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. Boeing Wichita Employees C.U.	CEO	Gera
2. Scontland I naustries Inc.		
Copley OH	Treasurer	Greve
3. Yensas Electronic Transfer System(HET) Wichita, KS	5) Director	Gene
1. International credit Association of Central to	5 Director	(rere
5. Wichita, KS		

7121 4/27/94

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 $\sqrt{}$.

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H. DECLARATION:

I,, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class
B J J
0/
4-4-94 Luncum

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.

Date

SENATE CONFIRMATION QUESTIONNAIRE APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name	e: Gene Swan		
Home	e Address: 1547 Caddy Lane		
Cit	y, State, Zip Code: Wichita, KS	67212	
Hom	e Phone: 316 / 722-8648		
Bus	iness Address: 2900 S. Oliver		
Cit	y, State, Zip Code: Wichita, KS	5 67210	
Bus	iness Phone: 316 / 683-1199	ext 218	
Dat	e of Birth: 4/25/33 P	lace of Birth Gaines	boro, TN
Par	ty Affiliation Republican	KBI Check(Yes)No)_	.
App	ointed as: Kansas Dept. of Cred	dit Unions Council M	ember
	Tective 1394 for the case of the succeed	3 floor to	erm
		tatutory Authority_	
Sta	tutory Requirements		·
1.	EDUCATION: High School Macon County High	School, Lafayette,	TN
	Year Graduated 1951		
	Postsecondary	Degree, etc.	Dates
	David Lipscomb College Nashville, TN		1951
	Wayne State University Detroit, MI	B.S. Accounting	1955 - 1965

2-5

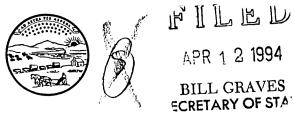
ORGANIZATIONS		
Dates	Name	Location
<u> 1988 - Pres</u> ent	Kansas Electronic Trans	sfer System Wichita,
1992 - Present	International Credit As of Central Kansas	ssoc. Wichita,
OFFICE IN KANS	BEEN ELECTED OR APPOINTED AS? Yes Yes list dates and offices he	XNo
Date	Office	
_		
WITH ANY FEDER ENTITY OR AGEN		CAL GOVERNMENTAL
WITH ANY FEDER ENTITY OR AGEN	RAL, FOREIGN STATE, OR LO	CAL GOVERNMENTAL
WITH ANY FEDER ENTITY OR AGEN	RAL, FOREIGN STATE, OR LO	CAL GOVERNMENTAL
WITH ANY FEDER ENTITY OR AGEN If so, please HAVE YOU BEEN	RAL, FOREIGN STATE, OR LO	CAL GOVERNMENTAL eld:

MEMBERSHIP IN BUSINESS, TRADE AND PROFESSIONAL

6.	EXPERIENCE OR INTERESTS WHICH QUALIFY YOU FOR THE OFFICE WHICH YOU HAVE BEEN APPOINTED:
	1) Almost ten years eexperience as CEO of Boeing Wichita Employees C.U.
	2) Additional 20 years General Management experience.
	3)B.S. Degree in Accounting.
	4) Interest in and desire to serve credit union community.
7.	SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE:
	1) Almost ten years experience as CEO of Boeing Wichita Employees C.U.
	2) Additional 20 years General Management experience.
	3)B.S. Degree in Accounting.
	4) Interest in and desire to serve credit union community.
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:
	August 1953 - August 1955 U.S. Army, Honorable Discharge
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)?
10.	DISPOSITION OF ANY INTERESTS THAT MIGHT HAVE PRESENTED A POTENTIAL CONFLICT OF INTEREST FOR THIS POSITION. None
Ret	surn to: Mary Holladay Appointment Secretary Office of the Governor

2nd Floor, State Capitol Topeka, KS 66612

7141 4/27/94 2-1



KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSE

APPOINTMENT TO STATE OFFICE IS SUBJECT TO SENATE CONFIRMATION

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A. IDENTIFICATION:

PLEASE TYPE OR PRINT

MI First Name Last Name Spouse's Name Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number City, State, Zip Code Business Phone Number Home Phone Number APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION: List Name of Agency, Commission or Board 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.

