Approved: 5-9 · 11

MINUTES OF THE SENATE FEDERAL AND STATE AFFAIRS COMMITTEE

The meeting was called to order by Chairman Pete Brungardt at 9:00 a.m. on April 29, 2011, in Room 144-S of the Capitol.

All members were present except:

Senator Oletha Faust-Goudeau Senator Roger Reitz

Committee staff present:

Jason Long, Office of the Revisor of Statutes Doug Taylor, Office of the Revisor of Statutes Dennis Hodgins, Kansas Legislative Research Department Connie Burns, Committee Assistant

Conferees appearing before the Committee:

Colonel Keith Lang, Brigadier General, Kansas National Guard Phillis Setchell, State Civil Service Board Rick Petersen-Klein, Kansas Racing and Gaming Commission Mark Dodd, State Gaming Agency Joanne Budler, Kansas State Librarian

Others attending:

See attached list.

Confirmation Hearings:

Chairman Brungardt stated the committee would be conducting five hearings for confirmation: Colonel Keith Lang, Brigadier General, Kansas National Guard, Phillis Setchell, State Civil Service Board, Rick Petersen-Klein, Executive Director, Kansas Racing and Gaming Commission, Mark Dodd, Executive Director, State Gaming Agency, and Joanne Budler, Kansas State Librarian, a re-appointment.

The Chairman welcomed Colonel Keith Lang to the podium for comments. Colonel Lang provided a brief biographical overview of his military and federal government experience and his education. The Chairman called for questions regarding the confirmation. (Attachment 1)

Senator Morris made a motion to move to the full Senate the confirmation for appointment of Colonel Keith Lang, to Brigadier General, Kansas National Guard; to serve at the pleasure of the Governor. Senator Owens seconded the motion. The motion carried.

The Chairman asked Phillis Setchell to come to the podium for comments. Ms. Setchell provided a brief biographical overview of her experience and education. The Chairman called for questions regarding the confirmation. (Attachment 2)

The committee asked Ms. Setchell what preparation she had done to serve on the State Civil Service Board, would her background in faith based organization and school boards have any impact on her decision making with regard to employees and employment: and what benefits do long time employees have in the restructuring of state departments. Ms. Setchell stated that she would only base her decisions on the facts and the statutes and that one of the organizations she worked for is no longer operational.

Rick Petersen-Klein provided a brief overview of his work experience and educations. The Chairman called for questions regard the confirmation. (Attachment 3)

The committee asked specifically about Mr. Petersen-Klein's background in regard to the requirement by statutes to have familiarity with horse and dog racing industries being sufficient to fulfill the duties of the executive director, and his opinion on gaming. Mr. Petersen-Klein stated that even though he was not directly involved with the racing industry in his previous work experience, that racing was a part of it. Mr. Petersen-Klein stated that he would uphold the legislation enacted by the state and maintain the highest level possible, but felt the issue of gaming was one of policy, and he would make the best policy decision.

CONTINUATION SHEET

The minutes of the Federal and State Committee at 10:30 a.m. on April 29, 2011, in Room 144-S of the Capitol.

The chairman asked Mark Dodd to come to the podium for comments. Mr. Dodd provided a brief biographical overview of his work experience and education. The Chairman called for questions regarding the confirmation. (Attachment 4)

The committee asked if Mr. Dodd would there be a conflict of interest:

- Representing the Sax and Fox Nation regarding the Wyandotte Compact
- The Wyandotte Nation and the trust that has been set up for another casino in Park City.

Mr. Dodd stated that there would not be a conflict and went over the way the State gaming is basically a fee based agency and does a reassessment each year with the four Kansas tribes.

The next conferee Joanne Budler's confirmation is a reappointment for State Librarian. (<u>Attachment 5</u>) The committee asked what challenges the State Library would be facing. The most pressing with funding; some of the Federal funding will be reduced next year, especially for the state in equity of access.

The next meeting is scheduled for May 2, 2011. The meeting was adjourned at 9:53 a.m.

SENATE FEDERAL AND STATE AFFAIRS COMMITTEE GUEST LIST

DATE	1:	 29	 1	I	

NI A NOTE	DEDDECEMENT
NAME	REPRESENTING
NILOHE DODA	
Mark Dodd	KSGA
JAMIE NICKOLOV	KS6A
Phillis Setchell	self
Kim Boules	Goz.
Sylvia Chapman	self
Soff Botten for	Polsinelli Shall
PATRICK MARTIN	KRGC
Neysa Thomas	KRGC
KEMH I. LANG COL,	KSANG
RICK PETERSEN - KLEIN	KREE
More GARRAMA	STATE LUBRARY
Jo Budler	State library
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	Hate Library
Janei Rutherford	State Library Hen Lan Firm / 7BPN
	State Library Hein Lan Firm/ ?BPN
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Janei Rutherford	State Library Hein Lan Firm/ ?BPN

Senate Confirmation Information Summary

Prepared and Submitted by the Office of Governor Sam Brownback

Appointee: Keith Lang

Rank: Brigadier General,

Kansas National Guard

Expiration Date: N/A

Term Length: POG

Statutory Authority: K.S.A. 48-208

Party Affiliation: R

• Statutory geographic representation Requirements (insert any that apply)

Congressional District: 3

County: Johnson

Size Requirement (if any):

Other, specify:

Statutory party affiliation requirement: N/A

Statutory industry or occupation requirements: N/A

Salary: N/A

Predecessor: Lee Tafanelli

Board Composition Prior to Confirmation of New Appointee:

Brigadier General, Lee Tafanelli







UNITED STATES AIR FORCE

COLONEL KEITH I LANG

Colonel Keith I. Lang is the Wing Commander, 190th Air Refueling Wing, Forbes Field, Topeka, Kansas. As Wing Commander he orchestrates an annual budget in excess of 55 million dollars while executing a 4000 hour flying program. He leads almost 1000 Air National Guard military personnel and a full-time workforce of approximately 400 personnel. Colonel Lang supervises the Wing's participation in JCS-directed joint operations, providing worldwide aerial refuelina augmenting national airlift resources. He ensures the Wing maintains day-to-day alert and remains mission ready in support of SIOP's nuclear deterrence tasking. Colonel Lang establishes short and long-range plans to sustain equipment, facilities, and manpower to assure successful mission accomplishment.

Prior to this assignment Col Lang was the Director of Operations for Joint Forces Headquarters, coordinating Air Operations for NAF, State Headquarters and a KC-135R Air Refueling Wing involving 2,800 flying hours and over 500 missions flown worldwide annually.



Col Lang was born in Fargo, North Dakota, and moved to the Kansas City area, where he has lived for more than 45 years. Col Lang joined the North Dakota Air National Guard at the age of 19 as an F-4 Phantom Crew Chief. Selected for pilot training by the 190th ARW in 1981, he was commissioned as a 2Lt. In 1982 he graduated from UPT and attended Combat Crew Training at Castle AFB, CA. Since 1982 Col Lang has flown the KC-135A, KC-135D, KC-135E and KC-135R aircraft and has accumulated over 4,000 flying hours as a military Command Pilot and over 20,000 total jet hours. He has served his country by participating in several operations, including Operations Desert Shield, Desert Storm and Northern Watch, logging over 130 hours during 31 combat support sorties.

EDUCATION

1981 BS in Aviation Technology, Central Missouri State University 1990 Squadron Officer's School 1995 Air Command and Staff College 2004 Air War College

ASSIGNMENTS

1981-1982 Flight Training 1990-1993 Flight Element Leader 1994-1995 Flight Commander 1995-1998 Operations Officer 1998-2001 Squadron Commander 2001-2003 Chief of Safety 2003-2004 Strategic Aircraft Reconstitution Team Commander 2005-2006 Flight Commander 2006-2008 Director of Operations JFHQ-KS 2008-Present Wing Commander

FLIGHT INFORMATION

Rating: Command Pilot

Flight Hours: 4000 military; 20,000 total jet hours

Aircraft Flown: T-37, T-38, KC-135A/D/E/R, B-727, DC-9-80, DC-10

MAJOR AWARDS AND DECORATIONS

Meritorious Service Medal with 1 oak leaf cluster Air Medal

Aerial Achievement Medal with 1 oak leaf cluster

Air Force Commendation Medal

Air Force Achievement Medal

Joint Meritorious Unit Award

AF Outstanding Unit Award with Valor Device with 4 oak leaf clusters

Combat Readiness Medal with 10 oak leaf clusters

National Defense Service Medal with 1 oak leaf cluster

Armed Forces Expeditionary Medal

Southwest Asia Service Medal with 2 oak leaf clusters

Global War on Terrorism Service Medal

Armed Forces Service Medal

AF Longevity Service Award Ribbon with 4 oak leaf clusters

Armed Forces Reserve Medal with 1 'M' device and gold hourglass

Small Arms Expert Marksmanship Ribbon

Air Force Training Ribbon

Kuwait Liberation Medal Kingdom of Saudi Arabia

Kuwait Liberation Medal Government of Kuwait

Kansas National Guard Commendation Ribbon

Kansas National Guard State Emergency Duty Service Ribbon with 1 device

Kansas National Guard Service Medal with 2 devices

PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS

Air Force Association

National Guard Association of Kansas

National Guard Association of the United States

Perpetual Sustaining Member to the Museum of the Kansas National Guard

Allied Pilots Association

Kansas Senate

CONFIRMATION OVERSIGHT COMMITTEE

APPOINTMENT QUESTIONNAIRE

Full Name: COL, KEITH IVAN LANG (190TH ARW COMMANDE
(please include title and middle name along with any names previously used)
Home Address: 15228 LINDEN LEAWOOD, KS, 66224
Driver's License Number: Social Security Number:
Position to which Appointed: KS AIR NATIONAL GUARD - CHIEF OF STAFF
Appointing Authority: W. S. TAFANELLI
* Information on this page will not be made public but is used by the KBI and Department of Revenue.

Kansas Senate

CONFIRMATION OVERSIGHT COMMITTEE

APPOINTMENT QUESTIONNAIRE

Full Name: COL, K	EITH IVAN	LANG	(190TH	ARW	COMMANDE
	(please include title and middle nan	ne along with any nan	nes previously used)		
Home Address: 15226	S LINDEN (Street Address)	LE	ANOOD:		
Driver's License Number:		Social Security		City, State, Zir	
Position to which Appointed	KS AIR NATI	ONAL 6	UARD, - BK	2610	EIR GEN.
Appointing Luthonly.	GOVERNOR				
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* 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.

form.
Full Name: COL, KEITH IVAN LANG (1907H ARW COMMANDER) (please include title and middle name along with any names previously us-")
Position to which Appointed: KS. AIR NATIONAL GUARD, BRIGADIER GENERAL
Appointing Authority:
Home Address: 15228 LINDEN LEAWOOD, KS 66224 (Street Address) (City, State, Zip)
Business Name: AMERICAN AIRUNES
Business Address: P.O.BOX 619047, MAILDROFILAX DFW AIRFORT, TX (Street Address) (City, State, Zip) 7526
Position Title: CAPTA(N) (Street Address) (City, State, Zip) 7526
Home Phone: 913 23998 13 Business Phone: 913-4846740 Cell Phone: 913 4846740
Fax Number: E-Mail Address: KEITH, LANG @ ANG, AF, MIA
Kansas resident? Yes / No Date of Birth 8/23/58 Place of Birth: MRGO, N.D.
Registered Voter? YS Party Affiliation: REPUBLICAN
Congressional District: Kansas Senate District: Kansas Representative District: S
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 <u>MUST BE ANSWERED ON</u> <u>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?
BS IN AVIATION TOCKNOLOGY
2. Describe your employment experience. Include any expertise related to the position to which you were appointed. SEE BIOGRAPHY

3.	List any professional licenses that you have obtained and include the number for each license. AIRLINE TRANSPORT PILOT # 2625217
4.	Why do you feel you are a good candidate for the position to which you have been appointed? NUM SRDUS POST ONS OVER 32 YEARS IN MILITARY - RECENTLY 190 MRD (
5.	What do you see as the purpose or mission of the role to which you have been appointed? OVERSE AIR NATIONAL CUMPD (KS) AND GREAT PLAINS TO INT TRAINING Military Service: List rank, date and type of discharge from active service. CONTO
6.	Military Service: List rank, date and type of discharge from active service. ONOTH ARW KS ANG - COMMANNIK
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 Tyes
10.	Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements. None SEE BLOG RAPHY
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. None SEE BOOCHADA
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 Tyes.
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 Yes
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 Yes
	Form 08/08 - Page 3

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. XNo □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. SEE BIOGRAPHY 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 □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. XNo □Yes 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. |X|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 sindicate 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. None 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.

