Date

#### MINUTES OF THE SENATE FINANCIAL INSTITUTIONS AND INSURANCE COMMITTEE

The meeting was called to order by Chairman Ruth Teichman at 9:30 a.m. on February 16, 2010, in Room 152-S of the Capitol.

All members were present.

#### Committee staff present:

Ken Wilke, Office of the Revisor of Statutes Melissa Calderwood, Kansas Legislative Research Department Terri Weber, Kansas Legislative Research Department Beverly Beam, Committee Assistant

Conferees appearing before the Committee:

John P. Smith, Credit Union Administrator James Needham, State Banking Board

Others attending:

See attached list.

John P. Smith, Credit Union Administrator (<u>Attachment 1</u>) James Needham, State Banking Board (<u>Attachment 2</u>)

The Chair opened the meeting with confirmation hearings for John P. Smith as Credit Union Administrator, and James A. Needham as a member of the State Banking Board. Following brief presentations by each appointee, Senator Kelsey moved that John Smith be confirmed for an additional four-year term as Credit Union Administrator and James Needham for an initial three-year term as a member of the State Banking Board. Senator Steineger seconded. Motion carried. (Attachments 2 and 3)

Action on

#### SB 415 - Municipalities; bond investments.

Melissa Calderwood, Research Department, gave a brief overview of the bill. She said the primary question had to do with the investment of idle funds. Ken Wilke, Revisor, presented the balloon amendments to  $\underline{SB}$   $\underline{415}$ .

Following brief discussion, <u>Senator Masterson moved to approve the balloon amendments to SB 415 as presented by Mr. Wilke. Senator Kelsey seconded. Motion passed.</u>

Senator Steineger moved to pass SB 415 out favorably as amended. Senator Brownlee seconded. Motion passed.

Action on

#### SB 390 - Regulating the use of genetic testing by insurance and health care entities.

Melissa Calderwood gave a brief overview of the bill. She said this bill was requested by the Kansas Insurance Department regarding the state's genetic testing law enacted in 1997.

The Chair said there were three amendments to be made to this bill. She said it was her opinion that the first two amendments the committee agreed with, which were the "shall nots". She said these two amendments state that insurance companies shall not use the results of a genetic test to raise premiums and they shall not adjust premium contributions on the basis of whether an individual has obtained a genetic test. She said these simply comply with federal law.

Senator Kelsey said he will be voting "no" on this bill as it appears to him to be a solution in search of a problem.

#### **CONTINUATION SHEET**

Minutes of the Senate Financial Institutions and Insurance Committee at 9:30 a.m. on February 16, 2010, in Room 152-S of the Capitol.

The Chair said she would just address the two "shall nots" and drop the rest. She said everything from line 7 down would be stricken. She said she is trying to say that genetic testing cannot be used to raise premiums.

Ken Wilke said if Subsection C is stricken in toto, then "Except as permitted by Subsection C" in line 22 will also have to be stricken.

The Chair added that would then comply with federal law and protect anyone who has genetic testing and premiums cannot be raised.

Senator Barnett moved the amendments be approved as presented. Senator Taddiken seconded. Motion passed.

Senator Brownlee moved the bill out favorable for passage. Senator Barnett seconded. Motion carried.

Action on

#### SB 239 - Enacting the rural risk bank loan guarantee loan program.

Melissa Calderwood gave a brief overview of the bill.

Revisor, Ken Wilke, presented balloon amendments for the Committee's edification as requested by Treasurer, Dennis McKinney.

Following lengthy discussion, many questions were raised by committee members. The Chair recommended that the Treasurer's office research all questions of the committee, including the source of funding, and return next year to work this bill.

Senator Barnett moved to approve the minutes of February 2, 3, 4, 9 and 10. Senator Kelsey seconded. Motion passed.

The next meeting is scheduled for February 17, 2010.

The meeting was adjourned at 10:30 a.m.

# SENATE FINANCIAL INSTITUTIONS & INS. COMMITTEE GUEST LIST

DATE: 2-16-10

7
REPRESENTING
CBA
KBA
EMPRIOE BANK
Co Bauhers ASON.
Kearney & Associates
Kant
GKC LISC
DNIP
KID
KID
KAHP
Conjunty Barbers Assoc.
Washburn Student
Office of the KS Securities Commissione
Community BANKERS
MATA

## Senate Confirmation Information Summary Prepared and Submitted by the Office of Governor Mark Parkinson

Appointee: John P. Smith

Position: Administrator, Credit Union Council

Term Length: Four years

Expiration Date: December 31, 2013

Statutory Authority: K.S.A. 17-2233

Party Affiliation: Democrat

⇒ Statutory geographic representation:

Congressional District:

⇒Requirements (insert any that apply)

County:

Size requirement (if any):

Other, specify: The administrator shall not be

a member of the Council.

⇒ Statutory party affiliation requirement:

⇒ Statutory industry or occupation

Salary:

Predecessor: Himself - Reappointed

Board Composition Prior to Confirmation of New Appointee: (SEE ATTACHED LIST)

FI&I Committee 2-16-10 Attachment 1

#### **Credit Union Council**

Term Length: Three Years' 2 term limit John P. Smith, Administrator Gov Appts: Contact: Total Appts: Notes: The role of this Council is to supervise and regulate Department of Credit Unions credit unions. 400 Kansas Avenue, Suite B The Council consists of seven members: five shall be Topeka, KS 66603-3741 members and officers of a Kansas credit union; there 785/296-3021 must be one member from each congressional district; two members shall represent the general public. Terms are three-years and there is a two-term limit. The Governor appoints the Exec. Director - who stands for SENATE CONFIRMATION Statute: KSA 17-2232 Confirmation: Gov Appt Counts Male/Female 1st--2nd--3rd--4th R/D/U Board Active 🗸 Party Ratio: 4:3 4:4 2:2:2:2 3:5:0 Term Limit: Reg Board **V** \*\* Member fully assumed duties but awaits confirmation by the Full Senate Affiliation CD H Appointment Date Expiration Date Reapt County Benton, Mr. Gilbert E. D 115h 38s 3/12/2007 3/15/2010 Gray 601 N. Birch Cimarron, KS 67835 Position: a member gilbert@fmikansas.com Succeeds: Erich Schaefer Appointed By: Governor Nominations: Statutory Remarks: First District Credit Union Officer Seat #: 006 3/15/2011 V Bonner, Ms. Cheryl Douglas R 44h 3s 3/15/2008 325 Homestead Drive Lawrence, KS 66049 Position: a member Succeeds: herself - reappointed Appointed By: Governor Nominations: Statutory Remarks: Third District Credit Union Officer

