

MINUTES OF THE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Vice-Chairman Pete Brungardt at 1:30 p.m. on January 19, 2011, in Room 526-S of the Capitol.

All members were present except:  
Senator Vicki Schmidt, excused

Committee staff present:  
Nobuko Folmsbee, Office of the Revisor of Statutes  
Katherine McBride, Office of the Revisor of Statutes  
Iraida Orr, Kansas Legislative Research Department  
Melissa Calderwood, Kansas Legislative Research Department  
Carolyn Long, Committee Assistant

Conferees appearing before the Committee:  
David Sanford

Others attending:  
See attached list.

Bill Introduction

Senator Brungardt introduced legislation concerning the Controlled Substances Act which would entail adding additional drugs to the list. Moved by Senator Huntington, seconded by Senator Reitz. Motion carried.

Senator Brungardt opened the confirmation hearing of David Sanford to the Kansas Health Policy Authority (KHPA) and welcomed Mr. Sanford to the committee. Mr. Sanford addressed the committee giving a brief background of his credentials and expressing what he felt he could contribute as a member of the KHPA (Attachment #1). After responding to several questions by members of the Committee, it was moved by Senator Kelsey, seconded by Senator Kelly to recommend confirmation of David Sanford as a member of the Kansas Health Policy Authority serving the term ending March 15, 2013. Motion carried.

The meeting adjourned at 2:10 p.m. The next meeting is scheduled for January 31, 2011.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: January 19, 2011

[illegible]

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

**Appointee:** David Sanford

**Position:** Member, Kansas Health Policy Authority

**Term Length:** 4 Year

**Expiration Date:** March 15, 2013

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**Statutory Authority:** K.S.A. 75-7401

**Party Affiliation:** Republican

⇒ **Statutory geographic representation:**

**Congressional District:**

⇒ **Requirements** *(insert any that apply)*

**County:**

**Size requirement** *(if any):*

**Other, specify:**

⇒ **Statutory party affiliation requirement:**

N/A

⇒ **Statutory industry or occupation requirements:** N/A

**Salary:**

**Predecessor:** Robert Kaplan

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**Board Composition Prior to Confirmation of New Appointee:**

**Senate Public Health & Welfare**

**Date** 1-19-2011

**Attachment** 1

**Kansas  
Senate**

**CONFIRMATION OVERSIGHT COMMITTEE**

Acknowledgment of Release of Tax and Criminal Records Information Form

I, DAVID CARL SANFORD 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

David C. Sanford

Date

7-6-2010

Form 08/08

# Kansas Senate

## CONFIRMATION OVERSIGHT COMMITTEE APPOINTMENT QUESTIONNAIRE

Full Name: DAVID CARL SANFORD  
(please include title and middle name along with any names previously used)

Home Address: 1506 CADDOY CT. WICHITA, KS 67212  
(Street Address) (City, State, Zip)

Driver's License Number:                      Social Security Number:                     

Position to which Appointed: KHPA BOARD

Appointing Authority: GOVERNOR

\* 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, "□" 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: DAVID CARL SANFORD  
(please include title and middle name along with any names previously used)

Position to which Appointed: KHPA BOARD

Appointing Authority: GOVERNOR

Home Address: 1506 CADDY CT. WICHITA, KS 67212  
(Street Address) (City, State, Zip)

Business Name: GRACEMED HEALTH CLINIC, INC.

Business Address: 1122 N. TOPEKA WICHITA, KS 67214  
(Street Address) (City, State, Zip)

Position Title: CEO

Home Phone: 316 729-8754 Business Phone: 316 866-2001 Cell Phone: 316 207-1178

Fax Number: 316 866-2083 E-Mail Address: dsanford@gracemed.org

Kansas resident? ☒ Yes / ☐ No Date of Birth: 2/26/1952 Place of Birth: WICHITA, KS

Registered Voter? YES Party Affiliation: REPUBLICAN

Congressional District: 4 Kansas Senate District: 27 Kansas Representative District: 100

Do you have the legal right to live and work in the United States? ☒ Yes / ☐ No

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

1. What is your educational background? BSW, UNIVERSITY OF KANSAS
2. Describe your employment experience. Include any expertise related to the position to which you were appointed. SEE RESUME.