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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? I would separate my self them forest that conflicts 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.
	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.	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.
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 Tyes
36.	Security Clearance Denial: Have you ever been denied a military or other governmental clearance? If so, please explain. No DYes
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 Pyes
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? No XYes

- 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.
- 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: JOE SUKOR Knows you how?: EX-NEIGHBORS
Address: 11122 BROOKWOOD, LONWOOD, KS 66209
Home Phone: 913-661-0045 Business Phone: 913-345-2120
Name: JEFF ZILLINGER Knows you how?: CO-WORKER (RET.)
Address: 1034 S.W. ERMOOR LANE TOPEKA KS 66604 (City, State, Zip)
Home Phone: 785-272-5337 Business Phone: 785-221-8283
Name: CHRIS HIVL Knows you how?: CO-WORKER (A.N.G.)
Address: 3402 S.W. 42 ND ST. TOPOKA, KS 66610
Address: 3402 S.W. 42 NO ST., To POKA, KS 666/0 Home Phone: 785-806-2841 Business Phone: 785-867-4593
?
Name: SCOT MCGREEOR Knows you how?: CO-WORKER (ANG)
Address: 4604 PALMINO CT LAWERONG, KS 66049 Home Phone: 785-312-0653 Business Phone: 285-861-4650

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 19 MAR 2011



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I,	KETH I. LANG (print name)	_ acknowledge that as part of the
Sena	ate Confirmation Oversight Committee process I wi	11:
•	 be subject to a criminal records background inve Investigation; and 	estigation by the Kansas Bureau of
•	• have my tax records released by the Kansas Dep	artment of Revenue.
Such at the	n information will not be released to the general pub e appropriate time by:	lic, but will be made available for review
•	Myself;	
•	My appointing authority;	
	Chairperson of the Senate Confirmation Oversigl	nt Committee; and
•	The Vice Chair of the Senate Confirmations Over	rsight Committee.
Over relea a crir	igning the "Authorization and Certification" section sight Committee questionnaire, the Kansas Departm se my tax information and the Kansas Bureau of Inventual background investigation on me and provide this riduals.	nent of Revenue will be authorized to restigation will be authorized to conduct
Signa	ature Zith Jema	Date 19 MAR 2011



K.S.A. 46-247 and 46-248 and amendments thereto, requires the following individuals to file a written Statement of Substantial Interests within 15 days of appointment and annually thereafter between April 15th and April 30th, inclusive, so long as the act applies to the individual:

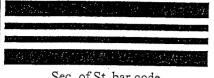
- (a) Legislators.
- (b) Individuals holding an elected office.
- (c) All state employees listed as designees by their agency head.
- (d) All board members listed as designees by their agency head.
- (e) All general counsels for state agencies.
- (f) Any individual whose appointment to office is subject to confirmation by the senate.
- (g) Private consultants under contract with any agency of the state.
- (h) Any faculty member who receives an annual salary of \$50,000 or more, who is employed by a state education institution as defined by K.S.A. 76-711.

Also, K.S.A. 46-248 requires candidates for nomination or election to a state office to file a written Statement of Substantial Interests on June 10, 2006 or within 10 days thereafter, unless within that period the candidacy is officially declined or rejected.

Please print and read the Guide before completing your Statement of Substantial Interests.

You may complete this form (next 4 pages) using your computer, print it and mail it in or you can complete and file your Statement of Substantial Interests form electronically through and with the Kansas Secretary of State's Election Division at: http://www.kssos.org/elections/ssi online.asp

GO TO NEXT PAGE(s) for FORM





Sec. of St. bar code

KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

<u>INS</u>	TRUCTIONS. This statement (pages 1 through 4) must be completed by individuals who are required so by law. Any individual who intentionally fails to file as required by law, or intentionally file statement, is subject to prosecution for a class B misdemeanor.	nired to do es a false
	Please read the "Guide" and Definition" section provided with this form for additional assistant completing sections "C" through "G". If you have questions or wish assistance, please contact Commission office at 109 West 9 th , Topeka, KS or call 785-296-4219.	ce in the
Α.	IDENTIFICATION: PLEASE TYPE OR PRINT LANG KETTH	
	Last Name First Name MI	
	MARY JO LANG	
	Spouse's Name	
	15228 LINDEN	
	Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number	
	LEAWOOD, KS. 66224	
	City, State, Zip Code	
	913-239-9813 913-484-6740)
	Home Phone Number (include area code) Business Phone Number (include a	area code)
В.	 THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE: (check one or more of the following) State Elected Official (Governor, Lt. Governor, Attorney General, Commissioner of I State Treasurer, Secretary of State, State Senator, State Representative, Member of St Education, or District Attorney); Appointed Member of a State Board, Council, Commission or Authority; Appointed State Position is Subject to Senate Confirmation; Employee of a State Agency or University; General Counsel for State Office; Candidate for State Office; Other (Contractor / Member of Compact). 	nsurance, ate Board of
List N	lame of Agency, Board, University or Elected Position (You may use abbreviations but not acronym	15)
<u> </u>	AIR NATIONAL GUARD IFFER CHIEF OF STA	FF
*	Agency 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 name on the computer list. This information is optional.	he same
		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.

2

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

BUSINESS NAME AND ADDRES	SS	туре о	F BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
1. ATTACHET						
2.			. *			
3.		· · · · · · · · · · · · · · · · · · ·				
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7.						
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9.						
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

5674 1007 1007	NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	型	ADDRESS	RECEIVED BY:
1.	:			
2.				
3.				

Form Approved OMB No. 3209-0006

Employee's Name (Print last, first, middle initial)	Page Number
	3

Part I: Assets and Income Continuation Page

Specific stock, bond, sector mutual fund, type/location of real estate, etc. (Indicate the full name of each specific asset or investment. You may add the ticker symbol to the full name.) Name of Employer or Business; Source of Fees, Commissions, or Honoraria (Include brief description.) You may distinguish any entry for a family member by preceding it with S for spouse, DC for dependent child, or J for jointly held.	No longer held
1 Stock-Chesapeake Energy (CHK)	
² STOCKA123 Systems (AONE)	
3 STOCKDryships (DRYS)	
⁴ STOCKCIA Paranaense De Energia Copel (ELP)	
⁵ SŢOCKHomex (HXM)	
STOCKMassey Energy (MEE)	
STOCKOdessey Marine Exploration (OMEX)	
STOCKPetroleo Brasileiro Sa Petrobras (PBR)	
STOCKNatural Gas (UNG)	
STOCKValero Energy (VLO)	
" STOCK - JETBLUE KIRL NE JELLE)	
American Airlines (Defined Benefit Pension Plan)	
American Airlines (Pension A-Plan)	
American Airlines 401K	
Air National Guard Pension	
Menorah Hospital Pension Plan (wife)	
Menorah Hospital 401k (wife)	
18	
Employer: American Airlines	
Employer: Menorah Hospital (wife)	

- 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. AMERICAN AIRLINES POLBOX 619041 TRANSPORTATION 2. DED AIRPORTITY	NAME OF BUSINE	ESS FINANCIAL CONTRACTOR	ADDRESS	TYPE OF BUSINESS
2 DED AIRFORTITY	1. AMERICAN A	IRLINEZ HO	1,BOX 619041	TRANSPORTATION
	2.	34	W AIRPORTITY	

/ム26 | 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
I MENORAH HOST	TTAL 572	1 119 TH ; NALL	MEDICAL CARE
2.	OVER	LAND PARKIKS	

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	洲流	POSITION HELD	HELD BY WHOM
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2.

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

	NAME OF CLIENT / CUSTOMER		ADDRESS	RECEIVED BY
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н.	accompanying pages and true, correct and complete	, declare the statements) has been examined statement of all of my substitutional failure to file this state demeanor.	ned by me and to the best stantial interests and othe	t of my knowledge and b r matters required by law	oelief is v. I
19	MAR 2011		eith 2 2		
	Date		Signature of Person Maki	ing Statement	
NUI	MBER OF ADDITIONAL PA	AGES			
	ırn your completed statement eka, Kansas 66612-1594.	to the Secretary of State, El	ections Division, Memor	rial Hall, First Floor, 120) SW 10

17	-	3.4.6.3				
	Pr	inf	- ⊏,	~ rr	n	
41	L 1	1116		.	114	<

Reset Form

Senate Confirmation Information Summary Prepared and Submitted by the Office of Governor Sam Brownback

Appointee: Phillis Setchell

Position: Member, State Civil Service Board

Expiration Date: March 15, 2015

Term Length: 4 years

Statutory Authority: K.S.A. 75-2929(a)

 Statutory geographic representation Requirements (insert any that apply): One member may be appointed from each Congressional district and the remainder will represent the state at large members Party Affiliation: R

Congressional District: 2

County: Shawnee

Size Requirement (if any): Five

Other, specify:

- Statutory party affiliation requirement: No more than three members of the Board may belong to the same political party.
- Statutory industry or occupation requirements: No member of the board may hold any other public office or public employment, except military office or the office of notary public.

Compensation: K.S.A. 75-2929 (b) [d]
Routine subsistence

Predecessor: Patricia Pressman

Board Composition Prior to Confirmation of Appointee:

See attached board report.

State Civil Service Board

Gov Appts: 5 Term Length: Four Years Contact: Michele Tunnell, Coordinator pts: 5 Notes: Members may hold no other public office or State Civil Service Board employment, Meets 2-3 days every other week, \$70 per 1020 SW Kansas Ave. diem plus expenses. One member from each CD. Meets Topeka, KS 66612 every 2 weeks for several days 785/296-2433 Statute: KSA 75-2929a Confirmation: Gov Appt Counts Male/Female 1st-2nd-3rd-4th Party Ratio: 3:2 R/D/U Board Active 🗸 Term Limit: Reg Board 3:2 1:2:1:1 2:3:0 ** Member fully assumed duties but awaits confirmation by the Full Senate County Affiliation CD H <u>s</u> Appointment Date Expiration Date Reapt Green, Ms. Correne K. Sedgwick R 86h 30s 7/2/2008 3/15/2014 7707 E. Central #1 Wichita, KS 67206 Position: a member fifistr@cox.net Succeeds: Glen Fisher Appointed By: Governor Nominations: Statutory Remarks: 4th CD Seat #: Leiker, Mr. Wilbert J. Shawnee D 51h 18s 10/15/2010 3/15/2013 11521 SW Frontage Road Topeka, KS 66615 Position: a member wjleiker@directv.net Succeeds: Larry Wolgast Appointed By: Governor Nominations: Statutory Remarks: Seat #: 009 Lowther, Mr. James E. Lyon R 60h 17s 8/20/1997 3/15/2013 1549 Berkeley Road Emporia, KS 66801 Position: a member jhawks51@swbell.net Succeeds: himself -- reappointed Appointed By: Governor **Nominations:** Statutory Remarks: First District Appointee Seat #: 001

Pressman, Dr. Patricia K.
4115 SW Eagle Point Road
Topeka, KS 66610
pattypress@cox.net

Van Cleave, Mr. Robert B.

Overland Park, KS 66210 rbvopks@netscape.net

13327 W. 113th Street

County	<u>Affiliation</u>	<u>CD</u>	<u>H</u>	<u>s</u>	Appointment Date	Expiration Date	Dagne
Shawnee	D	2	52h	20s	10/16/2007	3/15/2011	

Position: a member

Succeeds: herself
Appointed By: Governor

Nominations:

Statutory Remarks: Second District Appointee

Seat #: 002

Johnson

3 16h 37s

D

6/18/2008

3/15/2010

Position: a member

Succeeds: William Dean

Appointed By: Governor

Nominations:

Statutory Remarks: 3rd CD

Seat #:

Kansas Senate

CONFIRMATION OVERSIGHT COMMITTEE APPOINTMENT QUESTIONNAIRE

Full Name: Phillis Mary Setche (/ (please include thie and middle name along with any names previously used)
Phillis mary Cusumano
Home Address: 3813 SE 33rd S+ TOPEKA KS 66605
Driver's License Number: Sureet Address) City, State, Zip) Social Security Number:
Position to which Appointed: STATE CIVIL SERVICE BOARD
Appointing Authority: Covenor
* Information on this page will not be made public but is used by the KBI and Department of Revenue.

