Approved:	4-29-06		
-	Date		

MINUTES OF THE SENATE FEDERAL AND STATE AFFAIRS COMMITTEE

The meeting was called to order by Chairman Pete Brungardt at 10:30 a.m. on March 21, 2006 in Room 231-N of the Capitol.

All members were present except:

Senator Anthony Hensley- excused Senator Dennis Wilson- excused

Committee staff present:

Athena Andaya, Kansas Legislative Research Department Dennis Hodgins, Kansas Legislative Research Department Mary Ann Torrence, Revisor of Statutes Office Connie Burns, Committee Secretary

Conferees appearing before the committee:

Colonel John E. Davoren, Assistant Division Commander, 35th Infantry Division Colonel Edward R. Flora, Chief of Staff, Kansas Air National Guard Brigadier General Marvin W. Pierson, Commander 35th Infantry Division

Others attending:

See attached list.

Chairman Brungardt opened the confirmation hearings on:

Colonel John E. Davoren, Assistant Division Commander, 35th Infantry Division Colonel Edward R. Flora, Chief of Staff, Kansas Air National Guard Brigadier General Marvin W. Pierson, Commander 35th Infantry Division

Colonel John E. Davorne, appeared before the committee to answer questions on his appointment to Deputy Commanding General, 35th Infantry Division, Fort Leavenworth, Kansas. (<u>Attachment 1</u>) He stated his military career started at University of Kansas ROTC.

Colonel Edward R. Flora, appeared before the committee to answer questions on his appointment to Chief of Staff, Kansas Air National Guard. (<u>Attachment 2</u>) His career started out in the Navy as pilot in 1980, and than moved to the Air Force.

Brigadier General Marvin W. Pierson, appeared before the committee to answer questions on his appointment to Commander, 35th Infantry Division, Kansas Army Nation Guard. (<u>Attachment 3</u>) He has served 34 years in the military and felt that training is very important at a faster mode and more directly to the particular skills that are needed because the Guard is up against an enemy that changes so fast and adapts to whatever the military does.

The Chairman expressed the committee's appreciation to the candidates and for being available on short notice. The Chairman closed the confirmation hearings.

Senator Vratil made a motion to move to the full senate the confirmation of Colonel John E. Davoren, Assistant Division Commander, 35th Infantry Division, Colonel Edward R. Flora, Chief of Staff, Kansas Air National Guard, and Brigadier General Marvin W. Pierson, Commander 35th Infantry Division. Senator O'Connor seconded the motion. The motion carried.

Final action:

SB 2727 - Authorizing certain payroll deductions for state employees

Senator Vratil offered an amendment that would strike the language page 1 line 34 "or both", and on page 2 line 27 and 28 striking the language of "state general fund" and inserting "accounting services recovery fund".(Attachment 4)

CONTINUATION SHEET

MINUTES OF THE Senate Federal and State Affairs Committee at 10:30 a.m. on March 21, 2006 in Room 231-N of the Capitol.

Senator Vratil moved the amendment. Senator O'Connor seconded the motion. The motion carried.

Senator O'Connor moved to pass **HB 2727** out favorably as amended. Senator Reitz seconded the motion. The motion carried.

<u>HB 2788 - Concerning expiration, suspension or revocation of real estate brokers and salespersons licenses</u>

The Chairman brought up several questions on the bill from the hearing, and Senator Vratil said the bill had major problems, some suggestions were in new section 4 on page 2, cancelling of a contract between two parities by a third party, and questioned the intent of the language used on page 4 line 9, "egregious circumstances" and in lines 19 and 20 "utmost good faith, loyalty and fidelity; or", Senator O'Connor brought up New Section 8 on page 5, and that language was wanted to be put in the contract. The conferees have not contacted the committee on any of the objections. The committee chose not to take action on the bill.

The Chairman thanked the committee for their hard work, the meeting was adjourned at 11:30 am.

SENATE FEDERAL AND STATE AFFAIRS COMMITTEE GUEST LIST

DATE 3/21/06

/	
NAME	REPRESENTING
B. D. Wayne Pierson	KS. National Dward
COL John E. Davoren	KS National Guard
COL EN FLORA	KS AIR NAMONAL GUARD
MG Tod Bunting	KS National Goard
Alex Kobyantz	National Guard- Homenia Partnership
Jeff Botlenberg	KS Wotion Guard
TIM ROONEY	Self
Bred Smoot	VCHC
RAWBY ME HVER	Adjustment GENERAL Office
J.P. SMALL BG	KSARNG
·	

Senate Confirmation Information Summary

Prepared and Submitted by the Office of Governor Kathleen Sebelius

Appointee: Colonel John E. Davoren

Position: Assistant Division Commander, 35th Infantry Division

Appointment Date: March 9, 2006 **Expiration Date:**

Term Length:

Statutory Authority: K.S.A. 48-208 Party Affiliation: Republican

⇒ Statutory geographic representation Requirements (insert any that apply)

Congressional District:

County:

Size requirement (if any):

Other, specify:

⇒ Statutory party affiliation requirement:

N/A

⇒ Statutory industry or occupation requirements:

Salary:

Predecessor: Position previously unfilled.

Board Composition Prior to Confirmation of New Appointee:

N/A

Resume Of Service Career

JOHN E. DAVOREN, Colonel (KSARNG)

YEARS OF COMMISSIONED SERVICE Over 27 years

TOTAL YEARS OF SERVICE Over 27 years

DATE OF COMMISSION 25 May 1976

PRESENT ASSIGNMENT Deputy Commanding General, 35th Infantry Division, Fort Leavenworth, Kansas, since 3 September 2005

MILITARY SCHOOLS COMPLETED

Infantry School, Infantry Officer Basic Course

Infantry School, Ranger School

Aviation School, Rotary Wing Aviation Course

Infantry Officer Advanced Course (Nonresident)

Reserve Component Company Commander Course (KSARNG)

Command & General Staff College Course (Nonresident)

ARNG Battle Skills Course

Tactical Intelligence Familiarization Course (Nonresident)

Organization Documentation Course

Organizational Leadership for Executives

Armor Pre-Command Course

Tactical Commanders Development Course

Army Force Management School

Army War College Distance Education Course

Brigade/Battalion Pre-command Course

EDUCATIONAL DEGREES

1976 University of Kansas- BS - Business Accounting

1982 Central Michigan University - MA - Personnel Management-1982

2001 Army War College - MS Degree - Strategic Studies

<u>PROMOTIONS</u> <u>DATES OF APPOINTMENT</u>

Rank	Component	<u>Date</u>
2LT 2LT 1LT CPT CPT	USAR RA AUS AUS ARNG	25 May 76 2 Jun 76 2 Jun 78 2 Aug 80 21 Jun 85
MAJ	ARNG	27 Feb 89

JOHN E. DAVOREN, Colonel (KSARNG)

LTC COL ARNG ARNG 19 Apr 95 1 Oct 99

MAJOR DUTY ASSIGNMENTS

FROM	<u>TO</u>	ASSIGNMENT
Active Duty		
MAY 76	Mar 78	Platoon Leader, Company A, 2 nd Battalion, 503 rd Infantry Fort Campbell, Kentucky
Mar 78	Oct 78	Assistant Operations Officer, United States Army Garrison, Fort Campbell, Kentucky
Oct 78	Jul 79	Rotary Wing Qualification Course, Fort Rucker, Alabama
Jul 79	Oct 80	Aeroscout Section Leader, Troop B, 3 rd Squadron, 4 th CAV, 25 th Infantry Division, Schofield Barracks, Hawaii
Oct 80	Oct 81	Aeroscout Platoon Leader, Troop B, 3 rd Squadron, 4 th CAV, 25 th Infantry Division, Schofield Barracks, Hawaii
Oct 81	Aug 82	Executive Officer, Troop B, 3 rd Squadron, 4 th CAV, 25 th Infantry Division, Schofield Barracks, Hawaii
Aug 82	Mar 83	Executive Officer, Company A, 1 st Aviation Battalion, Fort Riley, Kansas
Mar 83	Aug 83	Operations Officer, Company A, 1 st Aviation Battalion, Fort Riley, Kansas

ARNG – No	t on Active Du	
Jun 85	Jun 85	Communications Officer, Headquarters and Headquarters Company, 2 nd Battalion 137 th Infantry, Kansas City, Kansas
Jul 85	Feb 89	Commander, Company A, 2 nd Battalion 137 th Infantry, Kansas City, Kansas
Feb 89	Aug 90	Brigade Intelligence Officer (S-2), Headquarters and Headquarters Company, 69 th Brigade, Wichita, Kansas
Aug 90	Aug 92	Operations Officer (S-3), Headquarters and Headquarters Company, 2 nd Battalion 137 th Infantry, Kansas City, Kansas
Aug 92	Oct 94	Assistant G-3 Air Officer, Headquarters and Headquarters
		Company 35 th Infantry Division (Mechanized), Fort Leavenworth, Kansas
Nov 94	Mar 95	Assistant G-3 Plans Officer, Headquarters and Headquarters Company 35 th Infantry Division (Mechanized), Fort
		Leavenworth, Kansas
Mar 95	Sep 95	Auditing Officer, Headquarters and Headquarters
Oct 95	Jun 98	Detachment, State Area Command, Topeka, Kansas Commander, Headquarters and Headquarters Company, 2 nd Battalion, 137 th Infantry, Kansas City, Kansas

JOHN E. DAVOREN, Colonel (KSARNG)