Seat #: 004

	Cour	nty Affili	ation	<u>CD</u>	<u>H</u>	<u>s</u>	Appointment Date	<b>Expiration Date</b>	Reapt
Henke, Ms Sue Ellen	Shaw	mee I	₹.	2	55h	18s	3/14/2008	3/15/2011	
1305 SW MacVicar Ave									
Topeka, KS 66604	Position: 2	nd district publ	ic memb	er					
	Succeeds: V	Villiam McCurl	ey						
	Appointed By: C	Governor							
	Nominations:								
	Statutory Remarks: 2	nd District Pub	lic Mem	ber					
	Seat #: 0	01							
Holt, Mr. James D.	Sedg	wick ]	3	4	90h	31s	7/11/2008	3/15/2010	$\checkmark$
1801 E. Tanner Trail									
Valley Center, KS 67147	Position: a	. member							
jimh@midamerican.coop	Succeeds: (	Gary Regoli							
	Appointed By: (	Governor							
	Nominations:								
	Statutory Remarks: 4	th CD Credit U	nion Off	īcer					
	Seat #: 0	03 [I	etails: I	Large (	Credit 1	Union]			
Malecki, Ms. Carol A.	Shav	vnee ]	D	2	52h	20s	3/4/2009	3/15/2012	
3615 SW Spring Creek Court								•	
Topeka, KS 66614	Position: a								
cmalecki@cox.net		Mark Kolarik							
	Appointed By:	Governor							
	Nominations:								
	Statutory Remarks: I	Public member							
	Seat #: 0								
Smith, Mr. John P.	John	ison :	D	3	39H	10S		12/31/2009	
23321 W. 45th Тегт.									
Shawnee, KS 66226	Position: A	Administrator							
john.smith@kdcu.ks.gov	Succeeds:								
	Appointed By: (	Governor							
	Nominations:								
	Statutory Remarks:								
	Seat #:								

Strand, Mr. Garth B. 8901 E. 43rd Buhler, KS 67522 garths@hcu.coop

Williams, Mrs. Alvis 2105 Sierra Hills Wichita, KS 67230 lawilliams@cstarcu.net

County	<b>Affiliation</b>	$\underline{CD}$	<u>H</u>	<u>s</u>	Appointment Date	<b>Expiration Date</b>	Reapt
Reno	D	1	104h	34s	3/4/2009	3/15/2012	$\checkmark$

Position: a member

Succeeds: himself -- reappoointment

Appointed By: Governor

Nominations:

Statutory Remarks: First District Credit Union Officer

Seat #: 007

Sedgwick D 4 87h 30s 3/15/2008 3/15/2011

Position: a member

Succeeds: himself - reappointed

Appointed By: Governor

Nominations:

Statutory Remarks: Fourth District Credit Union Officer

Seat #: 005

#### PERSONAL RESUME

John P. Smith

23321 West 45th Terrace Shawnee, Kansas 66226 Home: (913) 322 6571

Office: (785) 296-3021

E-mail: jandcsmith@everestkc.net

Personal hobbies/activities

,	
Employment history	
2006 – present	<ul> <li>Administrator, Kansas Department of Credit Unions</li> </ul>
1999 - 2005	<ul> <li>Director, Missouri Division of Credit Unions</li> </ul>
1993 — 1998	<ul> <li>Administrator, Kansas Department of Credit Unions</li> </ul>
Ott.	
Other work experience	· ·
1966 - 1993	<ul> <li>Manager, Microbiology Laboratory, Wesley Medical Center, Wichita, Kansas</li> </ul>
1970 - 1993	<ul> <li>Adjunct Clinical Professor, Wichita State University College of Health Professions</li> </ul>
1976 - 1989	<ul> <li>Consultant and Panel Member, U. S. Food and Drug Administration</li> </ul>
Military service	
1955 – 1993	♦ United States Navy and Naval Reserve
1000 - 1000	Retired holding rank of Commander, Medical Service Corp
Professional organizations	
1994 – 2009	<ul> <li>National Association of State Credit Union Supervisors Secretary/Treasurer 1995 – 1997 Chair-elect 1997 – 1998 and 2004 – 2005</li> </ul>
	Chair, Professional Standards Committee 2004 – 2005 Chair, Government Relations Committee 2007 - 2009
1970 – 1993	<ul> <li>Board of Directors, Wesley Medical Credit Union, Wichita, Kansas</li> </ul>
1971 – 1978	<ul> <li>American Society for Clinical Laboratory Science Board of Directors, 1971 – 1978 President, 1974 1975</li> </ul>
1986 – 1990	<ul> <li>Southwest Association of Clinical Microbiologists</li> <li>Founding organizer, charter member and President</li> </ul>
Education	
	AB, Biology and Chemistry, Emporia State University, Emporia, KS MS, Kansas State University, Manhattan, Kansas Continuing education courses in Credit Union Examination, Finance, Lending, Investments, Compliance and Economics

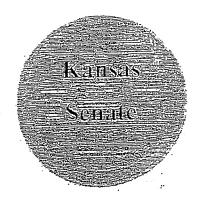
#### References

Marla Marsh President/CEO Kansas Credit Union Association 650 Westdale Drive Wichita, KS 67209 marlam@kdca.org

Ken Bonnot
Deputy Director
Missouri Division of Credit Unions
P. O. Box 1607
Jefferson City, MO 65101
(573) 751-3419
ken.Bonnot@cu.mo.gov

Mary Martha Fortney
President/CEO
National Association of State Credit Union Supervisors
1655 North Fort Myer Drive Suite 300
Arlington, VA 22209
(703) 528-8351
MaryMartha@nascus.org

Tom Whitehair 2602 Indy Road Abilene, KS 67410 (785) 598 2488 (785) 479 1577 buckeye@tctelco.net



### CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, John P. Smith	acknowledge that as	part of the
(print name)		
Senate Confirmation Oversight Committee pro	ocess I will:	
<ul> <li>be subject to a criminal records background investigation; and</li> </ul>	ound investigation by the Kansa	as Bureau of
have my tax records released by the Ka	nsas Department of Revenue.	
Such information will not be released to the ge at the appropriate time by:	neral public, but will be made a	vailable for review
• Myself,	. *	
<ul> <li>My appointing authority;</li> </ul>		•
Chairperson of the Senate Confirmation	n-Oversight-Committee; and	
The Vice Chair of the Senate Confirma	tions Oversight Committee.	