Phillis Setchell

3813 SE 33rd St, Topeka, KS, 66605 785-267-4306, p.setchell@gmail.com

Professional Summary

Began my career as a Registered Dental Hygienist overseeing the dental health of patients, volunteering in the community and at schools to instruct students in good dental health. After moving to Topeka, the Capital city, I became interested in promoting good government. As a volunteer worked to organize candidate forums, seminars, and voter registration. Retired from the dental field to work directly for candidates. Also, as a volunteer, worked with the Topeka Rescue Mission to direct a Jobs Partnership program for workers with poor or no work history. Good public policy that will increase the number of good-paying private sector jobs for Kansans, which in turn will increase tax revenue to fund our schools and the programs helping the poor and disabled lead me to work toward that end in public policy in addition to campaigns.

Experience

Shawnee County Election Office

1990 - 2011

Supervising Judge for Polling Site last 15 years, board worker before

- Pick up election materials and voting machines
- Oversee board workers
- Maintain a secure election
- Return voted ballots, machines and materials

May 2009 - November 2010

Brownback for Governor, Inc.

Grassroots Director

- Recruit and organize 105 County Chairs for campaign
- Train volunteers for 'Clean Sweep' activities
- Materials distribution
- Communication, issue papers, etc.

Americans For Prosperity, Inc.

Grassroots Director

- Recruit and organize 105 County Chairs for campaign
- Train volunteers for 'Clean Sweep' activities
- Materials distribution
- Communication, issue papers, etc.

Kline for Attorney General, Inc.

Grassroots Coordinator

- Recruit and organize County Chairs for campaign
- Train volunteers for campaign activities
- Materials distribution
- Communication, issue papers, etc.

Nov 2004 June 2006 Nov 2006 April 2009

July to November 2006

Phillis Setchell

785-267-4306 • p.setchell@gmail.com

Brownback for Senate, Inc.	1996, 1998, 2004
Grassroots Director	
Recruit and organize 105 County Chairs for campaign	
 Train volunteers for campaign activities 	and the second of the second o
Materials distribution	
 Communication, issue papers, etc. 	· · · · · · · · · · · · · · · · · · ·
Shallenburger for Governor	May – Nov 2002
Shallenburger for Governor	Way - 1107 2002
Grassroots Coordinator	
Recruit and organize 105 County Chairs for campaign	
Recruit volunteers for campaign activities	
 Materials distribution 	
 Communication, etc. 	
	and the second of the second o
Dental Hygienist	1970 - 1986
 Dental Prophylaxis 	
 X-Rays 	
Patient Education	
Patient History	
Various Dental Offices alternating days	
various Dental Offices afternating days	
Chanute, KS Drs. Good and Morton	1970-1978
,	
Humboldt, KS Dr. Max McReynolds	1973-1978
my delay Tro Title 1 to 6 and 1 december 1 and 9 and 1 december 1	1982-1986
Topeka, KS Filled in for sick days, maternity leave & vacations in multiple offices	1902-1900
in murciple offices	$(x,y)_{x\in X} = (x,y)_{x\in X} + (x,y)_{x\in X}$
	*
TD-11	
Education	1966-1968
Kansas State University	1900-1900
Pre-dental credits	
- Fie-defital credits	Control of the Carlot of the Carlot
This country of Microsymi at Kongas City School of Doubisters	1968-1970
University of Missouri at Kansas City School of Dentistry	1900-1970
 Bachelor of Science Degree in Dental Hygiene 	
I and anothin Imperiates	2002, 2004
Leadership Institute Campaign Training	2002, 2004
- Campaign manning	

Members of the Committee

I am a wife of 41 years, mother, educated at K-State and UMKC dental school with a bachelor degree in dental hygiene. I've lived in Kansas since third grade, moved with my husband to Chanute, Kansas in the 70's, before moving to Topeka in 1980.

Because my husband was Controller at Federal Home Loan Bank, I was able to use my time in volunteer activities or work, if I so chose.

In late 1980's, I began a home business marketing personal and home products for six years.

Highlights of my activities with groups, or as an individual over 25 years include:

- Late 80's I was coordinator for a seminar on the U.S. Constitution that spanned Thursday evening, Friday evening and all of Saturday, securing the speaker, location, advertising and collecting course fees, etc. Then, promoted a course called "The Miracle of America" that met once a week for a number of weeks.
- In the early 90's, I co-founded an educational, motivational group that held well attended candidate forums where a hundred or more would attend. Continued to bringing speakers to educate on the Constitution, the Founders, government, science, history, such as Bill Federer; author and speaker, American Minute radio spots
- At her request, I home schooled our daughter in third grade, dropping other activities to do so. Her Iowa Basics test the beginning of her 4th grade year placed her at 99 percentile.
- School board member at Cair Paravel Latin School, a K-12 college preparatory classical school with fine arts department, including Madrigals, musicals and Shakespearean plays. Over 300 students. Coordinator for hot lunch program.
- Worked with Truth in Love Outreach, Inc., (TLO) composed of businessmen and pastors. I coordinated to plan, produce and host an issues forums once a year for three years bringing speakers, pastors and legislators together for Friday evening and all day Saturday sessions to educate about any issues that were in the news at the federal or state level to become more informed and involved citizens. The third year forum focused on our youth as the future leaders and was called, "Passing the Baton". Our average attendance was 150 people.
- Promoted voter registrations and citizen involvement, such as recruiting for Election Day board workers.
- Was Director of Topeka Jobs Partnership for three years; a Christian jobs program teaching the unemployed or under-employed soft skills and character qualities needed to get and keep a job. I worked with Barry Feaker, of the Topeka Rescue Mission, to recruit a board and 12 pastors as the instructors for the 12 weeks of classes, students and mentors assigned to each student and all the details for the succession of classes, each class hosted by a different church. Along with the board, I arranged for the graduation invitations, program and diploma for the graduates. The Jobs Partnership is a national organization that has since changed format and name to Jobs for Life. Inc.

While being involved with these educational activities. I started volunteering for campaigns for candidates.

- In 1984 volunteered for Ronald Reagan
- In 1996 volunteered for Sam Brownback's U.S. House race that turned into a senate race.
- In 1998 I assisted as deputy grassroots director for the first full senate term campaign
- In 2002 I worked on the Shallenburger Governor's race.
- In 2004, I became grassroots director for the Brownback campaign for his second full term.

- I joined Americans for Prosperity (AFP) as Grassroots Coordinator with Alan Cobb November of 2004 and worked across the state to educate and mobilize Kansans to support fiscal responsibility, eminent domain reform to protect private property and other issues;
- Took leave in 2006 for 5 months to work on Phill Kline's AG's race.
- Returned to AFP in November 2006 till the end of April 2009, leaving after I organized our AFP April Tax Day Tea Party where the crowd was estimated by police at 1500 people.
- Graduate of the Republican Women Dwight D. Eisenhower Excellence in Public Service Series
- Smart Girl Politics member
- Leadership Institute Grassroots training
- Leadership Institute Candidate training
- Republican Precinct committee woman over 20 years
- Have worked or been a Supervising Election Judge of a Shawnee County polling site for 20 years

Phillis Setchell

Topeka, KS

	(for Committee use only) KBI Check: N/A	In-Process	Complete
	DOR Check: N/A		
This Questionnaire is to be fully completed Confirmation Oversight Committee (Committee) a meeting of the Committee to consider an appointed and other forms are received by the Chairman. Ple knowledge. Should a question not be applicable, pl discouraged. If filling out this form electronically, response on the form. Please contact your appointing form.	and returned to the Comme will not be scheduled une ase answer each question lease so state. Hand-writt "\(\sigma\)" should be replaced and authority if you have one	nittee Chairman's atil a completed of a completely to the completely to the complete are with "X" by the a questions when completely to the accordance of the complete are the c	Office. A questionnaire ne best of your strongly
Full Name: Mrs. Phillis Mary Setche (please include title and midd	(.		
Position to which Appointed:STA_TE_C	ile name along with any names previo	usly used)	
Appointing Authority:			· · · · · · · · · · · · · · · · · · ·
Home Address: 3313 52 33rd 5+	TOP5/EA. L	1.1.605	
Home Address: 3313 52 33rd 5+ (Street Address) Business Name:	To account	(City, State, Z	Cip)
	·	···	
Business Address:(Street Address) Position Title:		(City, State, Z	ip)
Home Phone: 785-267-4306 Business Phone:	Cell I	Phone: 785-8	45-7020
Fax Number: E-I	Mail Address: り, ら e	tchell@gvi	rail.com
Kansas resident? ⊠Yes / □No Date of Birth:			
Registered Voter? <u>V 2-5</u>	Party Affiliation:R~e	publican	
Congressional District: 2 Kansas Senate District		• .	t: 531
Do you have the legal right to live and work in the U	nited States? ⊠Yes / [□No	
Please answer the following questions numbered 1 THIS ORIGINAL FORM. If the answers the ques "See Resume" or if you supply additional attachm Attachment(s)" on this form.	tion are provided on vo	ur recume place	ERED ON se state
1. What is your educational background? (3 a)	chelor of science	e in Deute	et Hygiene
2. Describe your employment experience. Includ were appointed. 1685 PARTHERSHIP - A F	e any expertise related to AMHEASED JOSS POUCK OLUNTEEL - NOT PHO	the position to w	Thich you tyen as university the Play
Registered clautal hygienist, campai			1 08/08 - Page 2
Kansas Legislative Research Department	F-3 Appointmen	ts and Confirmations	Handhark 7-

3.	List any professional licenses that you have obtained and include the number for each license.
4.	Why do you feel you are a good candidate for the position to which you have been appointed? Tour over see cases that come before the board carefully, logically and importantly, I can over see cases that come before the board carefully, logically and importantly.
5.	What do you see as the purpose or mission of the fole to which you have seen appearance.
6.	SEE ATTACHMENT Military Service: List rank, date and type of discharge from active service. MNone
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. [X]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 MYes Senate races - Brownback as deputy grassroots edirector, then edirector according to the campaign and describe your involvement. 2004-90 Vernor race (grassroots director) 2004 Senate race; 2009 Cavernor (grassroots) (1996, 2004-90 Vernor race (grassroots director) 2006 Attorney General (grassroots director) Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society
10.	Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements. None
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. Shawker (party Republican facty ISN to Rep. Leoner the organization and the dates of service. Shawker (party Republican facty ISN to Rep. Leoner the organization and the dates of service. Shawker (party Republican facty ISN to Rep. Leoner TREASURED (April 2004) to 2011. One voice reasons 2001. Note that the dates of service of the party leoner o
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.
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. \[\textsquare{
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 □Yes
	Form 08/08 - Page 3

- 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
- 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.
- 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.
- 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
- 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.
- 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
- 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.
- 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.

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2-11

Other: Please describe any other matter in which you are involved that is or may be incompatible 25. 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 Conflict of Interest: How would you resolve any potential conflicts of interest that, while maybe 26. unforeseen at this point in time, could arise? In that particular case, recuse myself. Citations: Have you ever been cited for a breach of ethics for unprofessional conduct, or been 27. named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please provide details. ☑No ☐Yes Convictions: Have you ever been convicted of or entered a plea of guilty or nolo contendere or 28. 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 □Yes U.S. Military Convictions: Have you ever been convicted by any military court? If so, please 29. provide details. ⊠No □Yes Imprisonment: Have you ever been imprisoned, been on probation or been on parole? If so, please 30. provide details. ⊠No □Yes Agency Proceedings/Civil Litigation: Are you presently, or have you ever been, a party in interest 31. 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 Agency Proceedings and Civil Litigation of Affiliates and Family: a.) Is your spouse or other 32. 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 □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.)

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⊠No □Yes

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 Tyes 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 Tyes
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 \(\superscript{Yes}\)
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? □No 图Yes

- 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 Tyes
- 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.

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

REFERENCES

and the second of the second of AFP	
me: Alan Cobb Knows you how?: WERKED FUR Him at AFP	
dress: 3429 Sw Stongbrook Dr TOPEKA, K; 6614 (City, State, Zip)	
me Phone: 785 - 478 - 9752 Business Phone: 785 - 354 - 4237	
me: <u>('ecil Washington</u> Knows you how?: Jobs Partnership + other faith bas	50.1 7 0
Idress: 1943 SE 43 r.1 TOPERA 66609 (City, State, Zip)	
me Phone: 785-267-1545 Business Phone: 785-349-1555 Cent	
me: LAVID Kensinger Knows you how?: campadgas - worked for him	
Idress: 5421 Sw Quail Run Dr., TOPEKA, KS 66610 (City, State, Zip)	
ome Phone: 775-862-7459 Business Phone: 763-368-7321	
ame:Knows you how?:	
(City, State, Zip)	
Iome Phone:Business Phone:	

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 Phillis Sethlet	Date 3-/2-//
---------------------------	--------------

ATTACHMENTS:

F-4, Q5:

What do you see as the purpose or mission of the role to which you have been appointed?