KCGS&C 201-3, Rev. 2-92 4/27/94

affachment #3

C. <u>OWNERSHIP INTERESTS:</u> 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 ν .

BUSINESS WANE AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD PERCENT OF BY OWNERSHIP WHOM INTERESTS
1.			You You Spouse Jointly
2.			You Spouse Jointly
3.			You Spouse Jointly
4.			You You Spouse Jointly
5.			You Spouse Jointly
6.			You Spouse Jointly
1.			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 _____.

	NAME O	r person	OR	BUSINESS	FROK	MHOK	GIFT	RECEIVED	ADDRESS	RECEIVED BY:
1.										
2.										
3.										

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		3		
E.	RECEIPT OF COMPENSATION: List all pother businesses from which you or (salary, thing of value, or economic or to be rendered), which was reported.	places of empl your spouse benefit conf	received \$2,000 erred on in retu	or more in compensation rn for services rendered,
	1. YOUR PLACE(S) OF EMPLOYMENT OR O AS SECTION "B", CHECK HERE If you have nothing to report in	•		
14111111111111	NAME OF BUSINESS	A.	DDRESS	TYPE OF BUSINESS
1. <i>E</i> 2.	ducational Employees Credit Un	ion 2803 S	w. Orrowhood Pd.	Financial
	2. SPOUSE'S PLACE(S) OF EMPLOYMENT If you have nothing to report in			CEDING CALENDAR YEAR.
Times and an	WANE OF BUSINESS	LACTIONS OF A STREET IN PROCESSION SHOWN HER ANY MISSE	ADDRESS	TYPE OF BUSINESS
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P.	OFFICER OR DIRECTOR OF AN ORGANIZAT which you or your spouse hold a proprietor at the time of filing, i holding such position. Please inser If you have nothing to report in Se	position of cirrespective of tadditional p	officer, director of the amount of page if necessary eck here	or, associate, partner of compensation received for
1 -	BUSINESS NAME AND ADDRESS	<u>. I</u>	POSITION HELD	BALU DE WHUR
	Topelko Catholic Retirement Bose	æl.	Secretary	Sef
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3.				
4.				
5.				
L			<u> </u>	7/21 4/27/94 3-3

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 $\frac{\mathcal{U}}{\mathcal{U}}$.

. и при при при при при при при при при п	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
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H.	DECLARATION:

. CAROL AND MALECKI, declare that this statement of substantial interest	ts
(including any accompanying pages and statements) has been examined by me and to the best	٥f
my knowledge and belief is a true, correct and complete statement of all of my substantia	al
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	SS
R misdemeanor.	

4-11-94

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES O.

Return your completed statement to the Secretary of State, State House, Topeka, Kansas 66612. +141.37/94

SENATE CONFIRMATION QUESTIONNAIRE APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: CAROL ANN MALECKI
Home Address: 6718 S.W. 28
City, State, Zip Code: TOPEKA, KNS 66614
Home Phone: 913 / 272-5884
Business Address: 2808 S.W. APROWHEAD RD.
City, State, Zip Code: TOPEKA, KS. 66614
Business Phone: 913/ 271-6900
Date of Birth: 8-16-40 Place of Birth Topekz Party Affiliation DEMOCRAT KBI Check(Yes/No) VES
Party Affiliation
Appointed as: <u>CREDIT UNION COUNCIL</u>
Effective 6-11-93 for the 3 term
ending OM Succeeding the North
Salary NA Statutory Authority
Statutory Requirements
1. EDUCATION: High School HAYDEN Year Graduated 1958
Year Graduated 1958
Postsecondary Degree, etc. Dates