By signing the "Authorization and Certification" section (on page 8) of the Senate Confirmation Oversight Committee questionnaire, the Kansas Department of Revenue will be authorized to release my tax information and the Kansas Bureau of Investigation will be authorized to conduct a criminal background investigation on me and provide that information to the appropriate

individuals.

.

Date october 27, 2009

# Kansas Senate

### CONFIRMATION OVERSIGHT COMMITTEE

### APPOINTMENT QUESTIONNAIRE

Full Name:John P. Smith
(please include title and middle name along with any names previously used)
Home Address: 23321 West 45th Terrace, Shawnee, Kansas 66226
Home Address. (City, State, Zip)
Driver's License Number: Social Security Number:
Position to which Appointed: Administrator, Kansas Department of Credit Unions
Appointing Authority:Governor Mark Parkinson
* Information on this page will not be made public but is used by the KBI and Department of Revenue.

(for Committee u	ise only)		
KBI Check:	N/A	In-Process	Complete
DOR Check:	N/A	In-Process	Complete

This Questionnaire is to be fully completed by each appointee appearing before the Senate Confirmation Oversight Committee (Committee) and returned to the Committee Chairman's Office. A meeting of the Committee to consider an appointee will not be scheduled until a completed questionnaire and other forms are received by the Chairman. Please answer each question completely to the best of your knowledge. Should a question not be applicable, please so state. Hand-written responses are strongly discouraged. If filling out this form electronically, "\sum " should be replaced with "X" by the appropriate response on the form. Please contact your appointing authority if you have questions when completing the form.

Full Name:John Paul Smith
(please include title and middle name along with any names previously used)
Position to which Appointed: Administrator, Kansas Department of Credit Unions
Appointing Authority: Governor Mark Parkinson, K.S.A. 17-2233
Home Address: 23321 West 45th Terrace, Shawnee, Kansas 66226 (Street Address) (City, State, Zip)
Business Name: Kansas Department of Credit Unions
Business Address: 400 Kansas Avenue, Suite B Topeka, Kansas 66603 (Street Address) (City, State, Zip) Position Title: Administrator, Kansas Department of Credit Unions
Home Phone: 913 322 6571 Business Phone: 785 296 3021 Cell Phone: 573 619 3764
Fax Number: 785 296 6830 E-Mail Address: john.smith@kdcu.ks.gov
Kansas resident? ☑Yes / ☐No Date of Birth: 11/10/1937Place of Birth: Kansas City, Missouri
Registered Voter? Yes Party Affiliation: Democratic
Congressional District: 3rd Kansas Senate District: 10th Kansas Representative District: 39th
Do you have the legal right to live and work in the United States?   Yes /  No

Please answer the following questions numbered 1-43. Each question MUST BE ANSWERED ON THIS ORIGINAL FORM. If the answers the question are provided on your resume, please state "See Resume" or if you supply additional attachment(s) with answers, please state "See Attachment(s)" on this form.

- 1. What is your educational background? See Resume
- 2. Describe your employment experience. Include any expertise related to the position to which you were appointed. See Resume

3. List any professional licenses that you have obtained and include the number for each license. No professional licenses held relating to Administrator position 4. Why do you feel you are a good candidate for the position to which you have been appointed? 20 years credit union board experience and 14 years regulatory. What do you see as the purpose or mission of the role to which you have been appointed? 5. Preservation of safety and soundness of Kansas credit unions Military Service: List rank, date and type of discharge from active service. 6. □None Retired holding rank of Commander, U.S. Navy following 37 years of active and reserve service. Government Experience: List any experience or association with local, state or federal 7. government (exclusive of elective public office but including advisory, consulting, honorary, appointed or other part-time service or positions) and include dates of service. □None See resume Elective Public Office: List all elective public offices sought and/or held with dates of service. 8. City Council, Ozawkie, Kansas 1997 - 1998 □None Campaigns: Have you ever played a role or held a position in a political campaign? If so, please 9. identify the candidate(s), the dates of the campaign and describe your involvement. □No ☑ Yes Treasurer, Jim Clark for Congress 1997 Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society 10. memberships and any other special recognition for outstanding service or achievements. ☐None Several military awards; Alpha Mu Tau honorary medical laboratory science fraternity Organization Affiliations: List all civic, cultural, educational, charitable, or work-related 11. organizations that you have been associated with in the past ten years. Include any position held in the organization and the dates of service. □None Naval Reserve Association, Reserve Officers Association, American Legion, Knights of Columbus
Organization Restrictions: To your knowledge, is any organization listed above restricted on the 12. basis of race, color, religion, sex, national origin, disability, marital status or veteran status? If so, please describe. ☑No ☐Yes Issues: Have you ever been publicly identified, in person or by organizational membership, with a 13. particularly controversial national or local issue? If so, please describe. ☑No ☐Yes Submission of Views: Have you ever submitted oral or written views to any governmental 14. authority, whether executive or legislative, or to the news media on any particularly controversial issue other than in an official governmental capacity? If so, please describe. ☑No ☐Yes

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 so, please describe.

15.