As part of a five member board, I would hear appeals from classified state employees with permanent status under the Kansas Civil Service Act as well as applicants for classified positions who are entitled by law and regulation to appeal to the Board who have been dismissed, demoted, or suspended to determine the reasonableness of the action taken against them.

F-4, Q14:

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.

I have been involved in politics for over 20 years so, yes. Most positions that one takes will have others who take a different position and see controversy. As an example, I have actively lobbied through AFP for leaner government, favoring the Taxpayer Bill of Rights, which the media labeled as a controversy. Also, I am pro-life, favoring protecting women and their babies which some take another view.

Kansas

Senate

CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, Phill's Setchell acknowledge that as part of the (print name)
Senate Confirmation Oversight Committee process I will:
 be subject to a criminal records background investigation by the Kansas Bureau of Investigation; and
 have my tax records released by the Kansas Department of Revenue.
Such information will not be released to the general public, but will be made available for review at the appropriate time by:
• 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 Philip Setchell Date 3-12-11
Form 08/08

Appointments and Confirmations Handbook



K.S.A. 46-247 and 46-248 and amendments thereto, requires the following individuals to file a written Statement of Substantial Interests within 15 days of appointment and annually thereafter between April 15th and April 30th, inclusive, so long as the act applies to the individual:

- (a) Legislators.
- (b) Individuals holding an elected office.
- (c) All state employees listed as designees by their agency head.
- (d) All board members listed as designees by their agency head.
- (e) All general counsels for state agencies.
- (f) Any individual whose appointment to office is subject to confirmation by the senate.
- (g) Private consultants under contract with any agency of the state.
- (h) Any faculty member who receives an annual salary of \$50,000 or more, who is employed by a state education institution as defined by K.S.A. 76-711.

Also, K.S.A. 46-248 requires candidates for nomination or election to a state office to file a written Statement of Substantial Interests on June 10, 2006 or within 10 days thereafter, unless within that period the candidacy is officially declined or rejected.

Please print and read the Guide before completing your Statement of Substantial Interests.

You may complete this form (next 4 pages) using your computer, print it and mail it in or you can complete and file your Statement of Substantial Interests form electronically through and with the Kansas Secretary of State's Election Division at: http://www.kssos.org/elections/ssi_online.asp

GO TO NEXT PAGE(s) for FORM



STATE OF KANSAS



Sec. of St. bar code

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.

		cution for a class B misdemeanor.	
		Definition" section provided with this fon 1gh "G". If you have questions or wish a 1st 9th, Topeka, KS or call 785-296-4219.	m for additional assistance in ssistance, please contact the
A.	IDENTIFICATION:	PLEASE TYPE OR PRINT	
	setchell	Phillis	M
	Last Name	First Name	IM IM
	Warren Set	tchell	
	Spouse's Name		
	3813 5 £ 33r		
	Number & Street Name, Aparts	ment Number, Rural Route, or P.O. Box	Number
	TOPEKA KS City, State, Zip Code		
	City, State, Zip Code		
	785-267-4.	306	
	コをケーシょうーソ Home Phone Number (include d	area code) Business I	Phone Number (include area code)
B.		TO BE FILED BECAUSE YOU ARE:	•
	(check one or n	nore of the following)	
	1. State Elected Officia	(Governor It Governor Attomes C	teral. Commissioner of Incurance
	State Treasurer, Secr Education, or Distric	orar to raid orato ocusion vista Ranta	sentative, Member of State Board of
	2. Appointed Member of	of a State Board, Council, Commission or	
	The promised plate LOSI	LUOD IS Subject to Senate Confirmation.	Authority;
	4. Employee of a State	Agency of University	• "
	5. General Counsel for	State Office;	
	6. Candidate for State C 7. Other (Contractor / M.	ombon of Control	
	· · · · · · · · · · · · · · · · · · ·	remper of Combacts	
T : . 3:	3		
List N	vame of Agency, Board, University	or Elected Position (You may use abbrev	viations but not acronyms)
	CIVIL	SERVICE	
*	Agency Division	if applicable (May use acronyms)	Position
"	The tast four aigits of your socia	I security number will aid in ideatifiin	you from others with the same
	name on the computer list. This	information is optional.	- V A A A B BELLIFE
10			

6263

Rev. 3/2006

			2	SSI of:		
C.	OWNERSHIP INTERESTS: List as every other business interest, include accounts in which either you or your interest exceeding \$5,000 or 5%, wheyou must disclose the percentage her section. If you have nothing to report in Section.	ing lan spous iicheve ld. Ple	d used for income, and see has owned within the per is less. If you or your ease insert additional pag	specific stocks, preceding 12 m spouse own mo	mutual funds onths a legal or ore than 5% of	or retirement or equitable a business,
				and the second second		
	BUSINESS NAME AND ADDRESS		TYPE OF BUSINESS	DESCRIPTION OF INTERESTS	PERCENT OF OWNERSHIP	HELD BY

BUSINESS NAME AND ADDRESS		TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
1. FIRST CLEARING, LLC One Nerth Jefferson Ave, St Louis, Mo	63103	Retirement Acct	Retirement Account	10070	Spiese
2.	· ' ' ' ' ' ' ' ' ' ' '	7.3°4 - 4			
3.					
4.					
5.					
6.					
7.					
8.	-				
9.					
10,					,

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

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

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

		3	SSI	of:
E.	RECEIPT OF COMPENSATION: other businesses from which you or your value, or economic benefit conferred or reportable as taxable income on your fall. YOUR PLACE(S) OF EMPLO	ur spouse rec n in return fo ederal income	eived \$2,000 or more r services rendered, on e tax returns.	in compensation (salary, thing r to be rendered), which was
	1. YOUR PLACE(S) OF EMPLO CALENDAR YEAR. IF SAMI If you have nothing to report in	E AS SECTION	ON "B", CHE <u>CK</u> HEI	IN THE PRECEDING RE
1.	NAME OF BUSINESS Birownback for Covernor, Inc.	POBOK 37	ADDRESS 139 TOPEKA LOLLOY	TYPE OF BUSINESS C FYMPAICAD
	2. SPOUSE'S PLACE(S) OF EMP CALENDAR YEAR. If you have nothing to report in the second secon			ESS IN THE PRECEDING
	NAME OF BUSINESS TO PEKA BIBLE CHURCH Edeval Home Loan Bank of ToPaka		ADDRESS J Mulvane St TEPERA 66664 4 Benetit & Sunt	TYPE OF BUSINESS Church
₹.	OFFICER OR DIRECTOR OF AN Obusiness in which you or your spouse ho the time of filing, irrespective of the amoinsert additional page if necessary to confi you have nothing to report in Section	old a position ount of comp nplete this se	of officer, director, as ensation received for ction—	ssociate, partner or proprietor a
	BUSINESS NAME AND ADDRESS		POSITION HELD	HELD BY WHOM
1.	TRUTH IN LOVE OUTREACH, INC	inactive	treasurer	Phillis Setchell
2.		•		
3.		-		
1.	344	·		
5.				
6.				
7.				

G.	RECEIPT OF FEES AND COM	MMISSIONS: Li	st each client or custon	ier who pays fe	es or
	commissions to a business or com	ibination of busin	esses from which fees o		
	shouse received all addiedate of 2	2.000 or more in t	he preceding colondar a	T 1	11 1.
	customer" relates only to business	ses or combination	of businesses. In the	case of a partne	rship, it is the
	partner's proportionate share of the expenses of the partnership. An in	e business, and ne	once of the fee, which is	significant, wi	thout regard to
	commissions is generally not requ	ired to report und	er this provision. Place	ed to portions o	f fees or
	necessary to complete this section		or this provision, Tieas	e misert additio	nai page if
	If you have nothing to report in Se	ection "G", check	here .		
					.
					
	NAME OF CLIENT / CUSTOMER		ADDRESS	3	RECEIVED BY
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2.				<u> </u>	
3.				<u> </u>	
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H.	DECLARATION:				
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	and, correct and complete statement	t of all of my subs	tantial interests and oth	er mattern room	
	miderstand that the intentional failur	re to file this state:	ment as required by law	or intentionall	y filing a false
	statement is a class B misdemeanor.				_
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,	1 10 11	4 3			
	3-12-11	·	Phillis M.	Satchell	
	Date	S	ignature of Person Mak		
NUME	ER OF ADDITIONAL PAGES	none add	coint to pages	provided	* ************************************
Return	Your completed statement to the G	66.			· · · · •
Topeka	your completed statement to the Secr., Kansas 66612-1594.	retary of State, Ele	ections Division, Memo	rial Hall, First	Floor, 120 SW 10th
Pr	int Form		w e		Reset Form

SSI of:

Senate Confirmation Information Summary

Prepared and Submitted by the Office of Governor Sam Brownback

Appointee: Rick Petersen-Klein

Position: Executive Director, Kansas Racing and Gaming

Commission

Expiration Date: N/A

Term Length: POG

Statutory Authority: K.S.A. 74-8805

Party Affiliation: R

 Statutory geographic representation Requirements (insert any that apply)

Congressional District: 2

County: Shawnee

Size Requirement (if any):

Other, specify:

• Statutory party affiliation requirement: N/A

Statutory industry or occupation requirements: The executive director must be an unclassified
employee under the Kansas Civil Service Act; devote full time to the executive director's
assigned duties; receive such compensation as determined by the Governor, subject to the
limitations of appropriations; be a citizen of the United States and an actual resident of Kansas
during employment by the Commission; not be a convicted felon; and have familiarity with the
horse and dog racing industries sufficient to fulfill the duties of the office of executive director.

Salary: 101,500

Predecessor: Neysa Thomas

Board Composition Prior to Confirmation of Appointee:

See attached board report.

Kansas Racing and Gaming Commission

Gov Appts: 5

Term Length: Four Years for members; POG for E.D. Contact:

Patrick Martin, Interim Executive Director

700 SW Harrison Suite 420

Topeka, KS 66603-3754

Total Appts:

Shall be citizen of U.S. and actual resident of KS at Notes:

time of appt. and during term of office; shall have been resident of KS for continuous period of not less than 5 yrs. immediately preceding appt.; and no conviction of felony at any time prior to appt. or during term. Each

congressional district has at least 1 member residing in

785/296-5800

district at time of appt. Meets every 3 weeks.

Conflict of interest statute: 74-8810

Statute: Party Ratio: KSA 74-8803

3:2

Confirmation:

Gov Appt Counts Male/Female

CD

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

R/D/U Board Active 🗸

Term Limit:

Reg Board

V

Affiliation

D

3:2

111h 37s

H

12h

15s

1:1:1:2

1/8/2008

1/8/2008

2:3:0

1/15/2012

1/15/2012

Appointment Date Expiration Date Reapt

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

Braun, Mr. Glenn R.

2705 Thunderbird Drive

Hays, KS 67601

grbraun@haysamerica.com

Position: a member

County Ellis

Succeeds: himself -- reappointed

Appointed By: Governor

Nominations:

Statutory Remarks:

Seat #:

Falstad, Mr. William J.