Jul 98	May 99	G-5 Assistant Chief of Staff Officer, Headquarters and Headquarters Company 35 th Infantry Division (Mechanized), Fort Leavenworth, Kansas
May 99	Sep 99	Training Officer, Director of Plans and Training, Headquarters and Headquarters Detachment, State Area Command, Topeka, Kansas
Sep 99	Aug 00	Director, Directorate of Plans and Training, Headquarters and Headquarters Detachment, State Area Command, Topeka, Kansas
Aug 00	Jul 01	Training Officer, Director of Plans and Training, Headquarters and Headquarters Detachment, State Area Command, Topeka, Kansas
Jul 01	Oct 04	Director, Director of Plans and Training, Headquarters and Headquarters Detachment, State Area Command, Topeka, Kansas
Nov 04 Sep 05	Sep 05 Present	Commander, 69 th Troop Command, Wichita, Kansas Deputy Commanding General, 35 th Infantry Division, Fort Leavenworth, Kansas

US DECORATIONS AND BADGES

Army Meritorious Service Medal (2 Oak Leaf Clusters)

Army Commendation Medal

Army Achievement Medal

National Defense Service Medal

Humanitarian Service Medal

Army Reserve Components Achievement Medal (4 Oak Leaf Clusters)

Armed Forces Reserve Medal (1 Oak Leaf Cluster)

Army Overseas Service Ribbon

Army Service Ribbon

Army Reserve Components Overseas Training Ribbon

Expert Infantryman Badge

Aviation Badge

Parachute Badge

Air Assault Badge

As of 6 February 2006

(for Appointments	Office use	only)	(
 KBI Check: _	NA _	In Process _	Complete

KANSAS GOVERNOR SEBELIUS APPOINTMENT QUESTIONNAIRE

Position for which you are applying: Deputy Commanding General
Full Name (please include title and middle name): John Edgar Davoren
Home Address: 610 Meadowlark, Lansing, Kansas 66043 (City, State, Zip) (County)
Business Address: 415 Sherman Ave, Fort Leavenworth, Kansas 66027 (City, State, Zip) (County)
Business Name: US Army Force Management Support Agency
Position Title: Branch Chief
Home Phone: 913-727-1762 Business Phone: 913-684-8581 Cell Phone: N/A
Facsimile No: 913-684-8590 E-Mail Address: john.e. davoren@ us army.mil
Driver's License No:Social Security No:
Date of Birth: 10/14/53 Place of Birth: Kansas City, Kansas Kansas resident? Yes
Registered Voter? Yes Party Affiliation: Republican
Congressional District: 2nd Kansas Senate District: 3rd Kansas Representative District: 5th
Do you have the legal right to live and work in the United States? <u>Yes</u>
Education: BS in Business, MA in Personnel Management, and a MS in
Strategic Studies
Employment Experience: Twenty years as a Department of the Army employee, Seven
years of active duty service and twenty years as a member of the Kansas Army National Guar
Do you hold any professional licenses? If so, please provide numbers: None
What special skills could you bring to this position? See attached paragraph.
Previous government appointments: None (Please provide dates)

EXPERIENCE AND AFFILIATIONS (Note: All yes answers require a detailed response. Attach a separate sheet if necessary.)

1.	Military S	Service:	List rank,	date,	and type	of	discharge	from	active	service:
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- 2. Government Experience: List on a separate sheet any experience or association with local, state or federal government (exclusive of elective public office but including advisory, consulting, honorary, or other part-time service or positions), with dates of service:
- 3. Elective Public Office: List on a separate sheet all elective public offices sought and/or held with dates of service: None
- 4. **Honors and Awards**. List on a separate sheet all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognitions for outstanding service or achievements:
- Organization Affiliations. List on a separate sheet all local, state, and national civic, cultural, educational, charitable, or work-related organizations you have been associated with in the past ten years. Include any position held in the organization and the dates of service.
- 6. Organization Restrictions: To your knowledge, is any organization listed above restricted on the basis of race, color, religion, sex, national origin, disability, marital status, or veteran status? If yes, please describe: No ✓ Yes_____
- 7. **Issues**. Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue? If so, please describe. No \checkmark Yes____
- 8. Submission of views. Have you ever submitted oral or written views to any governmental authority, whether executive or legislative, or to the news media on any particular controversial issue other than in an official governmental capacity? If yes, please describe. No \checkmark Yes____
- 9. **Associations**. Have you ever had any association with any person, group, or business venture that could be used, even unfairly, to impugn or attack your character and qualifications for the position to which you seek to be appointed? If yes, please describe. No ✓ Yes____
- 10. **Opposition**. Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your appointment? If yes, please identify and explain the basis for the potential attack on a separate sheet. No \checkmark Yes____
- Miscellaneous. List on a separate sheet any factors, other than the information provided above, which particularly qualify you or are relevant to the position to which you are seeking appointment? Include any special skills.

CONFLICTS OF INTEREST: (Yes answers require a detailed response. If necessary, use a separate sheet.)

Relationship to governmental employees. Are you or your spouse or other close family 12. members related to any state governmental official or employee? If yes, please provide details. No V Yes Compensation. During the past five years have you or your spouse or other close family 13. members received any compensation or been involved in any financial transaction with the State of Kansas? If yes, please explain. No / Yes_ Business relationships. Describe on a separate sheet any business relationship, dealing, or 14. financial transaction which you have had during the last five years, whether for yourself, on behalf of a client, or acting as an agent, which you believe may constitute an appearance of impropriety or result in a potential conflict of interest in the position to which you want to be appointed. If none, please so state. None Transactions with officials. During the past five years, have you or your spouse or other close 15. family members received any compensation or been involved in any financial transaction with any state government official? If, yes, please explain on a separate sheet. No <a>V Yes Spouse or other family members. If the nature of employment for your spouse or other close 16. family member is related in any way to the position to which you want to be appointed, please indicate the employer, the position, and the length of time it has been held. If it is not, please so state. None Lobbying activities. Describe briefly on a separate sheet any lobbying activity during the past 17. ten years in which you have engaged for the purpose of influencing the passage, defeat, or modification of any legislative or administrative action. Describe briefly any lobbying activity during the last ten years in which your spouse has engaged for the purpose of influencing the passage, defeat, or modification or any legislative or administrative action that is related in any way to the position to which you are seeking appointment. (Lobbying activity includes any activity performed as an individual or agent of another individual, or of any organization that involves direct communication with an official in the executive branch of state government, or any official of the legislative branch.) If none, please so state. None Regulated activities. Describe on a separate sheet any interest that you, your spouse, or other 18. close family member may have (whether as an officer, owner, director, trustee, or partner) in any corporation, firm, partnership, or other business enterprise and any non-profit organization or other institution that is regulated by or receives direct financial benefits from any department or agency of the State of Kansas. If none, please so state. None Other. Please describe on a separate sheet any other matter in which you are involved that is or 19. may be incompatible or in conflict with the discharge of the duties of the position to which you seek to be appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position. If none, please so state. None

ETHIC sheet.)	CAL MATTERS: (Yes answers require a detailed response. If necessary, use a separate
20.	Citations. Have you ever been cited for a breach of ethics for unprofessional conduct by, or b

20	Citations. Have you ever been cited for a breach of ethics for unprofessional conduct by, or	been
20.	named in a complaint to any court, administrative agency, professional association, disciplin	ary
	committee, or other professional group? If yes, please provide details.	
	No V Yes	
	140 1 cs	

- Convictions. Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the Kansas offenses of driving under the influence, operating while impaired, reckless driving, or the equivalent offenses in other states.) If yes, please explain.

 No ____ Yes_____
- 22. U.S. Military convictions. Have you ever been convicted by any military court? If yes, please provide details. No _____ Yes ____
- 23. **Imprisonment**. Have you ever been imprisoned, been on probation, or been on parole? If yes, please provide details. No ____Yes ____
- Agency proceedings: Civil Litigation. Are you presently, or have you ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If yes, please provide details.

 No ____ Yes_____
- Agency proceedings and civil litigation of affiliates and family. Has any business in which you, your spouse, close family member or business associate are or were an officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you are seeking appointment? If yes, please provide details. (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member, or business associate were an officer of that business.)

 No
 Yes
 Yes
- Other litigation. Other than the litigation described above, have you or any business in which you are or were an officer, director, or partner been a plaintiff or a defendant in a civil lawsuit? If yes, please describe. Is anyone currently threatening to sue you or any business in which you are an officer, director, or partner? If yes, please describe. No _____ Yes_____
- 27. **Drivers license**. Has your drivers license ever been suspended or revoked? If yes, please describe. No _____ Yes_____
- Parking tickets. Do you have outstanding parking tickets from any jurisdiction in Kansas that have remained unpaid for more than 60 days? If yes, please explain. No ______ Yes______
- 29. Security clearance denial. Have you ever been denied a military or other governmental clearance? If yes, please explain. No <u>V</u> Yes____