☑No ☐Yes

Opposition: Do you know of any person or group who might take overt or covert steps to attack, 16. even unfairly, your appointment? If so, please identify and explain the basis for the potential attack. ☑No ☐Yes Miscellaneous: List any factors, other than the information provided above, which particularly 17. qualifies you or is relevant to the position to which you are seeking appointment? Include any special skills. None 20 years volunteer credit union experience, 14 years financial regulatory experience in two states (See resume for dates) Relationship to Governmental Employees: Are you or your spouse or other close family 18. members related to any state governmental official or employee? If so, please provide details. ☑No ☐Yes 19. 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 so, please explain. Compensation as Administrator, Kansas Department of Credit □No ☑Yes Unions Business Relationships: Describe any business relationship, dealing or financial transaction which 20. 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 21. family members received any compensation or been involved in any financial transaction with any state government official? If so, please explain. ☑No ☐Yes Spouse or Other Family Members: If the nature of employment for your spouse or other close 22. family member is related in any way to the position to which you have been appointed, please indicate the employer, the position and the length of time it has been held. If not, please so state. No DYes 23. Lobbying Activities: Describe any lobbying activity during the past ten years in which you and/or your spouse have engaged for the purpose of influencing the passage, defeat or modification of any legislative or administrative action. 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 hone, please so state. Lobbying activity in relationship to duties as Administrator, □None Kansas Department of Credit Unions 2006 to present Regulated Activities: Describe any interest that you, your spouse or other close family member 24. 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 Farming interests and conservation work have qualified for payments from the Kansas Department of Agriculture

25.	Other: Please describe 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 have been 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
26.	Conflict of Interest: How would you resolve any potential conflicts of interest that, while maybe unforeseen at this point in time, could arise? Cease the activity by resigning or
27.	withdrawal of business relationship Citations: Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please provide details.  No Tyes
28.	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 traffic infraction? (Please include any offenses of driving under the influence, operating while impaired, reckless driving, or the equivalent offenses in other states.) If so, please explain.  No Tyes
29.	U.S. Military Convictions: Have you ever been convicted by any military court? If so, please provide details.  ☑No ☐Yes
30.	Imprisonment: Have you ever been imprisoned, been on probation or been on parole? If so, please provide details.  ☑No ☐Yes
31.	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 so, please provide details.  No Yes Law suit in Douglas County pertaining to regulatory activity as
32.	Administrator, Kansas Department of Credit Unions, dismissed. Agency Proceedings and Civil Litigation of Affiliates and Family: a.) Is your spouse or other close family member currently, or 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 so, please provide details.  No Tyes
	b.) 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 so, please provide details. (With respect to this question, you need only consider proceedings and litigation that

business.)

☑No ☐Yes

occurred while you, your spouse, close family member, or business associate were an officer of that

33.	Other Litigation: a.) Other than the litigation described in question 32, 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 so, please describe.  ☑No ☐Yes b.) Are you aware of any pending or anticipated litigation against you or any business in which you are an officer, director, or partner? If so, please describe. ☑No ☐Yes
34.	Drivers License: Has your driver's license ever been suspended or revoked? If so, please describe.  ☑No ☐Yes
35.	Parking Tickets: Do you have outstanding parking tickets from any jurisdiction that have remained unpaid for more than 60 days? If so, please explain.  ☑No ☐Yes
36.	Security Clearance Denial: Have you ever been denied a military or other governmental clearance? If so, please explain.  ☑No ☐Yes
37.	Firings: a.) During the past ten years, have you been fired from a job for any reason? If so, please explain.  ☑No □Yes
	<ul> <li>b.) During the past ten years, have you quit a job after being told that you would be fired? If so, please explain.</li> <li>☑No ☐Yes</li> </ul>
	c.) During the past ten years, did you leave a job by mutual agreement because of specific problems? If so, please explain.  ⊠No □Yes
38.	Alimony and Child Support: Are you now, or have you ever been, delinquent in the payment of alimony or child support? If so, please explain  ☑No ☐Yes
39.	Consumption of Alcohol: Have you ever or are you currently abusing alcohol? If so, please explain.  ⊠No □Yes
40.	Controlled Substances: Have you ever or are you currently engaged in the illegal use of a controlled substance or abusing the use of a prescribed controlled substance? If so, please explain.   ⊠No □Yes
41.	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?

- 42. Governmental Delinquencies: Are you delinquent in the payment of any obligation owed to the federal or state government or any political or taxing subdivision or any instrumentality thereof? (Include delinquencies in the payment of: Income, property, or other taxes; exactions, fees or special assessments; loans, including any defaults, on or under loans which are or were made by, guaranteed, insured or subsidized by any unit of government or instrumentality thereof; overpayment of benefits; required payments into or under governmental programs; payments under a diversion arrangement or other repayment schedule.) If applicable, please state whether such delinquency is under formal appeal.

  ☑No ☐Yes
- 43. Other: Please provide any additional information, favorable or unfavorable, which you feel should be considered in connection with your appointment. If none, please so state. 

  ☑None

Please include resume and completed Statement of Substantial Interest not more than twelve months old.

#### REFERENCES

Name: Tom Whitehair	_Knows you how?: _ Farm business associate
Address: 2602 Indy Road Abilene	e, Kansas 67410
	(City, State, Zip)
Home Phone: 785 598 2488	Business Phone: 785 479 1577
Name: Marla Marsh	_Knows you how?: _Credit union associate
Address: 650 South Westdale Dr	ive Suite 100 Wichita, KS 67209
	(City, State, Zip)
Home Phone: 316 832 1749	Business Phone: 1 800 362 2076 Ext. 3022
Name: <u>Ken Bonnot</u>	_Knows you how?:Former Employee
Address: Missouri Division of C	Credit Unions P.O. Box 1607 Jefferson City, MO
Home Phone: Not available	(City, State, Zip)Business Phone: 573 751 3419
Name: Mary Martha Fortney	Knows you how?: Professional Associate
Address: 1655 North Fort Myer D	Orive, Arlington, VA 22209
E02 E0E 4000	(City, State, Zip)
Trama Dhana: 703 507 4088	Business Phone: 703 528 8688

#### 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

Date October 27, 2009

A. IDENTIFICATION:

#### STATE OF KANSAS



#### KANSAS GOVERNMENTAL ETHICS COMMISSION

#### ELECTRONIC STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS: This statement 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 yo have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 785-296-4219.