2411 Gary Avenue

Independence, KS 67301

bfalstad@twinmounds.com

Position: a member

Montgomery

Succeeds: himtelf -- reappointed

Appointed By: Governor

Nominations:

Statutory Remarks:

Seat #:

<u>County</u> Crawford	Affiliation D	<u>CD</u> 2	<u>H</u> 2h	<u>S</u> 13s	Appointment Date 4/29/2005	Expiration Date 1/15/2009	Reapt
ppointed By: Governor Nominations: N/A							
· ·	strict Appoint	ee					
Johnson	D	3	21h	7s	10/16/2007	1/15/2011	
Position: a member Succeeds: herself							
ry Remarks: Third Distri	ct Appointee						
Seat #: 001 Sedgwick	R	4	83h	30s	10/16/2007	1/15/2011	abla
pointed By: Governor ominations: y Remarks: Second Dist		e					
	Position: a member Succeeds: Gene M. Coppointed By: Governor Nominations: N/A ory Remarks: Second Dis Seat #: 003 Johnson Position: a member Succeeds: herself ppointed By: Governor Nominations: ry Remarks: Third District Seat #: 001 Sedgwick Position: member Succeeds: Stanley M. Topointed By: Governor Gove	Position: a member Succeeds: Gene M. Olander Specification: N/A Ory Remarks: Second District Appoint Seat #: 003 Johnson D Position: a member Succeeds: herself ppointed By: Governor Nominations: ry Remarks: Third District Appointee Seat #: 001 Sedgwick R Position: member Succeeds: Stanley M. Teeter opointed By: Governor Cominations: ry Remarks: Second District Appointee	Crawford D 2 Position: a member Succeeds: Gene M. Olander Oppointed By: Governor Nominations: N/A Pry Remarks: Second District Appointee Seat #: 003 Johnson D 3 Position: a member Succeeds: herself ppointed By: Governor Nominations: Third District Appointee Seat #: 001 Seat #: 001 Sedgwick R 4 Position: member Succeeds: Stanley M. Teeter Opointed By: Governor Cominations: The Covernor Cominations: The Covernor Cominations: Stanley M. Teeter Opointed By: Governor Cominations: The Covernor Covernor Cominations: The Covernor Cover	Crawford D 2 2h Position: a member Succeeds: Gene M. Olander Sppointed By: Governor Nominations: N/A Ory Remarks: Second District Appointee Seat #: 003 Johnson D 3 21h Position: a member Succeeds: herself Sppointed By: Governor Nominations: Third District Appointee Seat #: 001 Sedgwick R 4 83h Position: member Succeeds: Stanley M. Teeter Spointed By: Governor Specification: member Succeeds: Stanley M. Teeter Spointed By: Governor Specification: member Succeeds: Stanley M. Teeter Spointed By: Governor Specification: Specification of the spec	Crawford D 2 2h 13s Position: a member Succeeds: Gene M. Olander Special Spec	Crawford D 2 2h 13s Appointment Date Position: a member Succeeds: Gene M. Olander Oppointed By: Governor Nominations: N/A Ory Remarks: Second District Appointee Seat #: 003 Johnson D 3 21h 7s 10/16/2007 Position: a member Succeeds: herself Oppointed By: Governor Nominations: Ty Remarks: Third District Appointee Seat #: 001 Sedgwick R 4 83h 30s 10/16/2007 Position: member Succeeds: Stanley M. Teeter Oppointed By: Governor Cominations: Ty Remarks: Second District Appointee	Crawford D 2 2h 13s Appointment Date Expiration Date Crawford D 2 2h 13s 4/29/2005 1/15/2009 Position: a member Succeeds: Gene M. Olander ppointed By: Governor Nominations: N/A ry Remarks: Second District Appointee Seat #: 003 Johnson D 3 21h 7s 10/16/2007 1/15/2011 Position: a member Succeeds: herself ppointed By: Governor Nominations: ry Remarks: Third District Appointee Seat #: 001 Sedgwick R 4 83h 30s 10/16/2007 1/15/2011 Position: member Succeeds: Stanley M. Teeter spointed By: Governor ominations: ry Remarks: Second District Appointee

RICK PETERSEN-KLEIN, CPA, MBA, JD

(785) 764-6839 rpetersenklein@yahoo.com

4808 SW West Hills Drive TOPEKA, KANSAS 66606-2244

SUMMARY

Private sector CPA/Attorney (inactive) with over 30 years combined finance-accounting-legal experience and impeccable work ethic. Highly skilled at negotiating contracts; budgeting; analyzing complex business and legal matters; and providing concise, thorough strategic advice.

EDUCATION

WASHBURN UNIVERSITY SCHOOL OF LAW; Topeka, Kansas JURIS DOCTORATE - May 2004 (with Dean's Honors) President, Tax Law Society; VITA Coordinator; 3.2 GPA

ARIZONA STATE UNIVERSITY; Tempe, Arizona
MASTER OF BUSINESS ADMINISTRATION DEGREE – 1986
(with Dean's Council of 100 Honors)

MICHIGAN STATE UNIVERSITY; East Lansing, Michigan BACHELOR OF ARTS DEGREE - 1976
Finance and Computer Science

PROFESSIONAL EXPERIENCE

PETERSEN-KLEIN, CPA, Topeka, Kansas

2010-present

Principal

Provide a full range of finance, accounting, tax and transaction services to businesses and individuals.

FISHER, PATTERSON, SAYLER & SMITH, LLP; Topeka, Kansas 2004-2010

Teamed with Managing Partner and handled all aspects of commercial/corporate practice with particular emphasis on contract matters. Adept at legal drafting, including a diverse array of contracts, settlement agreements, litigation documents, and briefs. Also experienced in developing successful legal strategies to achieve client goals. Legal experience in matters involving bankruptcy, probate and estate law, taxation, administrative and agency law, business entity and trust formation, secured transactions, banking and payment systems, and collections. Trial experience in bankruptcy, civil, probate, and administrative law.

KANSAS SECRETARY OF STATE; Topeka, Kansas Law Clerk

2003 - 2004

Reviewed and approved various business filings. Investigated notary complaints and recommended appropriate action. Researched various legal issues regarding elections, trademark, and business law, and provided memoranda of statutory interpretation and common law application. Drafted administrative rules and regulations. Reviewed and evaluated monitoring of cemeteries. Subcommittee chairperson for white paper recommending appropriate statutory financial processing and agency reporting. Monitored relevant legislation and prepared checklists for agency implementation.

WASHBURN UNIVERSITY SCHOOL OF LAW; Topeka Kansas Supplemental Instructor - Contracts.

2003 - 2004

Taught two group sessions for first year law students in the subject area of contracts as a supplement to large group lectures. Emphasized subject matter identification, issue development, and legal rule identification and analysis.

FINOVA CAPITAL CORPORATION; Scottsdale, Arizona Second Vice President

1995 - 2001

In charge of worldwide aircraft portfolio of loans and leases totaling over \$500 million. Responsible for country risk assessment and transactions in emerging international markets. Duties included account reconciliation to budget, documentation, litigation and collection. Prepared, analyzed and reconciled financial reporting for both internal budgets and external financial statements including SEC, IRS and other federal agency reports. Designed, implemented and administered repossessed asset financial reporting system; developed and presented corresponding corporate wide training seminar. Tested and implemented computer system conversion for lease and loan portfolio.

PETERSEN-KLEIN, CPA, PLLC; Phoenix, Arizona

1994 - 1995

Provided a full range of accounting and tax services to both businesses and individuals.

CHASE MANHATTAN CORPORATION; Phoenix, Arizona Vice President

1988 - 1994

Managed the control and application of funds for a multi-million dollar portfolio to maximize tax benefits and capital preservation. Evaluated assets for financial statement preparation and presentation. Directed litigation, managed outside counsel and negotiated settlements.

SECURITY PACIFIC CORPORATION; Phoenix, Arizona

Vice President (1983 - 1988): Developed and implemented a financial services marketing plan covering 17 states, and managed a three-member marketing team with express goal to grow the state's economy. Lead banker for Arizona clients with a national presence including Del E. Webb Corporation, Sinclair Oil and Little America Hotels, Norwest Finance Corporation, and Lutheran Hospital Systems. Covered Real Estate, Gaming, Finance, Health Care and Oil and Gas Industries.

Assistant Vice President (1982 - 1983): Determined and evaluated risk of loss via compliance tests using both internal policy and federal regulations as an internal auditor.

Assistant Branch Manager (1980 - 1982): Prepared annual budget, performed internal audit functions, coordinated security, and supervised and scheduled personnel.

MICHIGAN NATIONAL BANK, Lansing, Michigan

1976 - 1980

Manager: Completed the management-training program rotating through the following departments: financial reporting and budgeting, computer processing, cash management, credit analysis, and loan underwriting. Served as branch manager.

Kansas Senate

CONFIRMATION OVERSIGHT COMMITTEE

APPOINTMENT QUESTIONNAIRE

ed)	1
KS, 66606	
(City, State, Zip)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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-)	Department of Rev

(for Committee use 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: MR. RICHARD PETERSEN-KLEIN	
(please include title and middle name along with Position to which Appointed: EXECUTIVE DIRECTOR, KS RAC	any names previously used) CING AND GAMING
Appointing Authority: GOVERNOR	
Home Address: 4808 SW WEST HILLS DR	TOPEKA, KS, 66606
(Street Address) Business Name: RICHARD PETERSEN-KLEIN, CPA	(City, State, Zip)
Business Address: 4808 SW WEST HILLS DR, TOPEKA, KS 66606 (Street Address)	
Position Title: PROPRIETOR	(City, State, Zip)
Home Phone: (785) 764-6839 Business Phone: (785) 764-6839	Cell Phone: (785) 764-6839
Fax Number:E-Mail Address:	rpetersenklein@yahoo.com
Kansas resident?	Place of Birth: OAKLAND, CA
Registered Voter? YES Party Affiliation	on: REPUBLICAN
Congressional District: 2 Kansas Senate District: 18 Ka	ansas Representative District: 56
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 <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? SEE RESUME
- 2. Describe your employment experience. Include any expertise related to the position to which you were appointed. SEE ATTACHED

- 3. List any professional licenses that you have obtained and include the number for each license. ATTORNEY KS SUP CT #21604/CPA AZ #9171-E
- 4. Why do you feel you are a good candidate for the position to which you have been appointed? SEE ATTACHMENT
- 5. What do you see as the purpose or mission of the role to which you have been appointed? SEE ATTACHMENT
- 6. **Military Service**: List rank, date and type of discharge from active service. ☑None
- 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 LAW CLERK FOR KANSAS SECRETARY OF STATE'S OFFICE; SEE RESUME
- 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
- Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements. ☑None
- 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.

 \[
 \sumset{\text{None SEE ATTACHMENT}}\]
- 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
- 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
- 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 ☐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.

 No Tyes

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 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. None 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 SPOUSE IS EMPLOYEE OF KANSAS CORPORATION COMMISSION 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 spouse is employee of Kansas Corporation Commission 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 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 Lobbying Activities: Describe any lobbying activity during the past ten years in which you and/or 23. 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. None

Form 08/08 - Page 4

None

Kansas. 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

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. **V**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? SEE ATTACHMENT 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 □Yes 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 □Yes 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 Agency Proceedings/Civil Litigation: Are you presently, or have you ever been, a party in interest 31. 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 Agency Proceedings and Civil Litigation of Affiliates and Family: a.) Is your spouse or other 32. 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 □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

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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 Yyes OUR RENTAL RE ENTITY, NOT ACORN LLC, INITIATED A COLLECTIONS ACTION IN AZ. 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 Tyes
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. ☑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? ☐No ☑Yes

- 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:	Knows you how?:
Address:	
	(City, State, Zip) Business Phone: (913) 684-1026
Name:	_ Knows you how?:
Address: 10400 NOLAND	
	(City, State, Zip) Business Phone: (816) 474-6550
Name:	_ Knows you how?:Knows you how?
Address: 30060 W 93RD CT	DE SOTO,KS 66018
	(City, State, Zip) Business Phone: (913) 381-5020
Name: N/A	_ Knows you how?:
Address:	
Home Phone:	(City, State, Zip) Business Phone:

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 3/10/11

QUESTION 2:

SEE RESUME. DURING BANKING EXPERIENCE WAS NATIONAL ACCOUNTS OFFICER FOR OVER 5 YEARS FOR A BANKING RELATIONSHIP WITH A CASINO OPERATOR, INCLUDING LENDING - DIRECTLY AND AS PART OF BANKING GROUP, LETTERS OF CREDIT, AND CASH MANAGEMENT SERVICES. CASINO OPERATOR OWNED AND OPERATED 4 CASINOS – 3 IN NEVADA AND 1 IN NEW JERSEY. POSITION REQUIRED DETAILED KNOWLEDGE OF ALL AREAS OF CASINO OPERATIONS INCLUDING ORGANIZATIONAL STRUCTURE AND CONTROL, OPERATIONAL MEASURES, INTERNAL CONTROLS, FINANCIAL REPORTING, AND CAPITAL STRUCTURES. BANKING EXPERIENCE INCLUDED COMMERCIAL REAL ESTATE LENDING INVOLVING EVALUATION OF PROJECT PLANS, FEASIBILITY REPORTS, UNDERWRITING CRITERIA AND OVERSIGHT OF CONSTRUCTION LENDING. BUSINESS AND LEGAL BACKGROUNDS INCLUDE CONTRACT NEGOTIATIONS AND ENFORCEMENT.

QUESTION # 4:

PRINCIPLES OF BUSINESS THAT MAXIMIZE OPERATIONAL EFFICIENCIES WHILE MAINTAINING SYSTEM INTEGRITY DURING PRODUCT AND SERVICES DELIVERY TO END USER ARE APPLICABLE TO GOVERNMENT. I HAVE THE KNOWLEDGE, SKILLS, ABILITIES AND EXPERIENCE TO IMPLEMENT SUCH PRINCIPLES IN PROVIDING QUALITY GOVERNMENT SERVICES TO KANSANS.