Dates	Name	Location
	KS. CU ASSOCIATION	WICHITA
	CREPIT WION EXECUTIVE	SociETY
OFFICE IN KANS	BEEN ELECTED OR APPOINTE AS?Yes list dates and offices h	No
Date	Office	
WITH ANY FEDER ENTITY OR AGEN	BEEN EMPLOYED BY OR HELI AL, FOREIGN STATE, OR LO CY? <u>Mo</u> list dates and offices h	OCAL GOVERNMENTAL
WITH ANY FEDER ENTITY OR AGEN	AL, FOREIGN STATE, OR LOCY?	OCAL GOVERNMENTAL
WITH ANY FEDER ENTITY OR AGEN If so, please HAVE YOU BEEN REGISTERED LOE YEARS?	AL, FOREIGN STATE, OR LOCY? LIST dates and offices be a registered LOBBYIST OF BYIST AT ANY TIME DURING registered lobbyist, did	CAL GOVERNMENTAL neld: R EMPLOYED A G THE PAST 5
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2nd Floor, State Capitol Topeka, KS 66612

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APR 05 1994

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT GRAVES STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSE

APPOINTMENT TO STATE OFFICE IS SUBJECT TO SENATE CONFIRMATION

This statement (pages 1 through 4) must be completed by each person whose INSTRUCTIONS. 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.

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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	6	7	6	ĺ

KCGS&C 201-3, Rev. 2-92 4/27/94. attachment #4 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 PERCENT OF BY OWNERSHIP WHOM INTERESTS
Morley Bancshares, Inc. Box 428, Belle Plaine, KS	Bank Holding Company:	Stock	X
2. Morley Insurance, Inc. Box 428, Belle Plaine, KS 67013	Insurance	Stock	X 10 You Spouse Jointly
3.			You Spouse Jointly
4.			You Spouse Jointly
5.			You Spouse Jointly
6.			You Spouse Jointly
7.			Tou Spouse Jointly

D. <u>GIFTS OR HOMORARIA:</u> 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_.

	MAKE	01	PERSON	O R	BUSINESS	FROK	MHON	GIFT	RECEIVED		ADDRESS	RECEIVED BY:
1.												
2.										•••	 1 2 2 2 2 10	
3.												

7141 4/27/94

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.	Valley State Bank	502 N.	Merchant, Belle Plai	ne Bank
2.	Morley Bancshares, Inc. Mahlon Morley Credit Life	same same		Bank Holding Co. Credit Insurance Sales

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.	Unified School District #357	Belle Plaine, KS	school
2.	Sumner County Education Service	e Wellington, KS	school

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 WAKE AND ADDRESS	POSITION HELD	HELD BY WHOM
1.	Valley State Bank		
	502 N. Merchant, Belle Plaine, KS	President/Director	Douglas M. Morley
2.	Morley Bancshares, Inc.		
	502 N. Merchant, Belle Plaine, KS	President/Director	Douglas M. Morley
3.	Mahlon Morley Credit Life		
	502 N. Merchant, Belle Plaine, KS	Agent	Douglas M. Morley
4.	Morley Insurance Inc		
	502 N. Merchant, Belle Plaine, KS	Secretary/Director	Douglas M. Morley
5.	State Banking Board		
	700 S.W. Jackson, Suite 300, Topeka,	KS Member	Douglas M. Morley

6. Oklahoma Baptist University Shawnee , Oklahoma

Member/National Board of Douglas M. Morley Development 7141 4/27/94 4-3

RECEIPT OF FEES AND COMMISSIONS: List each client or customer who pays fees or commissions G. 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.	Morley Credit Life	502 N. Merchant, Belle Plaine, KS	Douglas M. Morley
2.	Morley Insurance, Inc.	 same	Douglas M. Morley
3.			
4.			
5.			
6.			
7.			-
8.			
9.	·		
10.			
11.		·	
12.			
13.			

DECLARATION: H.