30.		re you been fired from a job for any reason? Did you quit d, or did you leave by mutual agreement because of ide details. No/_ Yes	
31.	Alimony and child support. Are you alimony or child support? If yes, pleas	now, or have you ever been delinquent in the payment of se provide details. No/_Yes	
32.	Consumption of alcohol. Are you cur	rently abusing alcohol? No Yes	
33.		ently engaged in the illegal use of a controlled substance or led substance? If yes, please describe. No \checkmark Yes	
34.	Physical examination. If you receive you be willing to take a physical exam	a conditional offer of appointment or employment, would ination, which may include a drug test? No Yes_ V	
35.	Other. Please provide any additional is should be considered in connection wi	nformation, favorable or unfavorable, which you feel th your appointment.	
FINAI sheet.)		equire a detailed response. If necessary, use a separate	
36.	Delinquencies . Are you delinquent on any federal, state, or local debt? (Include delinquencies for income, property, or other taxes; governmental loans; overpayment of benefits; required payments into or under governmental programs; and other debts or required payments to the government; plus any defaults on or under loans which are or were guaranteed, insured, or subsidized by any unit of government.) If yes, please provide details on a separate sheet of paper. No \checkmark Yes		
REFE	RENCES/SIGNIFICANT SUPPORT	TERS (elected officials, community leaders, friends, etc.)	
Name:	Todd Bunting I	Relationship to you: Kansas TAG	
Teleph	none: (785) 27 4-1003		
Name:	Jon P. Small I	Relationship to you: <u>Kansas ATAG</u>	
Teleph	none: (785) 234-3686	-	
Name:	Lloyd Krase I	Relationship to you: Former Division Commenden	
Teleph	none: (785) 274-1401	-	
Name:	: John Jones I	Relationship to you: Co-worker	
Teleph	none: (913)684-8579	-	

AUTHORIZATION AND CERTIFICATION:

The facts set forth in my application are true and complete. False statements, answers, or omissions on this application shall be sufficient cause for nonconsideration or for dismissal after appointment or employment. I also recognize that my selection is based on receipt of satisfactory information from former employers and references, and upon my ability to perform the essential elements, with or without reasonable accommodations, for the position for which I am applying. I herein authorize investigation, without liability, of the information supplied by me in this application for employment or appointment including academic, occupational, health, law enforcement, and government records. I also authorize listed employers and references, without liability, to make full response to any inquiries in connection with this application for appointment or employment. I understand and agree that the terms, conditions, compensation, benefits, hours, schedule, and duration of my appointment or employment may be determined, changed, or modified from time to time at the will of the appointing authority or designee without limitation or condition. I FURTHER CERTIFY THAT I HAVE READ THE FOREGOING PARAGRAPH AND KNOWINGLY MAKE THIS AUTHORIZATION BY SETTING FORTH MY SIGNATURE.

I understand that if I am required to be registered, licensed, or certified by federal or state law or regulation for the position I seek, I will notify the appointing authority immediately if any investigation, limitation, or cancellation of my registration, licensure, or certification occurs. If any investigation, probation, limitation, or cancellation occurs, I understand that my failure to notify my appointing authority as described above will result in the termination of my appointment or employment.

Signature John E. Davoren Date 8 FEB 06

Please attach a copy of your resume if you have not previously provided one to the Appointments office.

Appointments Questionnaire 1/23/03

Received 2006 Governor's Office

Supplemental Information

JOHN E. DAVOREN, Colonel (KSARNG)

Special skills for the position: My combination of employment by the Department of the Army and membership in the Kansas Army National Guard has resulted in my acquisition of work and education that will be beneficial for Kansas. I have been a participant in work by the US Army to transform the force and was able to use that knowledge in the work recently completed within the state. My twenty years in the Kansas Army National Guard has allowed me to develop and contribute at the battalion, brigade, division, and state headquarters level. The attached resume of service provides a complete list of the assignments, training, and education that has developed my skills for use by Kansas. I have pursued educational and training opportunities to continue a program of personal and professional development that has been useful in by civilian and National Guard duties.

- 1. Military Service: I served on active duty as a commissioned officer from May1976 to August, 1983. I was commissioned as a Second Lieutenant from the Kansas University Reserve Officer Training Corps (ROTC) program, graduated as a Distinguished Military Graduate, and then elected to leave active duty as a Captain. I received a honorable discharge upon leaving active duty.
- 2. Government Experience: I have not held an appointed or elective office at the local, state, or federal level. I have been a Department of the Army civilian employee for twenty years.

4. Honors and Awards:

- Army ROTC 3 year scholarship at the University of Kansas
- Army awards and decorations:
 - Army Meritorious Service Medal (2 Oak Leaf Clusters)
 - Army Commendation Medal
 - Army Achievement Medal
 - National Defense Service Medal
 - Humanitarian Service Medal
 - Army Reserve Components Achievement Medal (4 Oak Leaf Clusters)
 - Armed Forces Service Medal
 - Armed Forces Reserve Medal (1 Oak Leaf Cluster)
 - Army Overseas Service Ribbon
 - Army Service Ribbon
 - Army Reserve Components Overseas Training Ribbon
 - Expert Infantryman Badge
 - Aviation Badge
 - Parachute Badge
 - Air Assault Badge

JOHN E. DAVOREN, Colonel (KSARNG)

- 5. Organization Affiliations:
 - National Guard Association of Kansas
 - Kansas University ROTC Alumni Association
 - Infantry Officer Association
- 11. Miscellaneous: I have had several opportunities to work with state and federal agencies through my work with the Kansas National Guard. The Prairie Fire exercise, which used a simulated a foreign animal disease incident, provided an opportunity to work with all the impacted state agencies. I also had the opportunity during a deployment to Louisiana to work with FEMA, the Red Cross, and numerous law enforcement agencies while in New Orleans. My primary tasks were to ensure support for the troops was in place and to work with the federal agencies to determine troop manning requirements for the numerous security requirements in the city. I participated in the I Corps Warfighter Exercise as the senior 35th Division representative at Fort Lewis. This required that I manage the assignments and tasks of brigade representatives from five states during the exercise.

STATE OF KANSAS



KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by individuals who are required to do so by law. 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 785-296-4219.

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A IDENTIFICATION:	PLEASE TYPE OF	RPRINT
Davoren	John	E.
Last Name	First Name	M
Davoren	Debra	A .
Spouse's Name	*	
610 Meadowlark		a a
Number & Street Name, Aparime	nț Number, Rural Route, o	r P.O. Box Number
Lansing Kanges 6	6042	
Lansing, Kansas 6 City, State, Zip Code	2073	
	35 2	
(913) 727-1762		(913) 684-8581
Home Phone Number (include are	a cođe)	Business Phone Number (include area code)
1. State Elected Official State Treasurer, Secre Board of Education o 2. Appointed Member o 3. Appointed State Post 4. Employee of a State A 5. General Counsel for a 6. Candidate for State O	or more of the following) I (Governor, Lt. Governor, etary of State, State Senator District Attorney); If a State Board, Council, Coincil is Subject to Senate Coalency or University; I State Agency; Iffice.	Attorney General, Commissioner of Insurance, r, State Representative, Member of State
Kansas Army Nationa	l Guard	
st Name of Agency, Board, University	or Elected Position (Your	may use abbreviations but not acronyms)
35th Infantry Division		Deputy Commanding General Position
Division if applicable (May use	acronyms)	Position
The last four digits of your social	security number will aid in	n identifying you from others with the same
name on the computer list. This	information is optional	20 20 S

Rav. 2/2001

OWNERSHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts 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 V.

		1		Ī
BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	MECW BA HEID
I.				
2.				
3.	3			
-				
4.				
5.				
6.				
7.				
8.				
9.		-		
10.				

NAME OF PERSON OR BUSINESS FROM WEOM GET RECEIV.	ED ESSE	ADDRESS	XECEIVED 37:
NAME OF PERSON OR BUSINESS EROM HEDRICOLOUS			<u> </u>
1.			
2			

Ē.	RECEIPT OF COMPENSATION: List all places of employment in the last calendar year other businesses from which you or your spouse received \$2,000 or more in compensation (value, or economic benefit conferred on in return for services rendered, or to be rendered); value, or economic benefit conferred on in return for services rendered, or to be rendered);	r, and any (salary, thing (which was	ΘÎ
	value, or economic benefit conterred on in rotate for setting. 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	
	v, Ft Leavenwith Federal Employee
Department of the Army 415 Sherman Au Kansas Army National Guard Fort Leavenn	worth, KS 66021 National Guard

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
✓.

	ADDRESS	TYPE OF BUSINESS
NAME OF BUSINESS	ADDAESe	
1		

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 _____.

The state of the s		
Spander of the state of the sta	POSITION HELD	HELD BY WHOM
BUSINESS NAME AND ADDRESS 1. Kansus University Army Rote Alumni Assoc.	member of Board	1 7
1. Kansus University Army	of Directors	John E. Davoren
	18.1	
2.		
3.		
4.		
	E .	
5.		
6.		
7.		
8.		

-02-06 11:18 AM Governors Office

17853688117

E. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who pays fees of commissions to a business of 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 chase "client or customer" relates only to businesses or combination of businesses. In the case of a particular, 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 "C", check here

	NAME OF CLIENT / CUSTOMES	ADDIES8	RECEIVED BY
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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.

3/2/06 Date

Signature of Person Making Statement

MIMBER OF ADDITIONAL PAGES

Return your completed statement to the Secretary of State, Memorial Hall, First Floor, 120 SW 10th Ave., Topsium, Kansas 56512-1594.



DEPARTMENTS OF THE ARMY AND THE AIR FORCE LAND COMPONENT, JOINT FORCES HEADQUARTERS KANSAS 2800 SOUTHWEST TOPEKA BOULEVARD TOPEKA, KS 66611-1287

JFHQ-DCSPER-SEC (380-67)

15 February 2006

MEMORANDUM FOR RECORD

SUBJECT: Security Clearance Verification

1. This information is provided to verify the security clearance status of the following individual:

NAME:

DAVOREN, JOHN EDGAR

SSN:

DOB:

14 OCTOBER 1953

POB:

KANSAS CITY, KANSAS USA

CLEARANCE:

TOP SECRET SCI 11 SEPTEMBER 2000

AGENCY:

US ARMY CCF

INVESTIGATION: SSBI 24 AUGUST 2000

AGENCY:

DSS

SCI ACCESS:

YES

STATUS:

SBPR OPEN AT OPM 21 NOVEMBER 2005.