#### Smith John P Last Name First Name MI Connie Spouse's Name 1405 S.W. Summit Woods Drive #1 Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number Topeka, KS 66615 City, State, Zip Code (573) 619-3764 (785) 296-3021 Home Phone Number **Business Phone Number** 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; Employee of a State Agency or University; 5. General Counsel for a State Agency; 6. Candidate for State Office. 7. Other (Contractor / Member of Compact) Kansas Department of Credit Unions List the Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms) Administrator Division if applicable (May use acronyms) Position

\* The last four digits of your social security number will aid in identifying you from others with the same name on the computer list.

https://xxxxxx keene ara/electione/eei/aeninclude/eeiRenart aen

This information is optional. \*

1-16

C. OV. SHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and every other busines. est, 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% or a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.

				_
If you have nothing t	o report in	Section "C".	check here	

	BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
1	SmithRing Partnership	Farming	Partnarahin aumarahin		0001100
1.	23321 West 45th Terrace Shawnee, KS	raming	Partnership ownership	50%	spouse
2.	ING	Investment	Tax deferred retirement	100%	both
2.	One Orange Way, Windsor, CT	investinent	account		
3.	Fidelity Investments	Investment	Roth IRAs	100%	both
3.	P.O. Box 770001 Cincinnati, OH 45277-0003	investinent	NOIH INAS		
1	Smith Farming	Earming	Forming	40000	
4.	Abilene, KS	Farming	Farming	100%	both
	Charles Schwab & Company, Inc.				
5.	101 Montgomery St. San Francisco, CA 94104	Mutual Funds	Mutual Funds	100%	both

D. <u>GIFTS OR HONORARIA:</u> List any person or business from whom you or your spouse either individually or collectively, have received gift or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

If you have nothing to report in Section "D", check here

NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY
1.]		

E. <u>RECEIPT OF COMPENSATION:</u> (Part 1) List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE

If you have nothing to report in Section "E"1, check here

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
Kansas Department of Credit Unions	400 Kansas Avenue Suite B Topeka, KS	Government
2. State of Missouri MOSERS Retirement	Jefferson City, MO	Government
3. Department of the Navy	DFAS Cincinnati, OH	Military
4. Social Security Administration	Washington, D.C.	Government

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

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

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
State of Missouri MOSIERS	Jefferson City, Missouri	Government retirement
2. State of Kansas KPERS	Topeka, KS	Government retirement

1-17

121. As secretary of state - statement of t		age 50	
3. Social Security Administration	Washington, D.C.	Government retire	
F. OFFICER OR DIRECTOR OF AN ORGANIZA position of officer, director, associate, partner or presuch position. Please insert additional page if necessity.	oprietor at the time of filing, irrespective	ation or business in which you or your sp e of the amount of compensation receive	ouse hold d for holdi

BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
SmithRing Partnership	Dortner	
23321 West 45th Terrace Shawnee, KS 66226	Partner	spouse

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

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

If you have nothing to report in Section "F", check here

NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.	· ·	

H. <u>DECLARATION:</u> I declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

Date Electronically Filed: 04/06/2009

Name of Person Making Statement: John P. Smith

### Senate Confirmation Information Summary

Prepared and Submitted by the Office of Governor Mark Parkinson

Appointee: James A. Needham

Position: Member, State Banking Board

Term Length: 3 years

Expiration Date: March 15, 2012

Statutory Authority: K.S.A. 74-3004

Party Affiliation: Republican

 $\Rightarrow$  Statutory geographic representation

Congressional District: Of the six banker members, the Governor shall appoint one from each Kansas congressional district and the remainder from the

state at large.

Requirements (insert any that apply)

County:

Size requirement (if any):

Other, specify:

 $\Rightarrow$  Statutory party affiliation requirement:

Not more than five members of the board shall be

members of the same political party.

⇒ Statutory industry or occupation requirements:

Six members of the board shall be bankers with not less than five years' actual banking experience in a

state bank in this state.

Salary: N/A

Predecessor: Joseph A. Smith

Board Composition Prior to Confirmation of New Appointee:

(SEE ATTACHED LIST)

FI!I Committee 2-16-10 Attachment 2

#### **State Banking Board**

Gov Appts: Total Appts: 9

Term Length: Three Years

Notes:

Limit of 2 terms; 6 bankers at least 5 years experience in a state bank in Kansas: 1 banker from each CD; the

rest at-large members.

3 public members -- no connection to banking. No nonbanker member shall concurrently serve as an officer or director in any state or national bank or trust

company wherever located.

Statute:

KSA 74-3004

Confirmation:

Gov Appt Counts Male/Female

 $\mathbf{H}$ 

84h

110h 36s

1st--2nd--3rd--4th

1/8/2008

6/18/2008

R/D/U

3/15/2010

3/15/2011

Tom Thull, Bank Commissioner; Judi Stork, I

Office of the Bank Commissioner

700 SW Jackson, Suite 300

Topeka, KS 66603-3796

785/296-2266

Board Active 🗸

V

Party Ratio:

5:4

Term Limit:

\*\* Member fully assumed duties but awaits confirmation by the Full Senate

Reg Board

County

Sedgwick

V

Affiliation

D

CD

4

8:1

29s

Contact:

2:2:3:2

2:5:2

Appointment Date Expiration Date Reapt

Bias, Mr. Andrew L.

3921 Pine Knot Ct.

Wichita, KS 67208

abias@mhrsi.org

Position: a member

Succeeds: himself -- reappointed

Appointed By: Governor

Nominations:

Statutory Remarks: Public Member -4th CD

Ellis

Seat #:

Downing, Mr. Michael R.

