Approved: <u>May 20, 1994</u>

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS.

The meeting was called to order by Chairperson August Bogina at 6:40 p.m. on April 29, 1994 in Room 123-S of the Capitol.

All members were present except:

Committee staff present: Norm Furse, Revisor of Statutes

Judy Bromich, Administrative Assistant Ronda Miller, Committee Secretary

Conferees appearing before the committee: Susan Seltsam, appointee to the Kansas Corporation Commission

The Chairman called the meeting to order for the purpose of considering the Governor's appointment of Susan Seltsam to the Kansas Corporation Commission. Copies of the Senate Confirmation Questionnaire and the Statement of Substantial Interest (Attachment 1) were distributed to members.

The Chairman asked how Ms. Seltsam's background and abilities would be beneficial as a member of the KCC. Ms. Seltsam stated that she views the new position as a challenging opportunity and brings to it her proven management capabilities, her administrative skills and her reputation of being a person who will learn all the issues, study all the options that are presented, and make a fair judgment. In response to a question, she stated that there has been some discussion about whether industries are paying too much in fees, and it would be helpful to have good fiscal administration in this area. She also noted that the Commission is responsible to the citizens for the regulation of utilities, transportation and telecommunications, and the decisions that are made by the Commission should be made in the area where the industries are located. She told members that she is not familiar with the current staff of the KCC.

Ms. Seltsam told the Committee that she has limited experience in the private sector as a bank employee. She fielded another question by stating that she has no experience with the gas and oil industry, but believes it is difficult for one individual to have expertise in all regulatory functions of the agency. She said that she believes this should be addressed by hiring and utilizing extremely qualified staff. She was asked whether having 3 of the 3 members on the Commission from the same area would have any drawbacks. Ms. Seltsam stated that she believes that any drawbacks that might occur because the Commission is made up of persons who all live in the Topeka vicinity could be overcome by taking the Commission to other areas of the state.

If confirmed, Ms. Seltsam stated that she would probably take office within a matter of days, though the date certain has not been discussed.

Senator Brady asked Ms. Seltsam where she would have stood in the deregulation of Southwestern Bell's rates. Ms. Seltsam stated that she had limited knowledge of the issue, but stated that she believed the Commission should work through the mediation process.

In answer to the Chairman's question regarding her administrative experience, Ms. Seltsam stated that she believed her experience in directing the various divisions within the Department of Administration to work as a unit will be advantageous to her work on the Commission.

It was moved by Senator Karr and seconded by Senator Rock that appointment of Susan Seltsam to the Kansas Corporation Commission be recommended favorable to the full Senate. The motion carried on a roll call vote.

Senator Moran moved, Senator Lawrence seconded, that the minutes of April 28 A.M. and April 28 P.M. be approved. The motion carried on a voice vote.

The Chairman adjourned the meeting at 7:45 P.M.

KCC 29-Apr-94

Name	First Name	City	RP	Phone Number	Appt.	Exp.
F. S. "Jack" 2509 Fillmo			A D	H () - W (913) 271-3100	3/21/92	3/20/96
Topeka	KS	66611		• /		
	Kansas Corporat	tion Commission				
	KS	66046 tion Commission	R	H () - W (202) 208-0996	3/11/91	3/19/95
Susan	Seltsam		C D	H (913) 286-2100	4/28/94	3/19/98
5225 N. W.	46th Street			W () -		
Topeka	KS	66618		、 /		
•	Kansas Corpora	tion Commission				

SWAM Opiil 29, 1994 Ottachment

SENATE CONFIRMATION QUESTIONNAIRE APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name	Susan M. Seltsam		
Home	Address: 5225 N. W. 46th Street		
City	, State, Zip Code: Topeka, KS	66618	
Home	Phone: 913 / 286-2100		
Busi	ness Address: State Capitol Bui	llding	
City	, State, Zip Code: Topeka, KS 6	56612	
Busi	ness Phone: 913 / 296-3011		
Date	e of Birth: 8-16-42 P	lace of Birth <u>Topeka,</u>	KS
	y Affiliation Democrat		
Appo	pinted as: mamber, Kar	ras Carporal	1001 CONTROLL
Effe	ective poil 28, 1994 for the 1	ter	Raluncon
	$\frac{1}{2}$ $\frac{1}$	tatutory Authority	4-601
Stat	utory Requirements		
1.	EDUCATION: High School Burlingame High School	o1	
	Year Graduated 1960	_	
	Postsecondary	Degree, etc.	Dates
	Washburn University	None	1960-1961