2. The point of contact is the undersigned at commercial (785) 274-1067, DSN 720-8067 or e-mail sheryl.fox@ks.ngb.army.mil.

FOR THE DEPUTY CHIEF OF STAFF FOR PERSONNEL:

SGT, KSARNG

STATE PERSONNEL SECURITY MANAGER

Senate Confirmation Information Summary

Prepared and Submitted by the Office of Governor Kathleen Sebelius

Appointee: Colonel Edward R. Flora

Position: Chief of Staff, Kansas Air National Guard

Appointment Date: March 9, 2006

Expiration Date:

Term Length:

Statutory Authority: K.S.A. 48-208 Party Affiliation: Republican

⇒ Statutory geographic representation Requirements (insert any that apply)

Congressional District:

County:

Size requirement (if any):

Other, specify:

⇒ Statutory party affiliation requirement:

N/A

⇒ Statutory industry or occupation requirements:

Salary: N/A

Predecessor: BG Edward McIlhenny

Board Composition Prior to Confirmation of New Appointee:

N/A

BIOGRAPHICAL SUMMARY

NAME: Edward R. Flora

SSAN: (10.55-6867)

RANK/COMPONENT: Colonel, Kansas Air National Guard

DATE OF RANK: 26 June 1998

AERONAUTICAL RATING: Command Pilot

AGE: 52

DATE OF BIRTH: 31 January 1954

CIVILIAN OCCUPATION: Instructor Pilot, Flight Safety International, Wichita, KS

CIVILIAN ADDRESS: 1432 SE 125th Street, Sedgwick, KS 67135-9081

CURRENT MILITARY ASSIGNMENT: Chief of Staff

Air Component, Joint Forces Headquarters, Kansas ANG

SCHOOLS: (Civilian and Military)	DEGREE	YEAR COMPLETED
Wichita State University	ВА	1979
Squadron Officer School	Comp	1990
Air Command and Staff College	Comp	1994
Navy War College	Comp	1998
Navy-Nat Sec & Strategic Studies	MS	1998

DECORATIONS AND AWARDS:

Legion of Merit

Air Force Meritorious Service Medal with 2 oak leaf clusters

Air Force Commendation Medal

Navy Achievement Medal

Air Force Outstanding Unit Award with 3 oak leaf clusters

Navy Unit Commendation

Navy Meritorious Unit Commendation

Combat Readiness Medal

National Defense Service Medal with 1 oak leaf cluster

SEA Service Deployment Ribbon

Air Force Longevity Service Award Ribbon with 4 oak leaf clusters

Armed Forces Reserve Medal with 1 oak leaf cluster

Small Arms Expert Marksmanship Ribbon

Air Force Training Ribbon

Kansas National Guard Medal of Excellence

State Emergency Duty Service Ribbon

Kansas National Guard Service Medal with 1 oak leaf cluster

Kansas National Guard Emergency Duty Service Ribbon

Kansas National Guard Meritorious Service Medal

CHRONOLOGICAL RECORD OF DUTY ASSIGNMENTS:

DUTY	STATION	FROM	<u>TO</u>
Pilot Trainee VT-26, Flight Instructor Training F-18 RTU Training VFA-25, F-18 pilot VFA-303 Training F-16 RTU Training F-16 Instructor Pilot B-18 FTU Training Commander, Det 1, 184BW Commander, 184OSS Student Commander, 184Ops Grp Vice Commander, 184BW Commander, 184BW Director of OPS	Naval Flight Tng, NAS, Pensacola, FL NAS Beeville, TX NAS Lemoore, CA USS Constellation Naval Reserve McConnell AFB, KS McConnell AFB, KS ANG Dyess AFB, TX Smoky Hills Weapons Range, Salina, KS 184BW, McConnell AFB, KS ANG Naval War College, Newport, RI 184BW, McConnell AFB, KS ANG Air Component, JFHQKS	May 80 Feb 82 Jul 83 Mar 84 May 87 Nov 87 May 88 Mar 94 Aug 94 Dec 95 Jul 97 Jun 98 Mar 99 Jan 01 Jul 04	Feb 82 Jul 83 Mar 84 May 87 Nov 87 May 88 Mar 94 Aug 94 Dec 95 Jul 97 Jun 98 Mar 99 Jan 01 Jul 04 Nov 04
Civilian Status Director of Operations	Sedgwick, KS Air Component, JFHQKS	Nov 04 Mar 05	Mar 05 Nov 05
Chief of Staff	Air Component, JFHQKS	Nov 05	Present

PROMOTIONS:

RANK:	EFFECTIVE DATE:
Ensign	02 May 1980
Lieutenant JG	02 May 1982
Lieutenant	2 May 1984
Maj	04 Oct 1990
Lt Col	11 January 1995
Col	26 June 1998

(for Appointments	Office use	e only)	
KBI Check: _	NA _	In Process _	Complete

KANSAS GOVERNOR SEBELIUS APPOINTMENT QUESTIONNAIRE

Position for which you are applying: CHIEF of STAFF, JOINT FORLES HQ, KS NATIONAL GUARD
Full Name (please include title and middle name): Lou EDWARD RAY FLORA
Home Address: 1432 SE 125th St Sedgwick, Ks 67135 MARNEY (City State Zin) (County)
Home Address: 1432 SE 125th Str Sedgwick, Ks 67135 (City, State, Zip) Business Address: WICHITA, KS 67221 (City, State, Zip) (County) (County)
Business Name: FLIGHT SAFETY INTERNATIONAL
Position Title: INSTRUCTOR PILOT
Home Phone: 316-772-0015 Business Phone: 316-612-5300 Cell Phone: 316-304-2213
Facsimile No: N/A E-Mail Address: edward, flore @ Ksmcco.ang, of, mil
Driver's License No:Social Security No:
Date of Birth: 01/31/1954 Place of Birth: MARRISWVILLE, MO Kansas resident? 455
Registered Voter? VES Party Affiliation: Republican
Congressional District: 4th Kansas Senate District: Kansas Representative District:
Do you have the legal right to live and work in the United States? \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Education: High School, BA, MA
Employment Experience: US NAUY - CARRIER PILOT 1980-1988
MANSAS AND NATIONAL GUARA 1988 to Present Flight SAFETY Int L MARUS WING Commander, 184 ARW ZOOI - ZOOH Do you hold any professional licenses? If so, please provide numbers: N/A
What special skills could you bring to this position? Lommand experience and headership
Previous government appointments: VA (Please provide dates)

EXPERIENCE AND AFFILIATIONS (Note: All yes answers require a detailed response. Attach a separate sheet if necessary.)

Military Service: List rank, date, and type of discharge from active service:

1.

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2.	Government Experience: List on a separate sheet any experience or association with local, state or federal government (exclusive of elective public office but including advisory, consulting, honorary, or other part-time service or positions), with dates of service:
3.	Elective Public Office: List on a separate sheet all elective public offices sought and/or held with dates of service:
4.	Honors and Awards. List on a separate sheet all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognitions for outstanding service or achievements:
5.	Organization Affiliations. List on a separate sheet all local, state, and national civic, cultural, educational, charitable, or work-related organizations you have been associated with in the past ten years. Include any position held in the organization and the dates of service.
6.	Organization Restrictions: To your knowledge, is any organization listed above restricted on the basis of race, color, religion, sex, national origin, disability, marital status, or veteran status? If yes, please describe: No X Yes
7.	Issues. Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue? If so, please describe. No <u>Y</u> Yes
8.	Submission of views. Have you ever submitted oral or written views to any governmental authority, whether executive or legislative, or to the news media on any particular controversial issue other than in an official governmental capacity? If yes, please describe. No_X_ Yes

11. **Miscellaneous**. List on a separate sheet any factors, other than the information provided above, which particularly qualify you or are relevant to the position to which you are seeking appointment? Include any special skills.

Associations. Have you ever had any association with any person, group, or business venture

that could be used, even unfairly, to impugn or attack your character and qualifications for the

Opposition. Do you know of any person or group who might take overt or covert steps to attack,

even unfairly, your appointment? If yes, please identify and explain the basis for the potential

position to which you seek to be appointed? If yes, please describe. No X Yes

attack on a separate sheet. No X Yes

CONFLICTS OF INTEREST: (Yes answers require a detailed response. If necessary, use a separate sheet.)

- Relationship to governmental employees. Are you or your spouse or other close family members related to any state governmental official or employee? If yes, please provide details. No X Yes____
- Compensation. During the past five years have you or your spouse or other close family members received any compensation or been involved in any financial transaction with the State of Kansas? If yes, please explain. No \(\chi \) Yes____
- Business relationships. Describe on a separate sheet any business relationship, dealing, or financial transaction which you have had during the last five years, whether for yourself, on behalf of a client, or acting as an agent, which you believe may constitute an appearance of impropriety or result in a potential conflict of interest in the position to which you want to be appointed. If none, please so state. None.
- 15. **Transactions with officials**. During the past five years, have you or your spouse or other close family members received any compensation or been involved in any financial transaction with any state government official? If, yes, please explain on a separate sheet. No X Yes____
- Spouse or other family members. If the nature of employment for your spouse or other close family member is related in any way to the position to which you want to be appointed, please indicate the employer, the position, and the length of time it has been held. If it is not, please so state. It is not.
- 17. **Lobbying activities**. Describe briefly on a separate sheet any lobbying activity during the past ten years in which you have engaged for the purpose of influencing the passage, defeat, or modification of any legislative or administrative action. Describe briefly any lobbying activity during the last ten years in which your spouse has engaged for the purpose of influencing the passage, defeat, or modification or any legislative or administrative action that is related in any way to the position to which you are seeking appointment. (Lobbying activity includes any activity performed as an individual or agent of another individual, or of any organization that involves direct communication with an official in the executive branch of state government, or any official of the legislative branch.) If none, please so state.
- Regulated activities. Describe on a separate sheet any interest that you, your spouse, or other close family member may have (whether as an officer, owner, director, trustee, or partner) in any corporation, firm, partnership, or other business enterprise and any non-profit organization or other institution that is regulated by or receives direct financial benefits from any department or agency of the State of Kansas. If none, please so state.
- Other. Please describe on a separate sheet any other matter in which you are involved that is or may be incompatible or in conflict with the discharge of the duties of the position to which you seek to be appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position. If none, please so state.

