

Approved: 4/27/94
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, Senator Praeger made a motion to recommend them for confirmation in absentia. Senator Lee seconded the motion. The motion carried.

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.



FILED

MAR 21 1994

BILL GRAVES
CLERK OF ST.

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

H A U B E R W I L L I A M E

Last Name

First Name

MI

J A C K I E

Spouse's Name

3 1 2 2 W 2 9 T E R R A C E

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 7

City, State, Zip Code

9 1 3 ** 8 4 2 ** 6 5 1 8

Home Phone Number

9 1 3 ** 6 5 1 ** 6 5 7 5

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

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.

* 4 5 6 3

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

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. KEMPER INVESTMENT PORTFOLIO 120 S. LA SALLE ST. - CHICAGO, IL,	INVESTMENT	Mutual Fund	— — You — — Spouse <input checked="" type="checkbox"/> — Jointly	— — — — 100
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 ☒.

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

Senate 7/1 +1
4/27/94
L2

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.	FORT LEAVENWORTH CREDIT UNION	1 ST & KANSAS - FT. LEAV, 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	ADDRESS	TYPE OF BUSINESS
1.	LAWRENCE MEMORIAL HOSPITAL	325 MAINE - LAWRENCE, KS	HOSPITAL
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.	FORT LEAVENWORTH CREDIT UNION 1 ST & KANSAS - FT. LEAVENWORTH, KS.	PRESIDENT	WILLIAM
2.	KANSAS CORPORATE CREDIT UNION 8410 W. KELLORA - WICHITA, KS	VICE-CHAIRMAN	WILLIAM
3.			
4.			
5.			

Senate 4141 4/27/94
1-3

- 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.			
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13.			

H. **DECLARATION:**

I, WILLIAM E. HAUBER, 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.

3-16-94

Date

William E. Hauber

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

Return your completed statement to the Secretary of State, State House, Topeka, Kansas 66612.
Senate 7141 4/27/94
1-4

SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: WILLIAM E. HAUBER

Home Address: 3122 W. 24th TERRACE

City, State, Zip Code: LAWRENCE, KANSAS 66047

Home Phone: 913 / 842-6518

Business Address: 1st & KANSAS ; P.O. Box 3032

City, State, Zip Code: FORT LEAVENWORTH, KANSAS 66027

Business Phone: 913 / 651-6575

Date of Birth: 10-30-52 Place of Birth GARNETT, KANSAS

Party Affiliation REPUBLICAN

Appointed as: N/A Credit Union Council
3/1/94 3-year

Effective N/A for the N/A term

ending N/A 6/1/96 Succeeding N/A Michael Patrick

Salary N/A Statutory Authority N/A 17-2232

Statutory Requirements N/A

1. EDUCATION:

High School OSAWATOMIE HIGH SCHOOL

Year Graduated 1970

Postsecondary

Degree, etc.

Dates

UNIVERSITY of KANSAS

BS-BUSINESS

1975

Senate 7191
4/27/94 1-5

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

Dates	Name	Location
<u>1991 to Present</u>	<u>KANSAS CORPORATE CREDIT UNION</u>	<u>WICHITA, KANSAS</u>
<u>N/A</u>	<u>N/A</u>	<u></u>
<u>N/A</u>	<u>N/A</u>	<u></u>

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

Date	Office
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</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? YES

If so, please list dates and offices held:

<u>1979 to 1987</u>	<u>KANSAS STATE DEPARTMENT OF CREDIT UNIONS</u>
<u></u>	<u>- FINANCIAL EXAMINER</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? N/A

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

N/A

Senate #141
4/27/94
1-6

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

WORKED IN CREDIT UNION INDUSTRY FOR LAST 17 YEARS, BUT
AS A REGULATOR AND CREDIT UNION EMPLOYEE. BEEN A
CREDIT UNION MEMBER ALMOST ENTIRE LIFE (MY MOTHER
MANAGED OUR HOME TOWN CREDIT UNION FOR 25 YEARS).
I HAVE EXPERIENCE ON BOTH SIDES OF REGULATORY MATTERS,

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE: FEEL I AM
UNIQUELY QUALIFIED FOR CREDIT UNION COUNCIL SINCE I
HAVE EXPERIENCE AS A REGULATOR AND AS ONE WHO
IS REGULATED BY THIS AGENCY. THIS ALLOWS ME TO
VIEW CRITICAL ISSUES WITH A BROADER SENSE.

8. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? No
If so, please list dates of service, branch of service and date and type of discharge:

N/A N/A
N/A N/A

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

N/A N/A N/A N/A
N/A N/A N/A N/A

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

William J. Hauler
Signature

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

CU
07-Apr-94

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

Senate 7/21
4/27/94
1-8

	First Name	City	R P	Phone Number	Appt.	Exp.
A. Lee Williams			D	H (316) 945-2589	6/13/92	6/12/95
3408 South Knight				W (316) 685-9555		
Wichita	KS	67217				
	Credit Union Council					
	At Large Member					

Senate 7/21
4/27/94
1-29



FILED

APR 7 1994

BILL GRAVES
SECRETARY

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSEAPPOINTMENT TO STATE OFFICE IS SUBJECT TO SENATE CONFIRMATION

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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

S	W	A	N							L	O	V	E	L							G	E	N	E
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Last Name

First Name

MI

S	W	A	N							B	I	L	L	I	E									F
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Spouse's Name

1	5	4	7		C	A	D	D	Y		L	A	N	E										
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Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

W	I	C	H	I	T	A		K	S		6	7	2	1	2									
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City, State, Zip Code

3	1	6	**	7	2	2	**	8	6	4	8
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Home Phone Number

3	1	6	**	6	8	3	**	1	1	9	9
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Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

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

List Name of Agency, Commission or Board

C	R	E	D	I	T		U	N	I	O	N		C	O	U	N	C	I	L		M	B	R	
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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.

*

2	7	7	5
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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. Scotland Industries, Inc. 1092 N. Jacoby Rd. Copley, Ohio 44321	Manufacturing Company	2 shares Common Stock	20% — —	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 ☒.

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

7/14/94 4/27/94
2-2

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. Boeing Wichita Employees C.U.	2900 S. Oliver Wichita, KS 67210	Credit Union
2. Scanland Industries, Inc.	1092 N. Jacoby Rd. Copley, Ohio 44321	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 Clinic	3311 E. Murdock Wichita, KS 67208	Medical Services
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. Boeing Wichita Employees C.U. Wichita, KS	CEO	Gene
2. Scanland Industries, Inc. Copley, OH	Treasurer	Gene
3. Kansas Electronic Transfer System (KETS) Wichita, KS	Director	Gene
4. International Credit Association of Central KS Wichita, KS	Director	Gene
5.		

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

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

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

H. **DECLARATION:**

I, Lovel Gene Swan, 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.

4-4-94
Date

Lovel Gene Swan
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

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

7141 4/27/94
2-4

SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: Gene Swan

Home Address: 1547 Caddy Lane

City, State, Zip Code: Wichita, KS 67212

Home Phone: 316 / 722-8648

Business Address: 2900 S. Oliver

City, State, Zip Code: Wichita, KS 67210

Business Phone: 316 / 683-1199 ext 218

Date of Birth: 4/25/33 Place of Birth Gainesboro, TN

Party Affiliation Republican KBI Check (Yes/No) (No)

Appointed as: Kansas Dept. of Credit Unions Council Member

Effective 1/3/94 for the 3 year term

ending 6/1/96 Succeeding himself

Salary NA Statutory Authority _____

Statutory Requirements _____

1. EDUCATION:
High School Macon County High School, Lafayette, TN

Year Graduated 1951

Postsecondary	Degree, etc.	Dates
<u>David Lipscomb College</u> <u>Nashville, TN</u>	<u>---</u>	<u>1951</u>
<u>Wayne State University</u> <u>Detroit, MI</u>	<u>B.S. Accounting</u>	<u>1955 - 1965</u>

4/21 4/27/94
2-5

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

Dates	Name	Location
<u>1988 - Present</u>	<u>Kansas Electronic Transfer System</u>	<u>Wichita, KS</u>
<u>1992 - Present</u>	<u>International Credit Assoc. of Central Kansas</u>	<u>Wichita, KS</u>
_____	_____	_____

3. HAVE YOU EVER BEEN ELECTED OR APPOINTED TO ANY PUBLIC OFFICE IN KANSAS? _____ Yes X 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? 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 WHICH YOU HAVE BEEN APPOINTED:

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.