1503 Lakeview St.

Ellis, KS 67637

ebank@gbta.net

Position: a member

Succeeds: Michael D. Stevens

Appointed By: Governor

Nominations:

Statutory Remarks: First District Banker Member

Seat #: 009

Tuesday, January 26, 2010

Appointment Date Expiration Date Reapt Affiliation County D 114h 33s 6/18/2008 3/15/2011 V Stafford Minor, Mr. Melvin 1338 NE 10th St. Position: a member Stafford, KS 67578 Succeeds: himself -- reappointment cdminor@southwind.net Appointed By: Governor Nominations: Statutory Remarks: Public Member; cannot serve as officer or director of any bank Seat #: 008 12/20/2007 3/15/2010 Johnson U 28h 11s O'Sullivan, Mr. James G. 12608 Cambridge Rd Position: a member Shawnee Mission, KS 66209 Succeeds: himself - reappointed iosullivan@midwesttrust.com Appointed By: Governor Nominations: Statutory Remarks: 3rd CD Banker Seat #: V 3/15/2009 5/2/2006 D 20h 11s Johnson Parman, Mr. Mark C. 10220 Catalina Position: a member and chair Overland Park, KS 66207 Succeeds: himself -- reappointed mparman@solutionsbank.com Appointed By: Governor Nominations: Statutory Remarks: At-Large Banker Seat #: 007 5/2/2006 3/15/2009 V D 2 55h 20s Shawnee Schnellbacher, Mrs. Jane A. Resign Note: Resigned 2010 S.W. Bowman Court Position: a member Topeka, KS 66604 Succeeds: herself -- reappointed otto66@webtv.net Appointed By: Governor Nominations: Statutory Remarks: Public Member; cannot serve as officer or director of any bank Seat #: 006

Smith, Mr. Joseph A.	<u>County</u> Neosho	Affiliation D	<u>CD</u> 2	<u>H</u> 8h	<u>S</u> 14s	Appointment Date 5/2/2006	Expiration Date 3/15/2009	Reapt  ✓
19600 Udall Road								
Erie, KS 66733	Position: a member							
	Succeeds: himself-							
•	Appointed By: Governor							
	Nominations:							
Sta	atutory Remarks: Second I	District Banker	Memb	er				
	Seat #: 002							
Williams, Mr. Larry	•	R	4	74h	31s	12/20/2007	3/15/2010	
303 E 5th								
Halstead, KS 67056	Position: member							
•	Succeeds: Richard l	Rucker				•		
	Appointed By: Governor	r				<b>V</b>		
	Nominations:							
St	atutory Remarks: 4th CD E	Banker				•		
•	Seat #: 4th Distr	ict				,		
Winter, Jr., Mr. Winton A.	Douglas	R	. 3	44h	2s	6/18/2008	3/15/2011	abla
737 Indiana								
Lawrence, KS 66044	Position: a membe	r						
wwinter@epeoples.com	Succeeds: himself-	- reappointme	nt					
., .	Appointed By: Governo	r						
	Nominations:							

Statutory Remarks: At-Large Banker Member

Seat #: 001

uesday, January 26, 2010

#### Resume July 21, 2009

James A. Needham age 75 DOB 3-8-1934

Address- Troy, Kansas

Wife, Marjorie M. Needham, Vice President and Secretary of The Troy State Bank.

Two sons J. Kevin Needham Mechanical Engineer, age 39, Employed by Kiewit Power Engineering and M. Tyson Needham Certified Public Accountant age 34, Employed by Assessment Technology.

Education: Graduated from Kansas State University, 1959 with a bachelor's degree in Business Administration.

Graduate School of banking, Madison, Wisconsin 1969.

Employment record;

North Hills Bank, K.C. Mo Assistant Bookkeeper-March 62-November 62

First National Bank Columbus, Kansas Bookkeeper & Loan teller December 1962-May 1966

First National Bank, Parsons, Kansas Loan teller & Manager of the Installment loan department and Cashier, May 1966 to September 1969

Valley State Bank, Atchison, Kansas September 1969 to September 1974. Started new bank was its first President and CEO.

Purchased The Troy State Bank Troy, Kansas, in 1974-President and Chairman of the board, CEO & Loan Officer.



#### CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, <u>J</u>	ames	Arthur	(print name)		acknowledge that as part of the
Senat	te Conf	irmation (	Oversight Co	ommittee process I w	vill:
•		ibject to a stigation;		ords background in	vestigation by the Kansas Bureau of
•	have	my tax re	cords releas	ed by the Kansas De	epartment of Revenue.
		nation will priate time		sed to the general p	ublic, but will be made available for review

- Myself;
- My appointing authority;
- Chairperson of the Senate Confirmation Oversight Committee; and
- The Vice Chair of the Senate Confirmations Oversight Committee.

By signing the "Authorization and Certification" section (on page 8) of the Senate Confirmation Oversight Committee questionnaire, the Kansas Department of Revenue will be authorized to release my tax information and the Kansas Bureau of Investigation will be authorized to conduct a criminal background investigation on me and provide that information to the appropriate individuals.

Signature amesh Leelhan Date 7-21-2009

Form 08/08



# APPOINTMENT QUESTIONNAIRE

Full Name:	James Ai	thur	Needham				
1 1111 1 (111110)	(please include title and middle name along with any names previously used)						
		,					
							_
Home Addr	ess: 320	Nort	h Liberty		Troy, Kansa	as 66087	
1101110 11441			(Street Address)		•	City, State, Zip)	
Driver's Lic	ense Numbe	r: 👤		Social Security N	umber:		
					-		
Position to v	which Appoi	nted:	Kansas State	Banking Boar	<u>d</u>		
			s State Sena	$\sim$	ZNOR		
Appointing	Authority: _			0000	CIVUM		_

<sup>\*</sup> Information on this page will not be made public but is used by the KBI and Department of Revenue.

(for Committee u	ise only)		****
KBI Check:	N/A	In-Process	Complete
DOR Check:	N/A	In-Process	Complete

This Questionnaire is to be fully completed by each appointee appearing before the Senate Confirmation Oversight Committee (Committee) and returned to the Committee Chairman's Office. A meeting of the Committee to consider an appointee will not be scheduled until a completed questionnaire and other forms are received by the Chairman. Please answer each question completely to the best of your knowledge. Should a question not be applicable, please so state. Hand-written responses are strongly discouraged. If filling out this form electronically, "\(\sigma\)" should be replaced with "X" by the appropriate response on the form. Please contact your appointing authority if you have questions when completing the form.