ETHICAL MATTERS: (Yes answers require a detailed response. If necessary, use a separate sheet.)

20.	Citations. Have you ever been cited for a breach of ethics for unprofessional conduct by, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please provide details. NoXYes
21.	Convictions. Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the Kansas offenses of driving under the influence, operating while impaired, reckless driving, or the equivalent offenses in other states.) If yes, please explain. No \(\times \) Yes
22.	U.S. Military convictions. Have you ever been convicted by any military court? If yes, please provide details. No _x Yes
23.	Imprisonment. Have you ever been imprisoned, been on probation, or been on parole? If yes, please provide details. No <u>X</u> Yes
24.	Agency proceedings: Civil Litigation. Are you presently, or have you ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If yes, please provide details. No_X_Yes
25.	Agency proceedings and civil litigation of affiliates and family. Has any business in which you, your spouse, close family member or business associate are or were an officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you are seeking appointment? If yes, please provide details. (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member, or business associate were an officer of that business.) No X Yes
26.	Other litigation. Other than the litigation described above, have you or any business in which you are or were an officer, director, or partner been a plaintiff or a defendant in a civil lawsuit? If yes, please describe. Is anyone currently threatening to sue you or any business in which you are an officer, director, or partner? If yes, please describe. No X Yes
27.	Drivers license. Has your drivers license ever been suspended or revoked? If yes, please describe. No_XYes
28.	Parking tickets. Do you have outstanding parking tickets from any jurisdiction in Kansas that have remained unpaid for more than 60 days? If yes, please explain. No <u>X</u> Yes
29.	Security clearance denial. Have you ever been denied a military or other governmental clearance? If yes, please explain. No 🗴 Yes

30.	Firings. During the past ten years, have you been fired from a job for any reason? Did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems? If yes, please provide details. No <u>X</u> Yes
31.	Alimony and child support. Are you now, or have you ever been delinquent in the payment of alimony or child support? If yes, please provide details. NoXYes
32.	Consumption of alcohol. Are you currently abusing alcohol? No_X_Yes
33.	Controlled substances. Are you currently engaged in the illegal use of a controlled substance or abusing the use of a prescribed controlled substance? If yes, please describe. No_X_Yes
34.	Physical examination. If you receive a conditional offer of appointment or employment, would you be willing to take a physical examination, which may include a drug test? NoYes_\(\frac{\cappa}{\chi} \)
35.	Other. Please provide any additional information, favorable or unfavorable, which you feel should be considered in connection with your appointment.
FINA sheet.	NCIAL MATTERS: (Yes answers require a detailed response. If necessary, use a separate
36.	Delinquencies . Are you delinquent on any federal, state, or local debt? (Include delinquencies for income, property, or other taxes; governmental loans; overpayment of benefits; required payments into or under governmental programs; and other debts or required payments to the government; plus any defaults on or under loans which are or were guaranteed, insured, or subsidized by any unit of government.) If yes, please provide details on a separate sheet of paper. No X Yes
REFE	RENCES/SIGNIFICANT SUPPORTERS (elected officials, community leaders, friends, etc.)
Name	ROBIN Spurrer Relationship to you: FRIEND/Community leader
Telepl	none: 316-265-9494 316-651-6828
Name	MASTERRY WILLIAMS Relationship to you: FRIEND / GUARO CHAPLAN
	none: 316-304-2306
Name	REP Todd Traket Relationship to you: FRIEND ELECTED OFFICIAL
-	none: 316-262-8992
Name	Gene MARTIN Relationship to you: Forend ASSOCIATE
Telep	hone: 316-759-7100

AUTHORIZATION AND CERTIFICATION:

The facts set forth in my application are true and complete. False statements, answers, or omissions on this application shall be sufficient cause for nonconsideration or for dismissal after appointment or employment. I also recognize that my selection is based on receipt of satisfactory information from former employers and references, and upon my ability to perform the essential elements, with or without reasonable accommodations, for the position for which I am applying. I herein authorize investigation, without liability, of the information supplied by me in this application for employment or appointment including academic, occupational, health, law enforcement, and government records. I also authorize listed employers and references, without liability, to make full response to any inquiries in connection with this application for appointment or employment. I understand and agree that the terms, conditions, compensation, benefits, hours, schedule, and duration of my appointment or employment may be determined, changed, or modified from time to time at the will of the appointing authority or designee without limitation or condition. I FURTHER CERTIFY THAT I HAVE READ THE FOREGOING PARAGRAPH AND KNOWINGLY MAKE THIS AUTHORIZATION BY SETTING FORTH MY SIGNATURE.

I understand that if I am required to be registered, licensed, or certified by federal or state law or regulation for the position I seek, I will notify the appointing authority immediately if any investigation, limitation, or cancellation of my registration, licensure, or certification occurs. If any investigation, probation, limitation, or cancellation occurs, I understand that my failure to notify my appointing authority as described above will result in the termination of my appointment or employment.

Signature Muser Hou	Date 2-14-06	,
5.6		

Please attach a copy of your resume if you have not previously provided one to the Appointments office.

Appointments Questionnaire 1/23/03

1

STATE OF KANSAS



KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

<u>INSTRUCTIONS</u>. This statement (pages 1 through 4) must be completed by individuals who are required to do so by law. 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 785-296-4219.

West 9th, Topeka, K.S or call 785-2	.90 -4 219.		10% (H)
A. IDENTIFICATION:	PLEASE TYPE OR	PRINT	
FLORA Last Name	EDWARD	R	
Last Name	· First Name	$\square M$	
CHRISTINE			
Spouse's Name			8.7
1432 SE 125 th Number & Street Name, Aparto	5-	· · · · · · · · · · · · · · · · · · ·	
Number & Street Name, Aparto	nent Number, Rural Route, or	P.O. Box Number	
SEDGWICK, KS	67135	1	
City, State, Zip Code	¥ (6)	1	
316-772-0015	-	316-304-22	
Home Phone Number (include o	rea code)	Business Phone Number	er (include area code)
(check on 1. State Elected Office State Treasurer, See Board of Education 2. Appointed Member 3. Appointed State Po		Attorney General, Comm , State Representative, M ommission or Authority;	ussioner of Insurance, ember of State
ist Name of Agency, Board, Univer			
JFHQ/KS KSM) G ₁	CHIEF OF S	
Division if applicable (May t	ise acronyms)	Posit	IOD
The last four digits of your so name on the computer list. The	cial security number will aid in this information is optional.	a identifying you from ot	hers with the same

Rav. 2/2001

C. OWNERSHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts 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 _____

				i i
BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSED INTERESTS	MECW BA BEI D
WALNUT CREEK FARM 1432 SE 125 DE ST SEDGWICK, KS 6713	TREE FARM	FARM	100%	
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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

		22.00	÷DDRESS	RECEIVED BY:
MAME (OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED		EDDKE38	
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- E. <u>RECEIPT OF COMPENSATION</u>: 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

		ADDRESS	TYPE OF BUSINESS
NAME OF BUSINESS	11100	38 ROAD, WICHITA, KS	FUGHT INSTRUCTION
I FLIGHT SAFETY INTL	we	SF B5 the Support, KS	FARM
2. WALNUT CREEK FARM	1432	SE US LEGINITIES	

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 _____.

			ADDRESS	TYPE OF BUSINESS
三三三三 对	AME OF BUSINESS	Parameter Stranger Community of the Comm		

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 IN 32 SE US II Sedguick, Ks 2. 3.
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7	06	03:06p	184	ARW/CC

RECEIPT OF FEES AND COMMISSIONS: List each client or customer who pays fees of G. commissions to a business or combination of cusinesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. The parase "client or customer" relates only to businesses or combination of businesses. In the case of a partnership, it is the parmer'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 \checkmark

	NAME OF CLIENT : CUSTOMER	ADDRESS	RECEIVED 31
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Ĕ. DECLARATION:

= EDWARD	FLORA	deciare that this statement of substantial interests (including any
accompanying pages	s and statements)	has been examined by me and to the best of my knowledge and belief is a
true, correct and con	iplete statement o	of all of my substantial interests and other matters required by law. I
understand that the i	ntentional failure	to file this statement as required by law or intentionally filing a faise
starement is a class F		

7 MAR 2006 Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES

Return your completed statement to the Secretary of State, Memorial Hall, First Floor, 120 SW 10th Ave., Topeka, Kansas 56612-1594.