3. List any professional licenses that you have obtained and include the number for each license.  
*N/A*
4. Why do you feel you are a good candidate for the position to which you have been appointed?  
*- WORKED IN HEALTH CARE FOR OVER 30 YEARS; LAST 6 YEARS IN FQHC.*
5. What do you see as the purpose or mission of the role to which you have been appointed?  
*- ASSIST IN PLAN FOR PROVISION OF HEALTH CARE SERVICES FOR MEDICAID & STATE EMPLOYEES HEALTH PLANS*
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
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. *- KANSAS HEALTH ETHICS, BOARD, JAN 2010 TO PRESENT*  
☐ None
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

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 ☐ 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.  
☒ 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 ☐ 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. *GRACEMED IS A MEMBER OF KAMU AND WE HAVE AN ANNUAL ADVOCACY DAY DURING THE LEGISLATIVE SESSION. I HAVE PARTICIPATED FOR THE PAST 5 YEARS.*  
☐ 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. *GRACEMED RECEIVES MEDICAID REIMBURSEMENT AND RECEIVES PRIMARY CARE GRANT FUNDS THROUGH KOHE.*  
☐ None



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 COULD RECLUSE MYSELF FROM ISSUES BEARING ANY CONFLICT OF INTEREST.*
27. **Citations:** Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please provide details.  
☒ No ☐ 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
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 ☐ 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

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: MICHAEL GOOD Knows you how?: BOARD MEMBER

Address: 1100 N. ST. FRANCIS, STE 200, WICHITA, KS 67214  
(City, State, Zip)

Home Phone: 316 733-8009 Business Phone: 316 291-4811

Name: TERRY BOURLARD Knows you how?: BOARD PRESIDENT

Address: 707 FABRIQUE WICHITA, KS 67218  
(City, State, Zip)

Home Phone: 316 217-1390 Business Phone: 316 733-9622

Name: DR. CAROLO MINNS Knows you how?: BOARD MEMBER

Address: 1010 N. KANSAS WICHITA, KS 67214  
(City, State, Zip)

Home Phone: \_\_\_\_\_ Business Phone: 316 293-2650

Name: RUSS MEYER Knows you how?: COMMUNITY ACTIVIST

Address: 1970 S. WEST WICHITA, KS 67213  
(City, State, Zip)

Home Phone: \_\_\_\_\_ Business Phone: 316 517-8000

### 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

David C. Sanford

Date

7-6-2010

## **David C. Sanford**

1506 Caddy Court  
Wichita, KS 67212  
(316) 729-8754  
dsanford3@cox.net

### **Summary of Experience**

#### **June, 2004 to Present    GraceMed Health Clinic, Inc.**

**Chief Executive Officer:** Responsible to the Board of Directors for all operations and activities of the GraceMed health care ministry. Directly or indirectly involved in all operational, clinical, development, community outreach and advocacy programs.

In six years, GraceMed has grown from 24 staff members providing health care through ~15,000 patient visits per year (2004) to 95 staff members providing ~46,000 patient visits per year (2009). The ministry has received significant federal, state and private support. GraceMed is a Federally Qualified Health Center (2007) and is fortunate to receive State of Kansas support through KDHE's annual primary care program.

#### **2002 to 2004                    American Red Cross**

**Component Lab Manager:** Responsible for supervising a team of twelve people to process blood collections for the ARC. Primary duties include hiring/training employees, assigning staff responsibilities, assuring compliance with FDA and ARC regulations/standards and insuring that hospitals in Kansas and Oklahoma have a safe and plentiful supply of blood, plasma and platelets for patient use. Worked second shift in order to care for mother with Alzheimer's disease.

#### **1999 to 2002                    Kansas Children's Service League**

**Vice President, Marketing & Development:** Responsible for fund development for both the Kansas Children's Service League (KCSL) and the KCSL Foundation. Also, responsible for the communications function for the agency and for the recruitment of adoptive and foster care families as a primary contractor with the State of Kansas. Supervise staff of eighteen people including ten in recruitment, four in communications and four staff in development. Developed the "Coming Home Kansas" family resource recruitment campaign for adoptive and foster care families. Worked closely with volunteer advisory councils in locations where KCSL has a strong program presence (e.g. Wichita, Topeka, Hutchinson, Salina, Kansas City). Also, worked with KCSL's Board of Directors and Foundation Trustees to develop and execute fundraising plans. Coordinated numerous activities with other social service agencies (e.g. Salvation Army) on common projects like foster care recruitment. The State of Kansas reduced its support to KCSL for foster care and adoptive family recruitment. The entire team of recruiters and communications staff I had hired was laid-off. My position as head of the "Coming Home Kansas" initiative was eliminated.