I. Douglas M. Morley	declare that this statement of substantial interests
(including any accompanying pages	e, correct and complete statement of all of my substantial
interests and other matters requ	ired by law. I understand that the intentional failure to
file this statement as required by misdemeanor.	by law or intentionally filting a false statement is a class
4-4-94	(LOSSO) (HOSSO)

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES

Date

Return your completed statement to the Secretary of State, State House, Topeka, Kansas 66612. 4/27/94 4-4

SENATE CONFURMATION QUESTIONNAIRE APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: <u>Douglas M. Morley</u>	The state of the s	* Title (lief) and also a life (MARIET and rece)
Home Address: 507 E. 4th	. Notes that the east so did a little (Child) (Lapsace system in months and so did a little (Lab) (Lapsace system)	B. B. Marson and an accompany of and a
City, State, Sip Code: Belle Plai	ne, XS 67013	, etchin lassi recode (ini
Home Phone: 315 / 488-3713	And the state of t	
Business Address: <u>Valley State B</u> a	nk Box 429	Markala on tradable
City, State, Mip Code: Selle Plain	ne, KS 67013	of an Earlinean and Bullet W. We
Business Phone: 316 / 488-2211	100 mman waass 1901 V 211112	
Date of Birth: 10-10-50	Place of Birth_Parso	ins.,KS.
Party Affiliation_Republican	KET Check(Yes/No)	VES
Appointed as: <u>Member - State Bank</u>	ing Board	Programme Service Service Services
Effective May 1, 1994 for the		
ending <u>Abril 30, 1997</u> Succes		
Salary <u>\$45.00 per meeting</u>	Statubory Authority	SA 74:3005
Statutory Requirements KSA 74-3	3004	
l. EDUCATION: High School <u>Chanute</u>		Decilal Mallifaber deslat documents of minutes
Year Graduated 1968 (honor gra	aduate)	
Postsecondary	Degree, etc.	Disacto de sa
Oklahoma Baptist University	84/Business Admin. Gpm Laude	1972
Southern Methodist University	Graduation with Distinction	1980
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Dates	N axn⊕	nocation
20 years	Kansas Bankers Association	
20 years	Belle Plaine Chamber of Com KdA Task Force on Regulatory Compliance	merte Belle Plaine, KS Topeka, KS
HAVE YOU EVER OFFICE IN KAN If so, please	BEEN ELECTED OR AFFOINTED SAS? <u>X</u> Yes list dates and offices he	o TO ANY PUBLIC No
Date	Office	
1991	Member State Banking Board	(Appointed)
1972 (3)	<u>City Council, Belle Plaire.</u>	KS (elected)
WITH ANY FEDE	City Council, Belle Plaine, BEER EMPLOYED BY OR HELD ERAL, FOREIGN STATE, OR LOC	A POSITION OR OFFICE CAL GOVERNMENTAL
HAVE YOU EVER WITH ANY FEDE ENTITY OR AGE If so, please	BEEN EMPLOYED BY OR HELD RAL, FOREIGN STATE, OR LOC ENCY? <u>yes</u> a list dates and offices be	A POSITION OR OFFICE CAL GOVERNMENTAL eld:
HAVE YOU EVER WITH ANY FEDE ENTITY OR AGE If so, please	BEEN EMPLOYED BY OR HELD ERAL, FOREIGN STATE, OR LO	A POSITION OR OFFICE CAL GOVERNMENTAL eld:
HAVE YOU EVER WITH ANY FEDE ENTITY OR AGE If so, please 1968-69 (?) HAVE YOU BEEN REGISTERED LO	BEEN EMPLOYED BY OR HELD ERAL, FOREIGN STATE, OR LOC ENCY? Yes I list dates and offices be KDOT - Summer part time emp	A POSITION OR OFFICE CAL GOVERNMENTAL eld: cloyment.
HAVE YOU EVER WITH ANY FEDE ENTITY OR AGE If so, please 1968-69 (?) HAVE YOU BEET REGISTERED LO YEARS? NO	BEEN EMPLOYED BY OR HELD ERAL, FOREIGN STATE, OR LOC ENCY? YES I list dates and offices be KDOT - Summer part time com A REGISTERED LOBBYIST OR DEBYIST AT ANY TIME DURING	A POSITION OR OFFICE CAL GOVERNMENTAL eld: cloyment EDDPLOYED A THE PAST 5
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б.	EXPERIENCE OR INTERESTS WHICH QUALITY YOU FOR THE OFFICE TO WHICH YOU HAVE BEEN APPOINTED:
	Served as employee, officer, director of Valley State Bank for over 20 years
	Currently serve as President of Bank. Past Member: Kansas-Nebraska Convention
	of Southern Baptists Foundation Board-(Which specializes in loans to Churche
	Kansas-Nebraska Convention of Southern Baptists Executive Committee.
	Served on KBA Task Force for Regulatory Compliance.
7.	SUMMARY OF EUSINESS OR PROFESSIONAL EXPERIENCE:
	Served on State Banking Board 91-94; Member National Board of Development-
	Oklahoma Baptist University; Curriculum writer for Sunday School, Board of
	Southern Baptist Convention, Nashville, TN
	Time beliffed to commence of the commence of t
	(the manufacture of the same o
	HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? _ NO LE so, please list dates of service, branch of service and date and type of discharge:
	Formation and antique anti
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 WHICE A FINE OF \$100 OR LESS WAS EMPOSED)? NO
	CONTRACTOR OF THE PROPERTY OF
10.	DISPOSITION OF ANY INTERESTS THAT MIGHT HAVE PRESENTED A POTENTIAL CONFLICT OF INTEREST FOR THIS POSITION.
	Mone applicable
	(1000 a Max)
Rebu	Appointment Secretary Coffice of the Governor 2nd Floor, State Capitol Topeka, KS 66612