QUESTION # 5:

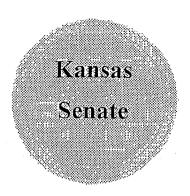
IMPLEMENT POLICY OBJECTIVES WITH INTEGRITY CONSISTENT WITH ESTABLISHED LAW IN AN EFFICIENT MANNER THAT MINIMIZES COST AND MAXIMIZES BENEFITS TO KANSANS.

QUESTION # 11:

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS, 1995 to PRESENT; KANSAS BAR ASSSOCIATION, 2002 to 2010; TOPEKA BAR ASSOCIATION, 2004 to 2010; TAX LAW SOCIETY, PRESIDENT, 2002 to 2004 (STUDENT ORG), FEDERALIST SOCIETY, 2002-2009; AZ SOCIETY OF CPA'S, 1995 to 2001.

QUESTION # 26:

USE GOVERNMENT ETHICS COMMISSION RULES AND KANSAS RULES OF PROFESSIONAL CONDUCT FOR ATTORNEYS AND JUDGES FOR GUIDANCE THAT REQUIRE FULL DISCLOSURE USING WAIVER, RECUSAL AND DELEGATION AS POSSIBLE OPTIONS FOR RESOLUTION.



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I,	acknowledge that as part of the	
	(print name)	
Senat	e Confirmation Oversight Committee process I will:	
•	be subject to a criminal records background investigation by the Kansas Bureau of Investigation; and	
•	have my tax records released by the Kansas Department of Revenue.	
Such : at the	information will not be released to the general public, but will be made available for revappropriate time by:	iev
•	Myself;	
•	My appointing authority;	
•	Chairperson of the Senate Confirmation Oversight Committee; and	
•	The Vice Chair of the Senate Confirmations Oversight Committee.	
Overs releas a crim	ming the "Authorization and Certification" section (on page 8) of the Senate Confirmation ight Committee questionnaire, the Kansas Department of Revenue will be authorized to emy tax information and the Kansas Bureau of Investigation will be authorized to conduinal background investigation on me and provide that information to the appropriate duals.	
Signat	ure Date 3/10/11	
	Form 0	8/08

MR. RICHARD PETERSEN-KLEIN



K.S.A. 46-247 and 46-248 and amendments thereto, requires the following individuals to file a written Statement of Substantial Interests within 15 days of appointment and annually thereafter between April 15th and April 30th, inclusive, so long as the act applies to the individual:

- (a) Legislators.
- (b) Individuals holding an elected office.
- (c) All state employees listed as designees by their agency head.
- (d) All board members listed as designees by their agency head.
- (e) All general counsels for state agencies.
- (f) Any individual whose appointment to office is subject to confirmation by the senate.
- (g) Private consultants under contract with any agency of the state.
- (h) Any faculty member who receives an annual salary of \$50,000 or more, who is employed by a state education institution as defined by K.S.A. 76-711.

Also, K.S.A. 46-248 requires candidates for nomination or election to a state office to file a written Statement of Substantial Interests on June 10, 2006 or within 10 days thereafter, unless within that period the candidacy is officially declined or rejected.

Please print and read the Guide before completing your Statement of Substantial Interests.

You may complete this form (next 4 pages) using your computer, print it and mail it in or you can complete and file your Statement of Substantial Interests form electronically through and with the Kansas Secretary of State's Election Division at: http://www.kssos.org/elections/ssi_online.asp

GO TO NEXT PAGE(s) for FORM



STATE OF KANSAS



Sec. of St. bar code

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.

IDENTIFICATION:	PLEASE TYPE OR PRINT	tana da kacamatan baran ba
PETERSEN-KLEIN	RICHARD	(NONE)
Last Name	First Name	MI
PATRICE PETÉRSEN-KLEIN	1	
Spouse's Name		——————————————————————————————————————
4808 SW WEST HILLS DR		
Number & Street Name, Apai	rtment Number, Rural Route, or P.O. Box Numl	ber
TOPEKA, KS, 66606		
City, State, Zip Code	<u> </u>	
(785) 764-6839	(785) 764-6839	e
Home Phone Number (include	le area code) Business Phone	Number (include area code)
3. Appointed State Pour 4. Employee of a State 5. General Counsel for 6. Candidate for State		chority;
Name of Agency, Board, Universi KANSAユ RACING も G A	ity or Elected Position (You may use abbreviation	ons but not acronyms) EXECUTIVE DIRECTOR
KANSAL RACING 4 GA Agency Divisi	ion if applicable (May use acronyms) ocial security number will aid in identifying you	EXECUTIVE DIRECTOR Position

3-18

2 SSI of:	

C. <u>OWNERSHIP INTERESTS</u>: 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 .

		7	4************************************	
BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
1. NOT ACORN LLC, 4808 SW WEST HILLS DR,	INACTIVE/NO	OWNERSHIP/	50%/50%	JT H/W
TOPEKA, KS 66606	HOLDINGS	MEMBER		
2. VANGUARD MUTUAL FUNDS	BROKER/INVESTMENT	MONEY	>\$5,000	· JT
VALLEY FORGE/PA	CO	MARKET	45,555	
3. DIVERSIFIED FUNDS MANAGED		BOND FUNDS	>\$5,000	JT
BY VANGUARD				
4. HODINGS VARY DAY TO DAY		GROWTH & INCOME	>\$5,000	JT
5.		WINDSOR FUNDS	>\$5,000	JT
6.		WELLINGTON	>\$5,000	JT
7.		INTERNATIONA L GROWTH	>\$5,000	JТ
8.		STOCK INDEX	>\$5,000	JT
9.				
10.				

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

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

NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY:
_1. N/A		
2.		
3.		

	general services and services are services and services and services and services and services and services are services a	3	SSI of:	
E.	RECEIPT OF COMPENSATION of their husinesses from which was			

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

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1. FISHER PATTERSON SAYLER & SMITH	3550 SW 5TH ST , TOPEKA, KS	LAW FIRM
2. RICHARD PETERSEN-KLEIN, CPA	4808 SW WEST HILLS, TOPEKA, KS	ACCOUNTING

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

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

NAME OF BUSINESS	ADDRESS	Type of Business
1. STATE OF KANSAS	1500 SW ARROWHEAD, TOPEKA, KS	GOVERNMENT
2.		

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

BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
1. FISHER PATTERSON SAYLER & SMITH	OF COUNSEL	SELF
3550 SW 5TH ST , TOPEKA, KS		
2. RICHARD PETERSEN-KLEIN, CPA	PROPRIETOR	SELF
4808 SW WEST HILLS DR, TOPEKA, KS	1	
3. NOT ACORN LLC	MEMBER	SELF/SPOUSE
4808 SW WEST HILLS DR, TOPEKA, KS		
4. KS WOMEN ATTORNEY'S ASSOCIATON	PRESIDENT/PAST	SPOUSE
PO BOX 596, TOPEKA, KS	PRESIDENT	
5. WOMEN ATTORNEY'S ASSOCIATION OF TOPEKA	BOARD MEMBER/KWAA	SPOUSE
PO BOX 2483, TOPEKA, KS	LIASON	
6. KANSAS BAR ASSOCIATION	PRESIDENT ELECT,ADM.	SPOUSE
1200 SW HARRISON, TOPEKA, KS	LAW SECTION	
7.		
	The second second second	
8.		

		4	SSI of:	
G.	RECEIPT OF FEES AND COMMIS commissions to a business or combinate spouse received an aggregate of \$2,000 customer" relates only to businesses or partner's proportionate share of the businesses of the partnership. An individe commissions is generally not required to necessary to complete this section. If you have nothing to report in Section	ion of businesses from or more in the precession of business, and hence of the business, and the contract of the business as the business of t	om which fees or commisseding calendar year. The processes. In the case of a particle fee, which is significant to particle.	ions you or your phrase "client or artnership, it is the t, without regard to
	NAME OF CLIENT / CUSTOMER		ADDRESS	
1.		II .	ADDRESS	RECEIVED BY
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8.				
9.		· · · · · · · · · · · · · · · · · · ·		
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12.		:		
13.				
Н.	DECLARATION: RICHARD PETERSEN-KLEIN I, accompanying pages and statements) has true, correct and complete statement of all understand that the intentional failure to f statement is a class B misdemeanor.	been examined by n l of my substantial in	iterests and other matters	nowledge and belief is a
	110/11		It the	
	Date	Signature	of Person Making Staten	nent
VUMB	er of additional pages 0			
Return Topeka	your completed statement to the Secretary , Kansas 66612-1594.	of State, Elections I	Division, Memorial Hall, F	First Floor, 120 SW 10th,
Pr	nt Form			Racat Form

Reset Form

Senate Confirmation Information Summary

Prepared and Submitted by the Office of Governor Sam Brownback

Appointee: Mark Dodd

Position: Executive Director, State Gaming

Agency

Expiration Date: N/A

Term Length: POG

Statutory Authority: K.S.A. 74-9804

Party Affiliation: R

 Statutory geographic representation Requirements (insert any that apply) Congressional District: 2

County: Shawnee

Size Requirement (if any): N/A

Other, specify:

• Statutory party affiliation requirement: N/A

• Statutory industry or occupation requirements: The executive director shall be in the unclassified service under the Kansas civil service act; devote full time to the executive director's assigned duties; (C) be a citizen of the United States and an actual resident of Kansas during employment as executive director; not have been convicted of a felony under the laws of any state or of the United States prior to or during employment; have familiarity with gaming industries sufficient to fulfill the duties of the office of executive director.

Salary: \$96,000

Predecessor: Richard Baldwin

Board Composition Prior to Confirmation of Appointee:

See attached board report.

MARK D. DODD

3519 SW MacVicar Ave. ◆ Topeka, KS 66611 ◆ C: (785) 580-8182 ◆ H: (785) 266-8028 doddmark1@gmail.com

BAR ADMISSIONS

Admitted to Practice in Kansas (Bar # 22695), 2006, US District Court of Kansas, 2006, and Prairie Band Potawatomi Nation Court, 2009. Also Member of the Kansas Bar Association, Federal Bar Association and FBA Indian Law Section.

EXPERIENCE

Law Office of Mark D. Dodd, P.A. ~ Topeka, KS

Principal/Attorney ~ January 2011-present

Provide legal advice, direction and representation for Tribal Governments.

 Currently represent the Sac and Fox Nation of Missouri in Kansas and Nebraska as outside General Counsel.

Prairie Band Potawatomi Nation ~ Mayetta, KS

General Counsel/Tribal Attorney ~ January 2009-January 2011

- · Provide legal advice, direction and representation for the Nation's Tribal Council.
- · Assist Tribal Departments/entities with experience in Economic Development.

Haskell Indian Nations University ~ Lawrence, KS

Adjunct Professor ~ August 2010-December 2010

• Taught upper level course on Fundamentals of Tribal Sovereignty in the School of Business.

Hines & Ahlquist, P.A. ~ Erie, KS

Associate Attorney ~ August 2006–January 2009

- Practice all aspects of a general practice, including litigation, criminal and civil defense, contracts, domestic, water law, oil and gas, etc.
- Heavy case load in misdemeanor and felony criminal defense, juvenile defense, and traffic cases.

Tribal Law & Government Center~ Lawrence, KS

Student Director; University of Kansas School of Law ~ May2005-July 2006

Perform legal research and legal assistance to tribal governments.

University of Kansas School of Law ~ Lawrence, KS

Research Assistant; for Professor Stacy Leeds ~ May2005-July 2006

Research and write about Native American and property law issues.

Tribal Judicial Support Clinic ~ Lawrence, KS

Clinic Intern; University of Kansas School of Law ~ January-May 2006

Research tribal statutes and co-draft model Judicial Code for the National Judicial College.

University of Kansas School of Law Library ~ Lawrence, KS

Research Assistant; for Robert Mead, Head of Public & Faculty Services ~ May 2005—May 2006 Circulation/Reference Assistant~ August 2004—July 2006

- · Carry out legal and interdisciplinary research for law faculty.
- Perform information and reference assistance, maintain books and reserve materials.

Kansas State Legislature ~ Topeka, KS

Legislative Intern to Deena Horst; Kansas House of Representatives ~ January-April 2005

Perform legislative research in areas such as school/vendor contracts, school finance, etc.

EDUCATION

University of Kansas School of Law ~ Lawrence, KS Juris Doctor ~ May 2006

- Recipient of Tribal Law Certificate and Environmental Law Certificate, May 2006.
- National Indian Law Moot Court Oralist/Brief writer, November 2004–February 2005.
- Vice President of KU chapter of Native American Law Student Association, September 2004-May 2006, member September 2003- August 2004.
- Member of the J. Ruben Clark Law Society KU Student Chapter, September 2003- May 2006.
- Awarded KU Diversity in Law Scholarship (2005) and American Indian Graduate Center Scholarship (2004-2006).