୍ର rerson Summary

FLORA, EDWARD R

Person Category

National Guard - Officer (USAF) -

SSN:

Open Investigation: N/A PSQ Sent Date: N/A

Attestation Date: 2005 08 27

Incident Report: N/A

SF 713 Fin Consent Date: N/A SF 714 Fin Disclosure Date: N/A

Polygraph: N/A

Foreign Relation

PSQ Sent Non-SCI Access History Date of Birth: 1954 01 31

Marital Status: N/A Place of Birth: Missouri Citizenship: U.S. Citizen

NdA Signed: Yes NdS Signed: Yes

Request to Research/Upgrade Eligibility

NdA History

Accesses

Category	US Access	PSP	Suitability and Trustworthiness	SCI	Available Actions
National Guard - Officer (USAF)	Top Secret	No	IT: N/A	Yes	Indoctrinate Non- SCI
-			Public Trust: N/A		
	İ				Debrief Non-SCI
!			Child Care: N/A		

Person Category Information

Category Classification: N/A

Organization: D72IFL6Z, KS ANG HQ, Topeka, Topeka, KS, 66600

Organization Status: N/A

Occupation Code: 10C0 Separation Date: N/A

SCI SMO: SSO ACC//A2SP//, Level 2, /, acc/sso@langley.af.mil

Non-SCI SMO: N/A Servicing SMO: Yes

Office Symbol: CC

Position Code: N/A Arrival Date: N/A

Office Phone Comm: N/A

Separation Status: N/A

Interim: N/A

Grade: 06

PS: N/A RNLTD: N/A

Office Phone DSN: N/A

TAFMSD: N/A

Proj. Departure Date: N/A

Proj. UIC/RUC/PASCODE: N/A

In/Out Process

Report Incident Suspense Data

Remarks

Investigation Summary

SBPR from DSS, Opened: 2000 05 30 Closed 2002 02 26 SSBI from DSS, Opened: 1994 06 22 Closed 1994 06 22

Adjudication Summary

Adjudication History

Investigation History

PSI Adjudication of SBPR DSS, Opened 2000 05 30, Closed 2002 02 26, determined Eligibility of SCI - DCID 6/4 on 2002 03 19 AFCAF

PSI Adjudication of SSBI DSS, Opened 1994 06 22, Closed 1994 06 22, determined Eligibility of

https://jpasapp.dsis.dod.mil/JPAS/servlets/com.eds.jpas.client.servlets.JCAVSSelectAPersonServlet

2/21/2006

Person Summary 10

F 21 06 12:25p

SCI - DCID 6/4 on 1997 07 15 ArmyCCF

External Interfaces Perform SII Search

DCII

184 ARW/CC

Notice: Under the Privacy Act of 1974, you must safeguard personnel information retrieved through this system. Disclosure of information is governed by Title 5, United States Code, Section 552a Public Law 93-579, DoDD 5400.11, DoDR 5400.11-R and the applicable service directives.

Senate Confirmation Information Summary

Prepared and Submitted by the Office of Governor Kathleen Sebelius

Appointee: Brigadier General Marvin W. Pierson

Position: Commander, 35th Infantry Division

Appointment Date: March 9, 2006 **Expiration Date:**

Term Length:

Statutory Authority: K.S.A. 48-208 Party Affiliation: Republican

⇒ Statutory geographic representation Congressional District: Requirements (insert any that apply)

County:

Size requirement (if any):

Other, specify:

 \Rightarrow Statutory party affiliation requirement: N/A

⇒ Statutory industry or occupation requirements:

Salary: Predecessor: MG James R. Mason

Board Composition Prior to Confirmation of New Appointee:

N/A



National Guard Bureau

Departments of the Army and the Air Force General Officer Management Office, Arlington, VA

BRIGADIER GENERAL MARVIN WAYNE PIERSON



Assistant Adjutant General – Army Missouri National Guard

Brigadier General M. Wayne Pierson was assigned as the Assistant Adjutant General – Army, Joint Force Headquarters, Jefferson City, Missouri in February 2005. As Assistant Adjutant General, he assists the Adjutant General in the formulation, development, and implementation of all programs and policies in the Missouri Army National Guard.

Brigadier General Pierson received his commission through OCS on August 10, 1974. He is a graduate of the Signal Basic and Advanced Courses, the Command and General Staff College, U.S. Army War College, and other military schools including command of units at Platoon, Company, Battalion, and Brigade Commands. His staff positions have included numerous signal, communications and support assignments, including Assistant Division commander-Support, 35th Infantry Division (Mechanized), Fort Leavenworth, Kansas.

EDUCATION:

Northwest Missouri State University, Bachelor of Science, Agriculture 2000 United States Army War College, MSS/Masters of Strategic Studies

ASSIGNMENTS:

ARNG – Not on Active Duty

Aug 74 - Jul 75, Section Leader (Message Center Section), 435th Signal Company, St Joseph, Missouri Jul 75 - Aug 76, Section Leader, Mobile Radio Section, 435th Signal Company, St Joseph, Missouri Sep 76 - Aug 80, Platoon Leader, Telephone Operations Platoon, 435th Signal Company, St Joseph, Missour Aug 80 – Jul 81, Cable Communications Officer, Headquarters, Headquarters Detachment, 135th Signal 3attalion, St Joseph, Missouri

Jul 81 – Dec 83, Company Commander, Company A, 937th Signal Battalion, St Joseph, Missouri Jan 84 – Sep 84, Telephone Digital Communications Officer, Headquarters, Headquarters Company, 135th Signal Battalion, St Joseph, Missouri

Oct 84 – Jul 85, C-E Systems Control Officer, Headquarters, Headquarters Company, 135th Signal Battalion, St Joseph, Missouri

Aug 85 – Oct 87, C-E Staff Officer, Headquarters, Headquarters Battery, 135th Field Artillery Brigade, Sedalia. Missouri

Nov 87 - Aug 89 S2/S3 Officer Headquarters Headquarters Company 135th Signal Rattalion Missouri

√G - Not on Active Duty (cont)

ug 89 – Nov 92, Assistant Division C-E Officer, Headquarters, Headquarters Company, 135th Signal Battalion, St Joseph, Missouri

Nov 92 – Oct 95, Commander, Headquarters, Headquarters Company, 135th Signal Battalion, St Joseph, Missouri

Nov 95 – Jun 98, Executive Officer, Headquarters, Headquarters Company, Material Management Center (-Detachment 1,2,3,4), 35th Support Command, 35th Infantry Division (Mechanized) Lexington, Missouri

Jul 98 – Feb 99, Temporary Position, Headquarters State Area Command (-70 Troop Command, 2,3,5,6,7), Jefferson City, Missouri

Jul 98 – May 99, Director of Maintenance, Headquarters, State Area Command (-70 Troop Command, 2,3,5,6,7), Jefferson City, Missouri

Jun 99 – May 01, Commander, Headquarters, 35th Support Command, 35th Infantry Division (Mechanized), Lexington, Missouri

May 01 – Feb 05, Assistant Division Commander-Support, 35th Infantry Division (Mechanized), Ft Leavenworth, Kansas

Feb 05 – Present, Assistant Adjutant General – Army, Missouri Army National Guard, Jefferson City, Missouri

MAJOR AWARDS AND DECORATIONS:

Meritorious Service Medal (with 3 Oak Leaf Clusters)
Army Commendation Medal (with 1 Oak Leaf Cluster)
Army Achievement Medal (with 1 Oak Leaf Cluster)
Army Reserve Components Achievement Medal (with Silver Oak Leaf Cluster)
National Defense Service Medal
Humanitarian Service Medal
Armed Forces Reserve Medal (with Hourglass)
Army Service Ribbon
Army Reserve Component Overseas Training Ribbon

EFFECTIVE DATES OF PROMOTION:

2LT ARNG 10 Aug 74 1LT ARNG 9 Aug 77 CPT ARNG 26 Aug 80 MAJ ARNG 30 Sep 85 LTC ARNG 28 Dec 92 COL ARNG 23 Mar 99 BG ARNG 1 Dec 01

(for Appointmen	ats Office 1	ise only)	
KBI Check:	NA	In Process	Complete

KANSAS GOVERNOR SEBELIUS APPOINTMENT QUESTIONNAIRE

Position for which you are applying: Commander 35th Tut. Division, Kansas Army Nat. Guard
Full Name (please include title and middle name): Brigadier General Marvin Wayne Pierson
Home Address: 26246 State Hwy F, Maryville Mo. 64468 USA
26246 State Hwy F, Maryville, Mo. 64468 USA (City, State, Zip) (County) Business Address: 3/3/ East First Street, Maryville, Mo 64468 USA (City, State, Zip) (County)
Business Name: Energizer Battery Mfg. Co. INC
Position Title: Statt Environmental Coordinator
Home Phone (660) 582-8295 Business Phone: (660) 582-6146 Cell Phone: (660) 562-9810
Facsimile No: (660) 582 - 6261 E-Mail Address: Wayne M. Pierson@ Energizer. com
Driver's License No: Social Security No:
Date of Birth: 11/6/50 Place of Birth: Cameron, Missouri Kansas resident? 10
Registered Voter? <u>VES</u> Party Affiliation: Republican
Congressional District: Mo, 6 Kansas Senate District: WA Kansas Representative District: WA
Do you have the legal right to live and work in the United States? YES
Education: B.S. Degree Worthwest Missouri State Un.
Master of Strategic Studies, U.S. Army War College
Employment Experience: Manager of Production, Manager of Planning + Scheduling
Staff Environmental Coordinator, all at Energizer Battery Co.
Do you hold any professional licenses? If so, please provide numbers:
What special skills could you bring to this position? I have Commanded at Platoon, Company
Battelion, Birgade Leveland served as Assistance Commanding General 35 th <u>Inf DIV.</u> - also, currently assistance ddj. General Mo. Previous government appointments: NA I have served for 34 years in the (Please provide dates)
Previous government appointments: <u>NA</u> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
/

EXPERIENCE AND AFFILIATIONS (Note: All yes answers require a detailed response. Attach a separate sheet if necessary.)