7141 4/27/94 4-7

Serate 7/44 RCGS&C 201-3, Rev. 2-92 4/27/94 affachment



APR 07 1993

BILL GRAVES

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.

PLEASE TYPE OR PRINT A. IDENTIFICATION: First Name MI Last Name Spouse's Name Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number City, State, Zip Code Business Phone Number Home Phone Number APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION: List Name of Agency, Commission or Board Position & PART TIME POSITION ONE MEETING A MONTH

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.

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 PERCENT OF BY OWNERSHIP WHOM INTERESTS
:. J-V-Investments	a FARM Partnership	underediel	You Spouse Jointly
2.			Tou Spouse Jointly
3.			You Spouse Jointly
4.			You Spouse Jointly
5.			You Spouse Jointly
6.			You Spouse Jointly
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D. GIFTS OR HOMORARIA: 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 ____.

	MANE OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY:
1.	NONE		
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.HOME STA	ATE BANK	5th MINNESOTA AVE	BANKING

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. Real Estate Corporation	n bre	Director	ME
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.	NONE			
2.				
3.				
4.	·			
5.				
6.				
7.	·			
8.				
9.		,		
10.	·			
11.				
12.				
13.				

H.	DECLARATION:
	I. Mchael RSanas. 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
	R wisdemeanor
	4-6-93 Muchael RSanas

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.

Return your completed statement to the Secretary of State, State House, Topeka, Kansas 66612. 9141 + 427/945:4

SENATE CONSTRMATION QUESTIONNAIRE

	Mama	ino: MIChAEL P. SBRRAS	
	Bons	ome Address: /5/F N/S/	
	Ci tiy	ity, State, Sip Code: 1	
	Home	ome Phone: 9/3, 788592	
	Boss f	osiness address: 573 MINNESOTA 15515 66	101
	124 124	ity, State, Mip Code:	
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81	TRUTURD (TH (SO),) Olaten and	JEWER BEEN A MEMBER OF THE ARMED FORCES OF THE STATES? Please list dates of service, branch of service and type of discharge:
9 u	erratus Cert yngs Palucett	U EVER EBEN AURESTED, CHARGED OF BELD BY PEDBEAL, R OTHER LAW ENPORCEMENT AUTHORETIES FOR YEOLATION OF EBAL LAW, STATE LAW, COUNTY OF MUNICIPAL LAW, ION OR ORDINANCE (EXCLUDING TRAFFIC VEGLATIONS FOR FINE OF \$100 OR LESS MAS INPOSED)?
10.	ED I SEPORE I POLICEDUL I	TION OF ANY INTERESTS THAT MIGHT HAVE PRESERVED A AL CONFLICT OF INTEREST FOR THIS POSITION.
Beitz	ams. Inc. :	Maur Holladay Appointment Secretary Office of the Governor 2nd Floor, State Capitol Topaka, KS 86612