Full Name: James Arthur Needham	•
(please include title and middle name along with any na	mes previously used)
Position to which Appointed: Kansas state Banking Boar	d
Appointing Authority: Kansas State Senate	
Home Address: 320 North Liberty Troy,	Kansas 66087
(Street Address)	(City, State, Zip)
Business Name: The Troy State Bank	
Business Address: <u>121 South Main</u>	Troy, Kansas 66087
(Street Address)	(City, State, Zip)
Position Title: <u>President/Chairman of the Board/Own</u> e	er
Home Phone: <u>785-985-2412</u> Business Phone: <u>785-985-351</u> 1	Cell Phone: _816-392-0347
Fax Number: 785-985-3514 E-Mail Address: _j	need@embarqmail.com
Kansas resident? Yayes / Ano Date of Birth: 03-08-193 Pla	ce of Birth: Atchison, Kansas
Registered Voter? Yes Party Affiliation:	Republican
Congressional District: <u>2nd</u> Kansas Senate District: <u>#1</u> Kans	as Representative District: #63
Do you have the legal right to live and work in the United States? 5	Yes / No

Please answer the following questions numbered 1-43. Each question <u>MUST BE ANSWERED ON THIS ORIGINAL FORM</u>. If the answers the question are provided on your resume, please state "See Resume" or if you supply additional attachment(s) with answers, please state "See Attachment(s)" on this form.

- 1. What is your educational background? Bachelor in Business Administration-Kansas State Universtiy
- 2. Describe your employment experience. Include any expertise related to the position to which you were appointed. 46 years in banking. worked as a bookkeeper, teller, loan officer and CEO

3.	List any professional licenses that you have obtained and include the number for each license. Insurance agent, Life and Accident & Health-Kansas-#4914200
4.	Why do you feel you are a good candidate for the position to which you have been appointed?  Banking experience and general business back ground
5.	What do you see as the purpose or mission of the role to which you have been appointed? Help establish policy and over see the Kansas Banking department.
6.	Military Service: List rank, date and type of discharge from active service.  None SP4E4, Discharged 4, July 1963, Honorable Discharge
7.	Government Experience: List any experience or association with local, state or federal government (exclusive of elective public office but including advisory, consulting, honorary, appointed or other part-time service or positions) and include dates of service.  None
8.	Elective Public Office: List all elective public offices sought and/or held with dates of service.  None
9.	Campaigns: Have you ever played a role or held a position in a political campaign? If so, please identify the candidate(s), the dates of the campaign and describe your involvement.  ☑No ☐Yes
10.	Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.
11.	Organization Affiliations: List all civic, cultural, educational, charitable, or work-related organizations that you have been associated with in the past ten years. Include any position held in the organization and the dates of service. Community Bankers Association of Kansas.  None Independent community Bankers Association  Kansas Bankers Association, Lions Club,
12.	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 so, please describe.  ☑No ☐Yes
13.	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 ☐Yes
14.	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 particularly controversial issue other than in an official governmental capacity? If so, please describe.  No Tyes
15.	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 so, please describe.  No Tyes

16.	Opposition: Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your appointment? If so, please identify and explain the basis for the potential attack. ☑No ☐Yes
17.	Miscellaneous: List any factors, other than the information provided above, which particularly qualifies you or is relevant to the position to which you are seeking appointment? Include any special skills.
18.	Relationship to Governmental Employees: Are you or your spouse or other close family members related to any state governmental official or employee? If so, please provide details.  No Tyes
19.	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 so, please explain.  ☑No ☐Yes
20.	Business Relationships: Describe 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. El None
21.	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 so, please explain.  ☑No ☐Yes
22.	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 have been appointed, please indicate the employer, the position and the length of time it has been held. If not, please so state.  No  Yes
23.	Lobbying Activities: Describe any lobbying activity during the past ten years in which you and/or your spouse have engaged for the purpose of influencing the passage, defeat or modification of any legislative or administrative action. 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.
24.	Regulated Activities: Describe 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.  None Own and manage The Troy State Bank, Troy, Kansas that is regulat

by The Kansas State Banking Department.

25.	Other: Please describe 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 have been 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.
26.	Conflict of Interest: How would you resolve any potential conflicts of interest that, while maybe unforeseen at this point in time, could arise? Abstain from any discussion or vote on any matter that is a conflict of interest.
27.	Citations: Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please provide details.  No DYes
28.	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 traffic infraction? (Please include any offenses of driving under the influence, operating while impaired, reckless driving, or the equivalent offenses in other states.) If so, please explain.  No Tyes
29.	U.S. Military Convictions: Have you ever been convicted by any military court? If so, please provide details.  ☑No ☐Yes
30.	Imprisonment: Have you ever been imprisoned, been on probation or been on parole? If so, please provide details.  ☑No ☐Yes
31.	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 so, please provide details.  ☑No ☐Yes
32.	Agency Proceedings and Civil Litigation of Affiliates and Family: a.) Is your spouse or other close family member currently, or 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 so, please provide details.  No \(\sigma\)Yes
	b.) 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 so, 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

33.	which you are or were an officer, director, or partner been a plaintiff or a defendant in a civil lawsuit? If so, please describe. St. Joe Art Glass Works sued The Troy State Bank in DNo Tyes 1974. Settled in 1975. William E. Orcutt sued myself as an officer of TSB. All. activities were through district court. b.) Are you aware of any pending or anticipated litigation against you or any business in which you are an officer, director, or partner? If so, please describe.  No Tyes See above
34.	Drivers License: Has your driver's license ever been suspended or revoked? If so, please describe.
	☑No ☐Yes
35.	Parking Tickets: Do you have outstanding parking tickets from any jurisdiction that have remained unpaid for more than 60 days? If so, please explain.  ☑No ☐Yes
36.	Security Clearance Denial: Have you ever been denied a military or other governmental clearance? If so, please explain.   ☑No ☐Yes
37.	Firings: a.) During the past ten years, have you been fired from a job for any reason? If so, please explain.  ☑No ☐Yes
	b.) During the past ten years, have you quit a job after being told that you would be fired? If so, please explain.  ☑No ☐Yes
	c.) During the past ten years, did you leave a job by mutual agreement because of specific problems? If so, please explain. ■No □Yes
38:	Alimony and Child Support: Are you now, or have you ever been, delinquent in the payment of alimony or child support? If so, please explain ♥No □Yes
39.	Consumption of Alcohol: Have you ever or are you currently abusing alcohol? If so, please explain.  ☑No ☐Yes
40.	Controlled Substances: Have you ever or are you currently engaged in the illegal use of a controlled substance or abusing the use of a prescribed controlled substance? If so, please explain.
41.	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?