Haskell Indian Nations University ~ Lawrence, KS

Non-degree Seeking Student ~ spring 2004

· Complete class on "Casino Management".

Brigham Young University ~ Provo, UT Bachelor of Arts in Political Science ~ 2003

Kilgore College ~ Kilgore, TX

Completed coarse work for general education requirements~ 1995-1997

ADDITIONAL INFORMATION

Language Skills: Competent in reading, writing and speaking Spanish.

Service: Leadership positions with my Church, Member of the J. Ruben Clark Law Society 2006-present, Board Member for PBP Boys and Girls Club March 2009-present, Board Member for the Native American Chamber of Commerce in Kansas February 2011-present, on planning committee for the Native Nations Law Symposium July 2010-present, member of the Kansas Bar Association Diversity Committee January 2011-present, Assistant Scout Master for Boy Scouts of America Troop 60 from February 2009-December 2010.

Interest: Enjoy fishing, camping, and woodworking.

Kansas Senate

CONFIRMATION OVERSIGHT COMMITTEE APPOINTMENT QUESTIONNAIRE

Full Name: Mark David Dodd	
(please include title and mide	dle name along with any names previously used)
	and the second of the second o
Home Address: 3519 SW MacVicar Ave.	Topeka, Kansas 66611
(Street Address)	(City, State, Zip)
Driver's License Number:	Social Security Number:
.	
Position to which Appointed: Executive Director of the	ne State Gaming Agency
Kansas Governor Som Brownh	nools.
Appointing Authority: Kansas Governor Sam Brownb	aux

i	(for Committee use 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: Mark David Dodd	
(please inclu	de title and middle name along with any names previously used)
Position to which Appointed: Executive D	irector of the State Gaming Agency
Appointing Authority: Kansas Governor Sa	
Home Address: 3519 SW MacVicar Ave. (Street Addr	Topeka, Kansas 66611
(Street Addr	ess) (City, State, Zip)
Business Name: The Law Office of Mark D. D.	odd, P.A.
Business Address: 3519 SW MacVicar Ave.	Topeka, Kansas 66611
Position Title: Owner/Attorney	ess) (City, State, Zip)
Home Phone: (785) 266-8028 Busin	ess Phone: (785) 580-8182 Cell Phone: (785) 580-8182
Fax Number: (785) 371-1051	E-Mail Address: doddlaw@gmail.com
Kansas resident? ☑Yes / □No Da	te of Birth: 09/22/1974 Place of Birth: Tyler, Texas
Registered Voter? Yes	Party Affiliation: Republican
Congressional District: 2 Kansas Se	enate District: 20 Kansas Representative District: 54
Do you have the legal right to live and w	ork in the United States? ☑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? JD, University of Kansas School of Law, See Resume for additional details and institutions.
- 2. Describe your employment experience. Include any expertise related to the position to which you were appointed. See Resume for list of employment and See Attachment for description of expertise.

1	
3.	List any professional licenses that you have obtained and include the number for each license. Attorney License in Kansas (Bar # 22695) and See Resume for additional information.
4.	Why do you feel you are a good candidate for the position to which you have been appointed?
5.	What do you see as the purpose or mission of the role to which you have been appointed?
6.	Military Service: List rank, date and type of discharge from active service. None
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 I have worked for Labette County and Neosho County on a contract basis as a public defense attorney, 2007-2009. See Attachment for additional information.
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. None See Resume
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. ☐None See Resume
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 Yes I submitted oral and written testimony to the Joint Committee on State-Tribal Relations as an attorney on behalf of and presenting the views of the Sac and Fox Nation regarding the Wyandotte Compact.
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 Yes Someone might unfairly attack my previous experience working with Indian Tribes as being a conflict with new regulating them. I see this as no different as a former Bank Executive regulating banks.

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. ☑None			
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 As described in question 7, I previously had contracts with Labette County and Neosho County for public defender work, some of this work was felony appointments paid for by BIDS.			
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. None Nothing additional to the concern stated in question 15.			
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. None! am not sure it qualifies, but as described in question 14,! gave testimony on behalf of the Sac and Fox			
	Nation of Missouri in Kansas and Nebraska as their attorney.			
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.			
	Form 08/08 - Page 4			
	Total coros Tago			

1	\mathcal{A}_{i} , which is the state of the state of \mathcal{A}_{i} , which is the state of \mathcal{A}_{i} , \mathcal{A}_{i} , \mathcal{A}_{i}
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 I recently joined the Native American Chamber of Commerce in Kansas and a few weeks ago was appointed.
	to its board as a member. Because of the make up of this group i plan to resign as a board member.
26.	Conflict of Interest: How would you resolve any potential conflicts of interest that, while maybe unforeseen at this point in time, could arise? As an attorney, I am bound by the Rules of Ethics which exhaustively cover conflicts. I will follow them at all times.
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.
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 Yes
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 \(\subseteq \text{Yes} \)
	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.	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
	 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. ☑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? ☐No ☑Yes

- 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.
- 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
Stacy Leeds	Knows you how?: Previous Professor in Law School
1535 West 15th Street Address:	Lawrence, Kansas 66045
Address:	(City, State, Zip)
(918) 931-0211 Home Phone:	Business Phone: (785) 864-9271
Ron Hein Name:	Knows you how?:
5845 SW 29th St.	Topeka, Kansas 66614 (City, State, Zip)
(785) 845-3868 Home Phone:	Business Phone: (785) 273-1441
, <u>, , , , , , , , , , , , , , , , , , </u>	
Richard Hines	Former employer Knows you how?:
301 South Main St. Address:	
Address:	(City, State, Zip)
(620) 244-5672	Business Phone: (620) 244-3227
Home Frome.	
Judge Robert J. Fleming	Knows you how?:
201 S. Central St. Address:	Parsons, Kansas 67357
Address:	(City, State, Zip)
Home Phone:	Business Phone: (620) 421-1410

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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_	02/22/2011 Date

Kansas

Senate

CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

Mark I,	David Dodd	_ acknowledge that as part of the
-,	(print name)	_ acknowledge that as part of the
Senate	Confirmation Oversight Committee process I wil	1:
•	be subject to a criminal records background investigation; and	stigation by the Kansas Bureau of
•	have my tax records released by the Kansas Depa	artment of Revenue.
Such in at the a	aformation will not be released to the general publippropriate time by:	ic, but will be made available for reviev
•	Myself;	
•	My appointing authority;	
•	Chairperson of the Senate Confirmation Oversigh	at Committee; and
•	The Vice Chair of the Senate Confirmations Over	rsight Committee.
Oversig release	ing the "Authorization and Certification" section the Committee questionnaire, the Kansas Departm my tax information and the Kansas Bureau of Inval background investigation on me and provide thats.	ent of Revenue will be authorized to estigation will be authorized to conduct
Signatuı	re //	02/22/2011 Date

Mark David Dodd Attachment

Question 2.

I have taken a class on casino management as well as many classes in law school specializing on Indian Law issues, including Indian Gaming, for which I earned a Certificate in Tribal Law. This formed a basis that has been further developed by my legal work for Kansas tribes. I have developed a detailed understanding of the gaming compacts between the four Kansas Tribes and the State and the roles and responsibilities of each. Additionally, I have a good understanding of the Tribal Gaming Oversight Act that further defines the role of the State Gaming Agency and its oversight responsibilities. I have also developed a detailed understanding of the Indian Gaming Regulatory Act which is the regulatory authority over all tribal gaming. Through my work I have gained an expertise in Tribal Law, Federal Indian Law, and Gaming Laws applicable to what would be considered essential for someone running the SGA.

Question 4.

My legal expertise in Tribal Law, Federal Indian Law, and Gaming is one of the things I believe that makes me uniquely qualified for this position. It usually takes a period of time before someone working for the SGA gains the respect of the tribes. I bring that respect with me to this job in part by being Native American and also having worked directly with two tribes and indirectly with the other two. Not only does the SGA have to work with the Kansas Tribes, but they also have a working relationship with the National Indian Gaming Commission (NIGC), which is the entity on the Federal level that insures that the Indian Gaming Regulatory Act is carried out correctly. I already have a developed relationship with the NIGC which is a relationship that not many others bring with them.

Question 5.

I agree with the mission that the SGA has already established for itself. The SGA website says that its mission "is to uphold the integrity of Indian gaming operations in Kansas by Enforcing the Tribal-State Compacts and Tribal Gaming Oversight Act." It goes on to list the SGA core values, which are: "Foster a spirit of cooperation with all tribal gaming entities; Promote and maintain the public's trust in Kansas tribal gaming operations; Develop a sense of pride, professionalism and teamwork among our staff; Perform our duties in the most effective and efficient manner possible; and continually build the capabilities of our employees."

Question 7.

I have also worked for the Prairie Band Potawatomi Nation and the Sac and Fox Nation of Missouri in Kansas and Nebraska, 2009-present.



K.S.A. 46-247 and 46-248 and amendments thereto, requires the following individuals to file a written Statement of Substantial Interests within 15 days of appointment and annually thereafter between April 15th and April 30th, inclusive, so long as the act applies to the individual:

- (a) Legislators.
- (b) Individuals holding an elected office.
- (c) All state employees listed as designees by their agency head.
- (d) All board members listed as designees by their agency head.
- (e) All general counsels for state agencies.
- (f) Any individual whose appointment to office is subject to confirmation by the senate.
- (g) Private consultants under contract with any agency of the state.
- (h) Any faculty member who receives an annual salary of \$50,000 or more, who is employed by a state education institution as defined by K.S.A. 76-711.

Also, K.S.A. 46-248 requires candidates for nomination or election to a state office to file a written Statement of Substantial Interests on June 10, 2006 or within 10 days thereafter, unless within that period the candidacy is officially declined or rejected.

Please print and read the Guide before completing your Statement of Substantial Interests.

You may complete this form (next 4 pages) using your computer, print it and mail it in or you can complete and file your Statement of Substantial Interests form electronically through and with the Kansas Secretary of State's Election Division at: http://www.kssos.org/elections/ssi online.asp

GO TO NEXT PAGE(s) for FORM



STATE OF KANSAS



Sec. of St. bar code

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.

	statement, is subject to prosecution for a class B misdemean	or.	many mes a laise
	Please read the "Guide" and Definition" section provided wi completing sections "C" through "G". If you have questions Commission office at 109 West 9 th , Topeka, KS or call 785-2	s or wish assistance, please	assistance in contact the
A.	IDENTIFICATION: PLEASE TYPE OR P	RINT	~
	iold Mark	•	
	Last Name First Name	•	MI a za
	Micole Marie Dordet		
	Spouse's Name		
	Number & Street Name, Apartment Number, Rural Route, or		4
	Number & Street Name, Apartment Number, Rural Route, or	P.O. Box Number	
	City, State, Zip Code		
•			
	(755) 266 SU28 Home Phone Number (include area code)	(735) (80-218	2
	Home Phone Number (include area code)	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, A: State Treasurer, Secretary of State, State Senator, Education, or District Attorney);	ttorney General, Commiss	ioner of Insurance, aber of State Board of
	 Appointed Member of a State Board, Council, Condition Appointed State Position is Subject to Senate Condition Employee of a State Agency or University; General Counsel for State Office; Candidate for State Office; 	mmission or Authority; firmation;	
	5. General Counsel for State Office;		
	6. Candidate for State Office; 7. Other (Contractor / Member of Compact).		
Kon			
List Na	ame of Agency, Board, University or Elected Position (You may	v use abbreviations but no	t acronyms)
3/24	the transmis Harnes	Franke D	= \frac{1}{2}. \frac{1}{2}. \frac{1}{2}.
*	Agency Division if applicable (May use acror The last four digits of your social security number will aid in	nyms) Position identifying you from oth	on ers with the same
	name on the computer list. This information is optional.		

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

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
1. Lans Office of Mark D.	Practice	Jole Onger	100%	Mle Villel
2.		4 *		
3.				
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9.,			······································	
10.				

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

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

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

. 7

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

1.	YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING
	CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE .
	If you have nothing to report in Section "E"1, check here

	NAME OF BUSINESS		ADDRESS	TYPE OF BUSINESS
1. Low ()	Hice of Mark A Dal	J. PA	3519 SwiMc-Vicer An Took	
2. Prairie	Broad Potawaster, Nat. a	۸`	16281 a Rosal Mac Ha KS	Tribal language t
			66509	

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

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

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
_1.			
2.			