1. Military Service: List rank, date, and type of discharge from active service: See attached
Biography

- 2. Government Experience: List on a separate sheet any experience or association with local, state or federal government (exclusive of elective public office but including advisory, consulting, honorary, or other part-time service or positions), with dates of service:
- 3. Elective Public Office: List on a separate sheet all elective public offices sought and/or held with dates of service: $\mathcal{N}\mathcal{A}$
- 4. Honors and Awards. List on a separate sheet all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognitions for outstanding service or achievements: Reference Military Biography attached
- 5. Organization Affiliations. List on a separate sheet all local, state, and national civic, cultural, educational, charitable, or work-related organizations you have been associated with in the past ten years. Include any position held in the organization and the dates of service.
- 6. Organization Restrictions: To your knowledge, is any organization listed above restricted on the basis of race, color, religion, sex, national origin, disability, marital status, or veteran status? If yes, please describe: No X Yes_____
- 7. **Issues**. Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue? If so, please describe. No X Yes____
- 8. Submission of views. Have you ever submitted oral or written views to any governmental authority, whether executive or legislative, or to the news media on any particular controversial issue other than in an official governmental capacity? If yes, please describe. No X Yes
- 9. Associations. Have you ever had any association with any person, group, or business venture that could be used, even unfairly, to impugn or attack your character and qualifications for the position to which you seek to be appointed? If yes, please describe. No X Yes ____
- Opposition. Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your appointment? If yes, please identify and explain the basis for the potential attack on a separate sheet. No X Yes ____
- Miscellaneous. List on a separate sheet any factors, other than the information provided above, which particularly qualify you or are relevant to the position to which you are seeking appointment? Include any special skills. None

CONFLICTS OF INTEREST: (Yes answers require a detailed response. If necessary, use a separate sheet.)

- 12. Relationship to governmental employees. Are you or your spouse or other close family members related to any state governmental official or employee? If yes, please provide details.

 No Yes X wife's brother-in-haw works at the veterans home in Cameron. MO.
- Compensation. During the past five years have you or your spouse or other close family members received any compensation or been involved in any financial transaction with the State of Kansas? If yes, please explain. No \(\chi \) Yes____
- Business relationships. Describe on a separate sheet any business relationship, dealing, or financial transaction which you have had during the last five years, whether for yourself, on behalf of a client, or acting as an agent, which you believe may constitute an appearance of impropriety or result in a potential conflict of interest in the position to which you want to be appointed. If none, please so state.
- 15. **Transactions with officials**. During the past five years, have you or your spouse or other close family members received any compensation or been involved in any financial transaction with any state government official? If, yes, please explain on a separate sheet. No X Yes
- Spouse or other family members. If the nature of employment for your spouse or other close family member is related in any way to the position to which you want to be appointed, please indicate the employer, the position, and the length of time it has been held. If it is not, please so state.
- Lobbying activities. Describe briefly on a separate sheet any lobbying activity during the past ten years in which you have engaged for the purpose of influencing the passage, defeat, or modification of any legislative or administrative action. Describe briefly any lobbying activity during the last ten years in which your spouse has engaged for the purpose of influencing the passage, defeat, or modification or any legislative or administrative action that is related in any way to the position to which you are seeking appointment. (Lobbying activity includes any activity performed as an individual or agent of another individual, or of any organization that involves direct communication with an official in the executive branch of state government, or any official of the legislative branch.) If none, please so state.
- Regulated activities. Describe on a separate sheet any interest that you, your spouse, or other close family member may have (whether as an officer, owner, director, trustee, or partner) in any corporation, firm, partnership, or other business enterprise and any non-profit organization or other institution that is regulated by or receives direct financial benefits from any department or agency of the State of Kansas. If none, please so state.
- Other. Please describe on a separate sheet any other matter in which you are involved that is or may be incompatible or in conflict with the discharge of the duties of the position to which you seek to be appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position. If none, please so state.

ETHI sheet.)	CAL MATTERS: (Yes answers require a detailed response. If necessary, use a separate
20.	Citations. Have you ever been cited for a breach of ethics for unprofessional conduct by, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please provide details. No _X_ Yes
21.	Convictions. Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the Kansas offenses of driving under the influence, operating while impaired, reckless driving, or the equivalent offenses in other states.) If yes, please explain. No X Yes Yes
22.	U.S. Military convictions. Have you ever been convicted by any military court? If yes, please provide details. No _X_ Yes
23.	Imprisonment. Have you ever been imprisoned, been on probation, or been on parole? If yes, please provide details. No _X_Yes
24.	Agency proceedings: Civil Litigation. Are you presently, or have you ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If yes, please provide details. No_X_Yes
25.	Agency proceedings and civil litigation of affiliates and family. Has any business in which you, your spouse, close family member or business associate are or were an officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you are seeking appointment? If yes, please provide details. (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member, or business associate were an officer of that business.) No X Yes
26.	Other litigation. Other than the litigation described above, have you or any business in which you are or were an officer, director, or partner been a plaintiff or a defendant in a civil lawsuit? If yes, please describe. Is anyone currently threatening to sue you or any business in which you are an officer, director, or partner? If yes, please describe. No χ Yes
27.	Drivers license. Has your drivers license ever been suspended or revoked? If yes, please describe. No_X_Yes
28.	Parking tickets. Do you have outstanding parking tickets from any jurisdiction in Kansas that have remained unpaid for more than 60 days? If yes, please explain. No_X_Yes

Security clearance denial. Have you ever been denied a military or other governmental clearance? If yes, please explain. No __X_ Yes____

29.

30.	Firings. During the past ten years, have you been fired from a job for any reason? Did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems? If yes, please provide details. No_X_Yes		
31.	Alimony and child support. Are you now, or have you ever been delinquent in the payment of alimony or child support? If yes, please provide details. No X Yes		
32.	Consumption of alcohol. Are you currently abusing alcohol? No X Yes		
33.	Controlled substances. Are you currently engaged in the illegal use of a controlled substance or abusing the use of a prescribed controlled substance? If yes, please describe. No X Yes		
34.	Physical examination. If you receive a conditional offer of appointment or employment, would you be willing to take a physical examination, which may include a drug test? No YesX		
35.	Other. Please provide any additional information, favorable or unfavorable, which you feel should be considered in connection with your appointment.		
FINAl sheet.)	NCIAL MATTERS: (Yes answers require a detailed response. If necessary, use a separate		
36.	Delinquencies. Are you delinquent on any federal, state, or local debt? (Include delinquencies for income, property, or other taxes; governmental loans; overpayment of benefits; required payments into or under governmental programs; and other debts or required payments to the government; plus any defaults on or under loans which are or were guaranteed, insured, or subsidized by any unit of government.) If yes, please provide details on a separate sheet of paper. No_X_Yes		
	RENCES/SIGNIFICANT SUPPORTERS (elected officials, community leaders, friends, etc.)		
Name:	M& King Sidwell Relationship to you: Adj Denoral. State of Missouri		
	none: (573) 638 - 97/0		
Name:	Steve Miller Relationship to you: Friend		
Teleph	none: (660) 582-6188 (w)		
Name	Roger Prokes Relationship to you: Friend, Elected Official, MO		
Teleph	none: (660) 582-4231 (w)		
Name	Relationship to you: Friend, KS State Emergency Management, Oirector		
Telepl	none: (785) 274-1410 Management, Virector		

AUTHORIZATION AND CERTIFICATION:

The facts set forth in my application are true and complete. False statements, answers, or omissions on this application shall be sufficient cause for nonconsideration or for dismissal after appointment or employment. I also recognize that my selection is based on receipt of satisfactory information from former employers and references, and upon my ability to perform the essential elements, with or without reasonable accommodations, for the position for which I am applying. I herein authorize investigation, without liability, of the information supplied by me in this application for employment or appointment including academic, occupational, health, law enforcement, and government records. I also authorize listed employers and references, without liability, to make full response to any inquiries in connection with this application for appointment or employment. I understand and agree that the terms, conditions, compensation, benefits, hours, schedule, and duration of my appointment or employment may be determined, changed, or modified from time to time at the will of the appointing authority or designee without limitation or condition. I FURTHER CERTIFY THAT I HAVE READ THE FOREGOING PARAGRAPH AND KNOWINGLY MAKE THIS AUTHORIZATION BY SETTING FORTH MY SIGNATURE.

I understand that if I am required to be registered, licensed, or certified by federal or state law or regulation for the position I seek, I will notify the appointing authority immediately if any investigation, limitation, or cancellation of my registration, licensure, or certification occurs. If any investigation, probation, limitation, or cancellation occurs, I understand that my failure to notify my appointing authority as described above will result in the termination of my appointment or employment.

Signature Marrier W. Cerson Date Fed. 12, 2006

Please attach a copy of your resume if you have not previously provided one to the Appointments office.

Appointments Questionnaire 1/23/03

Received
FEB 1 5 2006

Governor's Office



KANSAS GOVERNMENTAL ETHICS COMMISSION

<u>STATEMENT OF SUBSTANTIAL INTERESTS FORM</u>

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by individuals who are required to do so by law. 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 785-296-4219.