2.		BUSINESS, TRADE AND PROFE DURING PAST 10 YEARS:	SSIONAL					
	Dates	Name	Location					
	AND THE RESIDENCE OF THE PARTY		TO ANY DUDI IC					
3.	HAVE YOU EVER BEEN ELECTED OR APPOINTED TO ANY PUBLIC OFFICE IN KANSAS? Yes Y No If so, please list dates and offices held.							
	Date	Office						
		`						
4.	WITH ANY FEDER	BEEN EMPLOYED BY OR HELD RAL, FOREIGN STATE, OR LOC NCY? No list dates and offices he	AL GOVERNMENTAL					

5.	HAVE YOU BEEN REGISTERED LOW YEARS? No	A REGISTERED LOBBYIST OR BBYIST AT ANY TIME DURING	EMPLOYED A THE PAST 5					
	If you were a	registered lobbyist, did	you receive any					
	compensation? List groups you a lobbyist:	ou represented or for whic	h you employed					

6.	EXPERIENCE OR INTERESTS WHICH QUALIFY YOU FOR THE OFFICE TO WHICH YOU HAVE BEEN APPOINTED:
	Secretary of Administration for two years. Chief of Staff to Governor
	for one year. Assistant State Treasurer and Chief Operations Officer
	for five years. Administrative experience in state government totals
	26 years including policy development, agency supervision, inter agency
	and legislative coordination, management and coordination of central service agency.
7.	SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE:
	Secretary of Administration, Governor's Chief of Staff, Assistant State
	Treasurer, Internal Auditor, Cash Management Supervisor, various positions
	in financial institutions.
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)?
10.	DISPOSITION OF ANY INTERESTS THAT MIGHT HAVE PRESENTED A POTENTIAL CONFLICT OF INTEREST FOR THIS POSITION.
	Will comply with disposition requirement pursuant to KSA 74-605
Reti	Appointment Secretary Office of the Governor
	2nd Floor, State Capitol Topeka, KS 66612



FILED

APR 25 1994

BILL GRAVES
SECRETARY OF STATE

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSE

APPOINTMENT TO STATE OFFICE IS SUBJECT TO SENATE CONFIRMATION

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

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

PLEASE TYPE OR PRINT A. IDENTIFICATION: M. S U S N Α M MI First Name Last Name D S M Ε S Ε Т S Α M L Spouse's Name T H 2 Ν W 4 6 Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number N S A S Т K City, State, Zip Code 9 3 1 Business Phone Number Home Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

D	E	P	Т		0	F		A	D	М	I	N	I	S	T	R	A	T	I	0	N		
	List	: Na	ne.	of	Age	ency	7, (CORE	iss	ior	01	В	ard	l					1		1	· r	
s	E	С	R	E	Т	A	R	Y											ı.				

Position

4 4 4 9

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 HAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD PERCENT OF BY OWNERSHIP WHOM INTERESTS
1. Seltsam, Hanni & Co., Inc. Bank IV Tower, Topeka, KS	Investment & Real Estate	Stock Ownership	X 52 You Spouse Jointly
2.			You Spouse Jointly
3.			You You Spouse Jointly
4.			You Spouse Jointly
5.			You Spouse Jointly
6.			
7.			Tou Spouse Jointly

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 X.

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

- E. RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.
 - 1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE X. If you have nothing to report in Section "E"1, check here ____.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.			
2.			

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

		Joa nav	_	110 0111113	-	report in									
		NAKE	0 F	BUSINESS					ADD	RESS		TYPE	07	BUSINE	iss .
1. Selts	am,	Hanni	&	Co., Ins	3		Bank	IV	Tower,	Topeka,	KS	Investments	&	Real	Estate
2.															

P. 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.	United Way of Greater Topeka		
	5100 S.W. 10th, Topeka, KS	Director	Self
2.	Seltsam, Hanni & Co., Inc.		
	Bank IV Tower, Topeka, KS	President	Spouse
3.	YMCA Foundation		
	421 VanBuren, Topeka, KS	Trustee	Spouse
4.	Topeka Shawnee Co. Flood Control Assoc.		
	200 S.E. 7th Street, Topeka, KS	Director	Spouse
5.	Downtown Topeka, Inc.		
	710 S. Kansas, Topeka, KS	Director	Spouse

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

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

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

H. DECLARATION:

my knowledge and b	declare that this statement of substantial interests ompanying pages and statements) has been examined by me and to the best of elief is a true, correct and complete statement of all of my substantial or matters required by law. I understand that the intentional failure to tas required by law or intentionally filing a false statement is a class
4-21-94	Ausan deltoan

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0.

Date