- 42. Governmental Delinquencies: Are you delinquent in the payment of any obligation owed to the federal or state government or any political or taxing subdivision or any instrumentality thereof? (Include delinquencies in the payment of: Income, property, or other taxes; exactions, fees or special assessments; loans, including any defaults, on or under loans which are or were made by, guaranteed, insured or subsidized by any unit of government or instrumentality thereof; overpayment of benefits; required payments into or under governmental programs; payments under a diversion arrangement or other repayment schedule.) If applicable, please state whether such delinquency is under formal appeal. 
  ☑No □Yes
- 43. Other: Please provide any additional information, favorable or unfavorable, which you feel should be considered in connection with your appointment. If none, please so state.

  None

Please include resume and completed Statement of Substantial Interest not more than twelve months old.

#### REFERENCES

Name: Eugene C. Hegarty	Knows you how?: Professionally and Friend of
	Family
Address: P. O. Box 111	Effingham, Kansas 66023
Home Phone: 913-367-1964	(City, State, Zip) Business Phone: 913-833-5560
Name: Robert J. Bednar	Knows you how?: Served on TSB board of directors.
	Had to resign when appointed judg
Address: 1105 Independence Court	Atchison, Kansas 66002
~	(City, State, Zip) Business Phone: 913-367-7400
Name: <sup>James</sup> Birkbeck	Knows you how?: Served on BBOK together
Address: 401 Commanche	Holton, Kansas 66436
11441.0501	(City, State, Zip)
Home Phone: 785-364-4302	Business Phone: 785-364-3131
Name: Bruce A. Schriefer	Knows you how?: Served on BBOK board
Address: 8424 Tipperary Street	Wichita, Kansas 67206
Home Phone: 316-634-6146	(City, State, Zip) Business Phone: 800-999-5725

#### **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 Jamesh, Madkam	Date	7-21-2009



STATE OF KANSAS



	Sec. of St. bar code	TARIA .						
	KANS	SAS GOVERNMENTAL ETHICS COMMI	SSION					
	<u>STAT</u>	EMENT OF SUBSTANTIAL INTERESTS	FORM					
INST	so by law. Any individua	nt (pages 1 through 4) must be completed by individual who intentionally fails to file as required by law, obsecution for a class B misdemeanor.	duals who are required to do or intentionally files a false					
	completing sections "C" the	nd Definition" section provided with this form for a brough "G". If you have questions or wish assistan West 9th, Topeka, KS or call 785-296-4219.						
A.	<b>IDENTIFICATION:</b>	PLEASE TYPE OR PRINT						
	Needham	James	Α.					
	Last Name	First Name	'. MI					
	Needham	Marjorie	M					
	Spouse's Name							
	320 North Liberty							
	Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number							
	Troy, Kansas 6608	7						
	City, State, Zip Code							
	785-985-2412	785-985-35	11					
	Home Phone Number (incl	lude area code) Business Phone	Number (include area code)					
B.	(check one  1. State Elected O  State Treasurer,	RED TO BE FILED BECAUSE YOU ARE:  e or more of the following)  fficial (Governor, Lt. Governor, Attorney General, , Secretary of State, State Senator, State Representa						
	2. Appointed Men 3. Appointed State 4. Employee of a S 5. General Counse 6. Candidate for S		hority;					
List Na	ame of Agency, Board, Univ	ersity or Elected Position (You may use abbreviation	ons but not acronyms)					
Kans	sas state Banking Boa	ard						
*	Agency Di The last four digits of your	vision if applicable (May use acronyms) r social security number will aid in identifying you This information is optional.	Position from others with the same					
	<del>*</del>							

3 8 4 5

Rev. 3/2006





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 \_\_\_\_.

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
IG&R, Inc. PO Box 187, Troy, Ks. 66087	Bank holding Co. <sup>GG</sup>	100% Common Sto	100% with	jt /
2.80 acres of land in Atchison, Co.			,	
, Kansas ; Lancaster, Ks	Land	100% owned	100% Owned	myself
3.86 acres of land in Doniphan Co. Highland, Kansas	Land	Owner	100%	myself
4.				
4.				
5.		•		
			•	
6.				
7.			,	
·				
8.	·			
9.				
10.				
10.				

D. <u>GIFTS OR HONORARIA:</u> List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

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

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



- 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 \_\_\_\_.

	NAME OF BUSINESS	ADDRESS TYPE OF BUSINESS
	State Bank	121 S. Main Troy, Ks. Commercial Bank
2. Needham		320 N. Liberty, Troy, Ks Farming

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

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

	NAME OF BUSINESS			А	DDRESS		TYPE OF BUSINESS
	State Bank	121	S.	Main,	Troy,	Ks.	Commercial Bank
2.	·						

F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "F", check here \_\_\_\_\_.

	BUSINESS NAME AND ADDRESS		POSITION HELD	HELD	BY WHOM
D. C. Dev	velopment, Inc.	·	•		
121 S. Ma	ain, Troy, KS 66087		Secretary	James A.	Needham
2.					
					~
3.					-
		,		•	
4.					
5.					1 1 3
6.		,		1	
7.					
8.					

/
THE PARTY AND THE PROPERTY AND
(4) 中国 (4) 中国 (4) 中国
\$1000000000000000000000000000000000000

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

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

<b>光光·温光在</b> 国	· NAME OF CLIENT / CUSTOMER		ADDRESS	RECEIVED BY
1.			• .	
2.		1		
3.				
4.				
5.				
6.				
7.	-			•
8.				
9.		·		
10.				
11.				
12.				T
13.				

#### H. DECLARATION:

I, James A. Needham	, declare that this statement of substantial interests (including any
accompanying pages and stater	nents) has been examined by me and to the best of my knowledge and belief is a
true, correct and complete state	ment 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 misdeme	anor.

August 26, 2009	(	Jamesh Leddyn
Date		Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0\_\_\_\_.

Return your completed statement to the Secretary of State, Elections Division, Memorial Hall, First Floor, 120 SW 10th, Topeka, Kansas 66612-1594.