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)? 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

Gene Swan
Signature

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



FILED

APR 12 1994

BILL GRAVES
SECRETARY OF STATE

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

STATEMENT 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

M A L E C K I C A R O L A

Last Name

First Name

MI

Spouse's Name

6718 SW 28

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

TOPEKA KS 66614

City, State, Zip Code

913**272**5884

Home Phone Number

913**271**6900

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

CREDIT UNION COUNCIL

List Name of Agency, Commission or Board

COUNCIL MEMBER

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.

* 1690

KCGS&C 201-3, Rev. 2-92

Senate 7141
4/27/94
Attachment #3

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.			___ ___ 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 ☒.

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

7/14/94 4/27/94
3-2

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.	<i>Educational Employees Credit Union</i>	<i>2808 S.W. Arrowhead Rd.</i>	<i>Financial</i>
2.			

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

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

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.			
2.			

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

	BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
1.	<i>Topoka Catholic Retirement Board</i>	<i>Secretary</i>	<i>Self</i>
2.			
3.			
4.			
5.			

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

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

H. **DECLARATION:**

I, CAROL ANN MALECKI, 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.

4-11-94

Date

Carol Ann Malecki

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0.

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

7/14/94 4/27/94
3-4

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. ARROWHEAD RD.

City, State, Zip Code: TOPEKA, KS. 66614

Business Phone: 913, 271-6900

Date of Birth: 8-16-40 Place of Birth Topeka

Party Affiliation DEMOCRAT KBI Check(Yes/No) YES

Appointed as: CREDIT UNION COUNCIL

Effective 11/3/94 for the 3 year term

ending 6/11/96 Succeeding herself

Salary NA Statutory Authority _____

Statutory Requirements _____

1. EDUCATION:
High School HAYDEN

Year Graduated 1958

Postsecondary	Degree, etc.	Dates
---------------	--------------	-------

_____	_____	_____
_____	_____	_____
_____	_____	_____

7141 4/27/94
3-5

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

Dates	Name	Location
_____	<u>KS. CU ASSOCIATION</u>	<u>WICHITA</u>
_____	<u>CREDIT UNION EXECUTIVE SOCIETY</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? 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 WHICH YOU HAVE BEEN APPOINTED:

20 years as a Credit Union Employee

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE: I have worked in every area of Credit Union work. I have also been very active in local and State Credit Union activity and organizational

8. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? no
If so, please list dates of service, branch of service and date and type of 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)? 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

Carol Ann Malicki
Signature

7/21 4/27/94



5

X

FILED

APR 05 1994

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT BILL

BILL GRAVES
SECRETARY OF STATE

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	O	R	L	E	Y				D	O	U	G	L	A	S								M
---	---	---	---	---	---	--	--	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	---

Last Name

First Name

MI

[illegible]

Spouse's Name

[illegible]

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

B	E	L	L	E		P	L	A	I	N	E	,		K	S			6	7	0	1	3		
---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	--	--	---	---	---	---	---	--	--

City, State, Zip Code

3	1	6	**	4	8	8	**	3	7	1	3
---	---	---	----	---	---	---	----	---	---	---	---

Home Phone Number

3	1	6	**	4	8	8	**	2	2	1	1
---	---	---	----	---	---	---	----	---	---	---	---

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

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

List Name of Agency, Commission or Board

[illegible]

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
---	---	---	---	---

KCGS&C 201-3, Rev. 2-92
 Senate 7/4/94
 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 BY WHOM	PERCENT OF OWNERSHIP INTERESTS
1. Morley Bancshares, Inc. Box 428, Belle Plaine, KS	Bank Holding Company	Stock	x 1.2 You x 12.3 Spouse x 23.1 Jointly	Trust
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.			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.		

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 Plaine	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	Wellington, KS	school

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.	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
Development 7141 4/27/94 4-3 Douglas M. Morley

- 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.	Morley Credit Life	502 N. Merchant, Belle Plaine, KS	Douglas M. Morley
2.	Morley Insurance, Inc.	same	Douglas M. Morley
3.			
4.			
5.			
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8.			
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10.			
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12.			
13.			

H. **DECLARATION:**

I, Douglas M. Morley, 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.