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 APR-26-94 TUE 14:41
 HOME STATE BANK
 FAX NO. 9133210163

MICHAEL P. SARRAS

Biographical Information April, 1994

Home Adalress:

1619 North 81 Street Kansas City, Kansas 66112

Born:

Kansas City, Kansas September 7, 1922

Schools:

- Graduate Columbia College, BA, Columbia, Missouri 1975;
- University of Kansas, Graduate School, Master, Public Administration 1978;
- Basic Company Officer and Advance Infantry Courses, 1951 through 1959;
- Command and General Staff College 1967;
- Disaster Recovery Course 1962;
- Civil Disturbance Course 1968;
- Industrial College of the Armed Forces 1975;
- Airmobility Training Course 1972;

Marriage Data:

Married: January 8, 1972

Wife: Meronica M. Strick Sarras

Children:

- Dr. Michael P. Sarras, Jr., PhD.
 - Anatomy Department K.U. Medical Center

(Resides in Kansas City, Kansas)

 Timothy M. Sarras Kansas City, Kansas

Occupation:

Senior Vice President - Marketing & Business Development, Home State Bank & Trust

Civic and Other Organizations:

- Secretary, Civil Service Commission of Kansas City, Kansas
- Treasurer, Kansas City, Kansas Scottish Rite Bodies 33°
- Mice President, Board Member, Real Estate Corporation, Inc.
- Chairman, Kansas Banking Board
- Finance Chairman, Kansas Private Industrial Council, Inc., KCK 5.
- Board Member, Agriculture Hall of Fame 6.
- 7 Mice President, Avenue Area, Inc.
- Treasurer, El Centro, Inc. 8.
- Pl Sigma Alpha, National Political Science Honor Society 9.
- Trustee, Liberty Memorial Association 10.
- 11. Treasurer, Korean, Vietnam Memorial Project
- 12 Past President, Rotary Club of Kansas City, Kansas
- 13. Past President, Optimist Club of Kansas City, Kansas



Civic and Other Organizations (Continued):

- 14 Past Commander, Disabled American Veterans
- 15. Past Chairman of the Board of Wyandotte County Chapter of the American Red Cross
- 16. Past President, Henry Leavenworth Chapter, Association of the U.S. Anny
- 17. Past President, YMCA, Kansas City, Kansas
- 18. Former Commissioner, Kansas City, Kansas Urban Renewal Board
- 19. Past Vice Chairman, Overall Economic Development planning Committee of Wyandotte County
- 20. Past Chairman, Huran District, Heart of America Council Boy Scouts of America
- 21. Former Member, Kansas Alcoholic Beverage Control Board of Review
- 22. Past Chairman, Wyandotte County Sheriff's Merit Promotion Board
- 23. Past Mamber, Kansas City, Kansas, Wyandotte County Port Authority
- 24. Past President, Armourdale Businessmen's Association
- 25. Past Chairman, Wyandotte Development Disabilities Services
- 26. Past Campaign Charman, United Way of Wyandotte County

He served in World War II with the 635th Tank Destroyer Battalion under Wint Smith from 1940 to September, 1944 when he was wounded. He participated in the D Day landing on June 6, 1944.

He served in Vietnam in 1969 as Headquarters Commandant Military Assistance Command Vietnam (MACV) and as Battalion Commander MACV Defense Force Battalion.

He retired in September of 1978 from the Active Army National Guard in grade of Colonel and the United States Army in 1982. He has been in Banking since November, 1978.

His decorations include:

- Legion of Merit and Second Award
- Purple Heart
- Bronze Star Medal
- Joint Service Commendation Medal.
- Bronze Service Arrowhead
- French Croix de guerre with Bronze Star
- French Croix de guerra with Palm
- Eleven Service Ribbons

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