West 9th, Topeka, AD or call 763-270-2219.
A. IDENTIFICATION: PLEASE TYPE OR PRENT
Pierson Marvin W Last Name First Name MI
Last Name First Name WII
Margaret F Pierson Spouses Name
26246 State Hwy F Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number
Maryville, MO. 64468 City, State, Zip Code
(660) 582 - 6/46
(660) 582-8295 Home Phone Number (include area code) (660) 582-6/96 Business Phone Number (include area code)
B. THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE: (check one or more of the following) 1. State Elected Official (Governor, Lt. Governor, Attorney General, Commissioner of Insurance, State Treasurer, Secretary of State, State Senator, State Representative, Member of State Board of Education or District Attorney); 2. Appointed Member of a State Board, Council, Commission or Authority; 3. Appointed State Position is Subject to Senate Confirmation;
4. Employee of a State Agency or University; 5. General Counsel for a State Agency; 6. Candidate for State Office.
Kansas Army National Guard.
ist Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms)
ist Name of Agency, Board, University or Elected Position (You may use aboreviations out not accompany) Commander, 35 Tuf Division
Division if applicable (May use acronyms)
The last four digits of your social security number will aid in identifying you from others with the same

Rev. 2/2001

C. OWNERSHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual finds or retirement accounts 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 _____.

It has passe nothing to report in persons	, 0			12
Thave no ownership in any	business only in	vestments	histed 6	elow.
BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF PERSEMWO STREETM	HELD BY WECM
1. St Louis Mo bonds	Bonds held for	Retiremen	+ NA	Joint
2 City Group Bonds	Bonds held fo			Joint
3. American Foods Motuals	motual Funds	Retirement	* NA	Joint
4 Vanguard Fonds	401. K	Retirement	WA	m w Pierson
5. Retirement Plan with	Retirement.	Plan	NA	MW Pierson
Energiger Batt. MG Co. INC.	Retirement	Plan	NA	MN Pierson
Army National Duard				
8.				
9.				
10.	121		15	
				

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

NAIVE 0	F PERSON OR BUSINESS FROM WEOM GIF.	TRECEIVED SEE	ADDRESS	RECEIVED 3Y:
圖I NAME 0	1, 146204 OF 20984020 TTML			

	and a land and an area of any
	RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any
五.	RECEIPT OF COMPRISON COMPENSATION STATES THE PROPERTY OF THE P
	RECEIPT OF COMPENSATION: List all places of employment in the last occurrence of salary, thing of 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 value, or economic benefit conferred on in return for services rendered, or to be rendered).
	in the month contest on the first for the fi
	value, or economic beneat composed of the results. reportable as taxable income on your federal income tax returns.
	reportable as taxable mounts on your

-	
	YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING
-	VOLE PLACE(S) OF EMPLOYMENT OR CITATION TO THE PROPERTY OF THE
1.	YOUR PLACE(S) OF EMPLOYMENT GOT OF THE CHECK HERE
	CALENDAR YEAR. IF DAIVE AD SECTION
	Section "F" check here
	If you have nothing to report in Section "E"1, check here
	± y 0 = ==

	If you have nothing	ro report ar seeder		
				TYPE OF BUSINESS
	NAME OF BUSINESS		ADDRESS	o to men
		1. TUA 3/3/ FOS	t/5st, Maryrille Mo	Ballery Mig.
Energi	ger Battery Mfg.	Co. L.C. 3131 Eas	2 2222 Militia Daire	National Quard
100, 0	i Army National		B, 2302 Militia Orive	
2. 11/1850VI	A HYMY TOURS	Jattore	son City, mo	AS DITTLE DOGCEDING
	5 -5 0	(a)	OFFICE PITCH	SS DA LIFF SKECEDTAG

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 _______.

	Letter (1970-1980) to the California (1970-1980)		TYPE OF BUSINESS
NAME OF BUSINESS	Comments of the Comments of th	ADDRESS	
Name of the second seco			
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 _____.

	% .		
		POSITION HELD	HELD BY WHOM
BUSINESS NAME AND ADDRESS 1. Missouri Army National Luar	rd	Assistant Adjutant Heneral	Marrin W. Pierson
2.			
3.			
4.			
5.			
6.			
T			
š.			

RECEIPT OF FEES AND COMMISSIONS: List each client or customer who pays fees of commissions to a business or combination of businesses from which fees or commissions you or your G. spouse received an aggregate of \$2,000 or more in the preceding calendar year. The pinase "client or customer" relates only to businesses or combination of businesses. In the case of a parenership, 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 maividual 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

	NAME OF CLENT / CUSTOMER		5DDRES8	SECRIVED BY	
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I, CALLE accompanying pages and statements) true, correct and complete statement ounderstand that the intentional failure statement is a class B misdemeanor.	has been examined by me and	nent of substantial interests of to the best of my knowled sis and other matters require red by law or intentionally to	ed by law. I
19/06	Wayne (i	Person Making Statement	

NUMBER OF ADDITIONAL PAGES

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Return your completed statement to the Secretary of State, Memorial Hall First Floor, 120 SW 10th Ave., Topeka, <u> Zansas 66612-1594.</u>

JFMO-DI-SC

MEMORANDUM FOR RECORD

SUBJECT: Verification of Security Clearance

1. Based on a status check done at the Joint Personnel Adjudicative System (JPAS) website Pierson, Marvin W., 492-50-3373, has been granted a Top Secret clearance by Army CCF based on an SSPR.

Date of Investigation: 08 December 2003
Date Clearance Granted: 23 December 2003

2. Point of contact for this matter is SGT Mark A. Vinson at commercial (573) 638-9500 ext. 7642 or email Mark.Vinson@mo.ngb.army.mil.

DAVID A. LEWIS COL, GS, MOARNG

J2/Intelligence

FOR THE COMMANDER:

Substitute for HOUSE BILL No. 2727

By Committee on Federal and State Affairs

2-16

AN ACT concerning state officers and employees; amending K.S.A. 75-5532 and 75-5534 and K.S.A. 2005 Supp. 75-5531 and 75-5533 and repealing the existing sections.

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Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 2005 Supp. 75-5531 is hereby amended to read as follows: 75-5531. As used in K.S.A. 75-5531 to 75-5534, inclusive, and amendments thereto:

(a) "Community health charities" means community health charities of Kansas and Missouri, Inc.

(b) "State employee" or "employee" means any appointed or elective officer or any employee of the state of Kansas, and

(b) (c) "United way organization" means the organization conducting a single, annual, consolidated effort to secure funds for distribution to agencies engaged in charitable, public health, welfare or service purposes, which commonly is known as the united way. Such term includes the united fund, the community chest or any other organization which serves in communities or areas of the state where the united way is not organized.

Sec. 2. K.S.A. 75-5532 is hereby amended to read as follows: 75-5532. (a) Upon notification of an employing agency's receipt of written authorization by any state employee, the director of accounts and reports shall make periodic deductions of amounts as specified in such authorization from the salary or wages of such state employee for the purpose of contributing to a united way organization or community health charities or both, and shall make payments of such amounts in accordance with such authorization and the payroll deduction plan adopted under subsection (b). Any amounts deducted from the salary or wages of such state employee pursuant to such authorization shall be subject to the maximum and minimum amounts established by rules and regulations adopted under K.S.A. 75-5534 and amendments thereto. Any such written authorization may be withdrawn or modified by such state employee upon filing written notice of withdrawal or modification in the manner and at the times prescribed in rules and regulations adopted under K.S.A. 75-5534 and amendments thereto.

Department of Administration March 15, 2006

Sen Fed & State Affairs 3 - 21 - 0 6
Attachment 4

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(b) As part of the system of payroll accounting formulated under K.S.A. 75-5501 and amendments thereto, the director of accounts and reports shall establish a payroll deduction plan for the purpose of making contributions to united way organizations and to community health charities by state employees. Such plan shall be administered by the director of accounts and reports in accordance with rules and regulations adopted under K.S.A. 75-5534 and amendments thereto and such additional accounting procedures as may be prescribed by the director of accounts and reports.

Sec. 3: K.S.A. 2005 Supp. 75-5533 is hereby amended to read as follows: 75-5533. (a) The director of accounts and reports shall charge and collect a fee for making payroll deductions and payments authorized under K.S.A. 75-5531 to 75-5534, inclusive, and amendments thereto. Such fees shall be fixed in an amount equal to the total costs incurred in making the necessary transfers and transactions, including administrative costs, to accomplish the purpose involved as determined by the director of accounts and reports with the approval of the secretary of administration. The fees fixed shall be levied against and shall be paid by the united way organization or community health charities which receives payments pursuant to written authorizations by state employees under this section. Such fees shall be paid as part of each transaction remitting payments to the united way organization or community health charities.

(b) All moneys received by the director of accounts and reports from the fees levied under this section shall be remitted to the state treasurer in accordance with the provisions [of] K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.

Sec. 4. K.S.A. 75-5534 is hereby amended to read as follows: 75-5534. The secretary of administration, upon the recommendation of the director of accounts and reports, may adopt rules and regulations as provided in K.S.A. 75-3706, and amendments thereto, for the implementation and administration of K.S.A. 75-5531 to 75-5534, inclusive, and amendments thereto. Such rules and regulations shall include: (a) Provisions prohibiting the use of official action or threat of official action by a state employee to coerce or attempt to coerce a subordinate state employee to contribute to a united way organization or community health charities; and (b) maximum and minimum limitations on the amounts to be deducted from the salary or wages of any state employee and provisions for the modification or withdrawal of any authorization to make periodic deductions for the purpose of making contributions to united way organizations or community health charities.

Sec. 5. K.S.A. 75-5532 and 75-5534 and K.S.A. 2005 Supp. 75-5531

accounting services recovery fund

and 75-5533 are hereby repealed.
Sec. 6. This act shall take effect and be in force from and after its publication in the statute book.