4-4-94

Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

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

744 4/27/94
4-4

SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: Douglas M. Morley

Home Address: 507 E. 4th

City, State, Zip Code: Belle Plaine, KS 67013

Home Phone: 316 / 488-3713

Business Address: Valley State Bank Box 428

City, State, Zip Code: Belle Plaine, KS 67013

Business Phone: 316 / 488-2211

Date of Birth: 10-12-50 Place of Birth: Parsons, KS

Party Affiliation: Republican KEI Check (Yes/No) YES

Appointed as: Member - State Banking Board

Effective May 1, 1994 for the three year term

ending April 30, 1997 Succeeding myself

Salary \$45.00 per meeting Statutory Authority KSA 74-3005

Statutory Requirements KSA 74-3004

1. EDUCATION:

High School Chanute

Year Graduated 1968 (honor graduate)

Postsecondary	Degree, etc.	Dates
Oklahoma Baptist University	BA/Business Admin.	1972
Southern Methodist University	Optm Laude Graduation with Distinction	1980

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4-5

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

Dates	Name	Location
20 years	Kansas Bankers Association	Topeka, KS
20 years	Belle Plaine Chamber of Commerce	Belle Plaine, KS
	KBA Task Force on Regulatory Compliance	Topeka, KS

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
1991	Member State Banking Board (Appointed)
1972 (3)	City Council, Belle Plaine, KS (elected)
April, 1994	City Council, Belle Plaine, KS (appointed)

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:

1968-69 (?)	KDOT - Summer part time employment

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:

7/41 4/27/94
4-6

6. EXPERIENCE OR INTERESTS WHICH QUALIFY 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 Churches)
Kansas-Nebraska Convention of Southern Baptists Executive Committee.
Served on KBA Task Force for Regulatory Compliance.

7. SUMMARY OF BUSINESS 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

8. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? NO

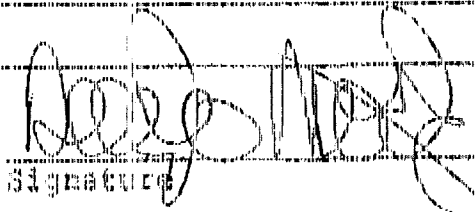
If so, please list dates of service, branch of service and date and type of discharge:

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)? NO

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

None applicable

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


Signature

7141 4/27/94
4-7



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.

A. IDENTIFICATION:

PLEASE TYPE OR PRINT

SARRAS MICHAEL P

Last Name

First Name

MI

SARRAS VERONICA M

Spouse's Name

1619 N 81ST KCK 66112

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

KANSAS CITY KANSAS 66112

City, State, Zip Code

913**788**5342

Home Phone Number

913**321**3333

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

KANSAS BANKING BOARD

List Name of Agency, Commission or Board

CHAIRMAN

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.

* 4883

Senate 7/4/94
KCGS&C 201-3, Rev. 2-92 4/27/94
Attachment #5

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. J-V-Investments	a FARM Partnership	$\frac{1}{5}$ undivided	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" 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. NONE		
2.		
3.		

4141 4/27/94
5-2

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.	HOME STATE BANK	5TH MINNESOTA AVE	BANKING
2.			

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

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.			
2.			

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

	BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
1.	Real Estate Corporation Inc	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, Michael R. Sanas, 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.

4-6-93

Date

Michael R. Sanas

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

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

7141 4/27/94
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SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNIER

Name: MICHAEL P. SARRAS

Home Address: 1619 N 81

City, State, Zip Code: KCK

Home Phone: 913 788 5342

Business Address: 5TH MINNESOTA KCK 66101

City, State, Zip Code: _____

Business Phone: 913 321-3333

Date of Birth: 7 SEPT 22 Place of Birth: KANSAS

Party Affiliation: DEM HBI Check (Yes/No): YES, have had one.

Re-appointed as: Member Kansas Bank Board

Effective 1 MAY 94 for the 3 YR term

ending 30 APR 97 Succeeding himself

Salary \$5.00 meeting Statutory Authority 74-3004

Statutory Requirements 5 YEARS BANKING

1. EDUCATION:

High School See attached

Year Graduated _____

Postsecondary _____

Degree, etc. _____

Dates _____

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

Dates	Name	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
<i>1984</i>	<i>Member Kansas ABC Board</i>
_____	_____
_____	_____

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:

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

See attached

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE:

See attached

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:

See attached

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)? *N/A*

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

Michael P. Jones
Signature

MICHAEL P. SARRAS

Biographical Information

April, 1994

Home Address:

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 3, 1972

Wife: Veronica 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:

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

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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. Army
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, Huron 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 Member, Kansas City, Kansas, Wyandotte County Port Authority
24. Past President, Armourdale Businessmen's Association
25. Past Chairman, Wyandotte Development Disabilities Services
26. Past Campaign Chairman, 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 guerre with Palm
- Eleven Service Ribbons

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