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

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

		Salar March Communication		
	BUSINESS NAME AND ADDRESS		POSITION HELD	HELD BY WHOM
1.78PN E	Sies and Gits Club		Membor - + the	Mark Dald
15424	KRI, Marthe KS 6650)(Bood of Durdons	
- 13	Home-reason Chamber of Comme	::= : <u>`</u>	we man it the	mark Dold
Khusn	is Inhan		Bound of Directors	
3.				
4.				
5.				
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7.			7	
8.				
				<u> </u>

Reset Form

Topeka, Kansas 66612-1594.

Print Form

Return your completed statement to the Secretary of State, Elections Division, Memorial Hall, First Floor, 120 SW 10th,

Senate Confirmation Information Summary

Prepared and Submitted by the Office of Governor Sam Brownback

Appointee: Joann	e Budler
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Position: State Librarian

Expiration Date: N/A

Term Length: POG

Statutory Authority: K.S.A. 75-2535

 Statutory geographic representation Requirements (insert any that apply) Party Affiliation: U

Congressional District: 2

County: Lane

Size Requirement (if any):

Other, specify:

- Statutory party affiliation requirement: N/A
- Statutory industry or occupation requirements: The State Librarian must hold a graduate degree in Library Science and not have less than five years actual experience.

Salary: \$85,000

Predecessor: herself

Board Composition Prior to Confirmation of Appointee:

N/A

Joanne (Jo) M. Budler 6420 SW 64th Street Auburn, KS 66402 (785) 862-1620 (home) (785) 296-5466 (work)

EDUCATION

Master of Arts, Library Science, University of Iowa Master of Fine Arts, Writers Workshop, University of Iowa Bachelor of Arts, English/Composition, Syracuse University

RELEVANT WORK EXPERIENCE

State Librarian

State Library of Kansas Capitol Building 300 SW 10th Ave. Topeka, KS 66612-1593 March 2010-Present

- Direct and oversee the operation of the State Library of Kansas.
- Identify programs and projects that will benefit librarians and improve library service to all Kansans.
- Oversee the administration of Library Services and Technology Act funding.
- Lead collaborative efforts across the library community.
- Develop partnerships with state agencies to further promote library programs and services.

State Librarian

State Library of Ohio 274 East First Avenue Columbus, OH 43201 July 2004-February 2010

- Direct and oversee the operation of the State Library, General Revenue Funding \$13.4 M.
- Oversee the administration of Library Services and Technology Act funding \$5.6 M.
- Interact with legislators, members of the library community, and media on a regular basis.
- Lead in the development of collaborative efforts within the library community and make connections with state agencies to further partnerships.
- Identify projects and partners to assist in ever-improving library service to Ohio residents.

Deputy State Librarian

The Library of Michigan 702 W. Kalamazoo Lansing, MI 48915 August 2000-June 2004

- Served on Library Management Team responsible for budget and policy.
- Directed and oversaw Statewide Operations.
- Managed the Michigan eLibrary (MeL) which included a database of Internet resources and commercial databases.
- Negotiated statewide contracts (\$3.6 million).
- Provided consultation to librarians and trustees statewide. Topics included:
 - o Trustee roles and responsibilities
 - o State aid
 - o Formation of public libraries
 - o Continuing education

Director of Network Services and NEBASE (OCLC network for the state of Nebraska)

Nebraska Library Commission The Atrium, 1200 N St., Suite 120 Lincoln, NE 68508

July 1994-August 2000

- Arranged statewide trials of databases for all types of libraries.
- Negotiated contracts for database subscriptions.
- Developed and participated in training program for librarians across the state.
- · Conducted focus groups statewide for feedback on services.
- Planned and implemented the NEBASE Annual Meeting.
- · Contributed to and edited bimonthly newsletter, N3.
- Served on Steering Committee (Senior Management Team).
- Assisted in management of LSTA program.
- Supervised four full-time staff.
- Served as team leader of the ten member NEBASE team.
- Awarded Manager of the Year 1999.
- Chair of the Alliance of Library Networks, 1995-1997.

Legislative Reference Librarian

Legislative Research Division 7th Floor, State Capitol Lincoln, NE 68508 January 1987-July 1994

- Acquired and cataloged all materials added to the collection.
- Assisted the legislators, their staff and researchers with their reference needs.
- Supervised a librarian and a library assistant.
- Created a database to maintain current awareness profiles (CAPS) for customers.
- Served as chairperson of the National Conference of State Legislatures Reference Librarians Staff Section (1990-1991).

Cataloger

Lincoln City Libraries 14th and N St. Lincoln, NE 68508 September 1986-January 1987

- Completed original cataloging of fiction and non-fiction for the main library and five branches.
- Searched OCLC, entered records, added library's holdings to OCLC.
- Maintained authority files in the technical services department.

Curator of the Heritage Room

Lincoln City Libraries 14th and N St. Lincoln, NE 68508 April 1984-September 1986

- Maintained a special collection of Nebraska authors and artists.
- Acquired additional material for the collection.
- Planned and carried out weekly adult programs.
- Wrote press releases and grant requests.
- Administered grants (NEH and Nebraska Humanities Council).
- Supervised a group of volunteers and a half-time assistant.
- Planned and implemented outreach activities.

Kansas Senate

CONFIRMATION OVERSIGHT COMMITTEE

APPOINTMENT QUESTIONNAIRE

e de la companya de l		
l middle name along with	h any names previously used)
	Auburn, KS	66402
Social Se	curity Number: 🏗	(City, State, Zip)
		middle name along with any names previously used Auburn, KS Social Security Number:

^{*} Information on this page will not be made public but is used by the KBI and Department of Revenue.

(for Committee use 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: Joanne Mary Budler (maiden name: Joanne Mary Mehling; pre- (please include title and middle name along with a	
Position to which Appointed: State Librarian	
Appointing Authority: Governor of Kansas	
Home Address: 6420 SW 64th Street	Auburn, KS 66402
(Street Address)	(City, State, Zip)
Business Name: State Library of Kansas	
Business Address: 300 SW 10th St., Room 169W	Topeka, KS 66612
(Substitution)	(City, State, Zip)
Position Title: State Librarian	
Home Phone: (785) 862-1620 Business Phone: (785) 296-5466	Cell Phone: (785) 338-3355
Fax Number: (785) 296-6650 E-Mail Address:	. jobudler@kslib.info
Kansas resident? Yes / No Date of Birth: 07/24/1949	Place of Birth: New York, NY
Registered Voter? Yes Party Affiliation	on: Independent
Congressional District: 2 Kansas Senate District: 20 K	ansas Representative District: 54
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 <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? BA, Syracuse University; Master of Fine Arts, Master of Library Science, University of Iowa
- 2. Describe your employment experience. Include any expertise related to the position to which you were appointed. I served as State Librarian of Ohio (2004-2010) and Deputy State Librarian of Michigan (2000-2004). I served as Nebraska State Library Director of Network Services (1994-2000).

	List any professional licenses that you have obtained and include the number for each license.
4.	Why do you feel you are a good candidate for the position to which you have been appointed? My experience in other states and my experience as State Librarian of Kansas since March 2010.
5.	What do you see as the purpose or mission of the role to which you have been appointed? As director of the State Library, I am in service to Kansas libraries, residents, and government.
6.	Military Service: List rank, date and type of discharge from active service. None
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 State Librarian of Ohio, 2004-2010; Deputy State Librarian of Michigan, 2000-2004; Nebraska Library Commission Network Services Director, 1994-2000.
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. ☑None
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. None Member of Chief Officers of State Library Agencies. Member of Humane Society of US, ASPCA, Arbor Day Foundation.
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 ☐Yes
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 Yes
	Form 08/08 - Page 3

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 attac ☑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 \square Yes
19.	Compensation: During the past five years, have you or your spouse or other close family member 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. 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 Tyes
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.
	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.
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Appointments and Confirmations Handbook

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
	INONE CONTRACTOR CONT
26.	Conflict of Interest: How would you resolve any potential conflicts of interest that, while maybe unforeseen at this point in time, could arise? I would make the Governor aware and seek advise on how to resolve the conflict.
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 Yes
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
	MINO LITES
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 Tyes
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.
	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 Pyes

33.	Other Litigation: a.) Other than the litigation described in question 32, have you or any business is 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
	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
0.	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
1.	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. Jovernmental 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: Jim Minges	Knows you how?: Professional / colleague
Address:	Roeland Park, KS 66205
	(City, State, Zip) Business Phone: (785) 838-4090
	Knows you how?:Knows you how?
3205 West Pershing Rd.	Lincoln, NE 68502
Home Phone: (402) 423-7476	(City, State, Zip) Business Phone: (402) 471-4001
	and the second of the second o
	Knows you how?: He is the Priest at the Church I attended in Ohio
Address: 6004 Northeliff Blvd	Dublin, OH 43016
Home Phone:	(City, State, Zip) Business Phone: (614) 766-2664
Name:	Knows you how?:Knows you how?
Director, Southeast Kansas Librar	Knows you how?: Professional / colleague y System, 218 East Madison Ave. Iola, KS 66749
Home Phone:	(City, State, Zip)Business Phone: (620) 365-5136

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 & Buller

Date 1/13/11

Kansas Senate

CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

Joanne Mary Budler I,	
(print name)	acknowledge that as part of the
Senate Confirmation Oversight Committee process	ess I will:
 be subject to a criminal records backgrou Investigation; and 	nd investigation by the Kansas Bureau of
have my tax records released by the Kans	as Department of Revenue.
Such information will not be released to the gene at the appropriate time by:	ral public, but will be made available for review
Myself;	
 My appointing authority; 	
Chairperson of the Senate Confirmation O	versight Committee; and
The Vice Chair of the Senate Confirmation	is Oversight Committee.
By signing the "Authorization and Certification" so Oversight Committee questionnaire, the Kansas Dorelease my tax information and the Kansas Bureau a criminal background investigation on me and proindividuals.	epartment of Revenue will be authorized to
Signature A KAMBUOLLA	Date
	Form 08/08



STATE OF KANSAS

Sec. of St. bar code

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.

Budler	Joa	nne	M
Last Name	Firs	t Name	MI
Budler	Jose	eph	W.
Spouse's Name			
6420 SW 64th Stree	et		
Number & Street N	ame, Apartment Number, Rural Ro	oute, or P.O. Box Nu	mber
Auburn, KS 66402			
City, State, Zip Cod	е		
(785) 862-1620		(785) 296-54	166
Home Phone Numb	er (include area code)	Business Pho	one Number (include area co
THIS FORM IS RI (cha ☐ 1. State Ele State Tre Educatio	EQUIRED TO BE FILED BECA eck one or more of the following) cted Official (Governor, Lt. Governor, Secretary of State, State Sen, or District Attorney);	AUSE YOU ARE: rnor, Attorney Gener enator, State Represe	al, Commissioner of Insuran ntative, Member of State Bo
THIS FORM IS RI (che Che Che Che Che Che Che Che Che Che C	eck one or more of the following) cted Official (Governor, Lt. Gover asurer, Secretary of State, State Se	AUSE YOU ARE: rnor, Attorney Generenator, State Represe cil, Commission or Aute Confirmation;	al, Commissioner of Insuran ntative, Member of State Bo
THIS FORM IS RI (che Che Che Che State Ele State Tre Educatio 2. Appointe 3. Appointe 4. Employe 5. General (Che Che Che Che Che Che Che Che Che Che	ack one or more of the following) cted Official (Governor, Lt. Governor, Lt. Governor, Secretary of State, State Sen, or District Attorney); d Member of a State Board, Cound State Position is Subject to Senale of a State Agency or University; Counsel for State Office; e for State Office;	AUSE YOU ARE: rnor, Attorney Gener enator, State Represe cil, Commission or A te Confirmation;	al, Commissioner of Insuran ntative, Member of State Boa Authority;

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

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

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

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

1.	YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING
	CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE
	If you have nothing to report in Section "E"1, check here

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
t. State Library of Ohio	274 East 1st Ave Columbus, OH 43201	State Library Agency
2.		

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

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

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
Sperry Van Ness Horizons	6353 Presidential Gtwy, Columbus, OH	Property Management
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
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2.			7	
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8.				

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

	NAME OF CLIENT / CUSTOMER	₹		ADDRESS	 RECEIVED BY
1.		, page 1	 <u> </u>		
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H.	DECLARATION:					
	Joanne Mary Budler I, accompanying pages and sta true, correct and complete st understand that the intention statement is a class B misder	tements) has been exa atement of all of my s al failure to file this si	ubstantial interests and other	t of my knowl r matters requ	ledge and b ired by lav	elief is
	3/2011	Qri.	NUM BUD	lin		,
J1/13						

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

Print Form

Reset Form