## **1986 to 1999      Coloplast Corporation**

**Director of Business Service (1995-1999):** Responsible for the customer service, information service and logistics/shipping functions of a \$75 million dollar medical product business. These departments included over 60 employees in four locations through the U.S. and Canada. Planned and managed the transition of three companies (two acquisitions) into one corporate entity. Responsible for managing budgets, hiring/training personnel, developing constant improvement programs, reducing costs and increasing productivity for two company divisions. Planned and executed a move to a new distribution facility, working with contractors and vendors to achieve a successful and timely transition.

**Director of Marketing (1990 to 1995):** Responsible for the marketing/communications program of the medical products business. Planned the strategies/tactics for the positioning, pricing, promotion and sale of proprietary wound care, continence and ostomy products. Prior to the 1994/95 acquisition of two related medical companies, product sales were \$12 million dollars. Supervised a marketing staff of five people and supported a sales force of 25 representatives. After the acquisition, managed a staff of ten people and supported a sales force of 100 sales representatives.

**Product Director (1986 to 1990):** Responsible for the marketing/communications program for the ostomy and wound care product brands. Developed advertising and promotion campaigns and launched new products. Supported the sale force with collateral material, trade show opportunities and direct mail efforts.

## **1980 to 1986      Deseret Medical Company (Becton Dickenson)**

**Product Manager, Senior Sales Representative & Trainer, Sales Representative**  
During six years with the company, started as a Sales Representative in North Carolina and was promoted to Senior Sales Representative and Sales Trainer for my region. In four sales years, grew territory from \$220k to \$800k in annual product sales. Promoted and moved to Salt Lake City, UT to become Product Manager for the Infection Control product line. As Product Manager, organized all support and promotion activities for increasing product line sales.

## **1975 to 1980      United Way of America**

### **Campaign Director, Campaign Associate, United Way Intern**

I was selected and served as one of fifteen national United Way of America interns. I participated in a year-long program to learn the public relations, fundraising, planning and allocations functions of local United Way work. Following the internship, I spent next two years as a Campaign Associate in Minneapolis, MN with primary responsibility for fundraising. In 1979, I was promoted to Campaign Director in Greensboro, NC. As Campaign Director, I organized and supported the efforts of volunteers to reach the organization's annual fundraising goals.

## **1974 to 1975      Unified School District #259**

**School Social Worker:** Served as a school social worker in Wichita, KS providing casework services for public school students in a high school, a middle school and four elementary schools.

**Education**

University of Kansas Graduate: BSW

**References**

Available upon request.

## STATE OF KANSAS



## KANSAS GOVERNMENTAL ETHICS COMMISSION

ELECTRONIC STATEMENT OF SUBSTANTIAL INTERESTS FORM

**INSTRUCTIONS:** This statement must be completed by individuals who are required to do so by law. Any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 785-296-4219.

**A. IDENTIFICATION:**

Sanford

Last Name

David

First Name

C

MI

Deborah A. Sanford

Spouse's Name

1506 Caddy Ct.

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

Wichita, KS 67212

City, State, Zip Code

(316) 729-8754

Home Phone Number

(316) 866-2001

Business Phone Number

**B. THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE:***( check one or more of the following )*

- ☐ 1. State Elected Official (Governor, Lt. Governor, Attorney General, Commissioner of Insurance, State Treasurer, Secretary of State, State Senator, State Representative, Member of State Board of Education or District Attorney);
- ☒ 2. Appointed Member of a State Board, Council, Commission or Authority;
- ☐ 3. Appointed State Position is Subject to Senate Confirmation;
- ☐ 4. Employee of a State Agency or University;
- ☐ 5. General Counsel for a State Agency;
- ☐ 6. Candidate for State Office.
- ☐ 7. Other (Contractor / Member of Compact)

KHPA

List the Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms)

Board Member

Division if applicable (May use acronyms)

Position

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

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**OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business 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
1.				

**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.		

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

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

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

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1. GraceMed Health Clinic, Inc.	1122 N. Topeka, Wichita, KS 67214	Community Health Center

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. Westlink Christian Church	2001 N. Maize Rd., Wichita, KS 67212	Church

**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.		

**G. RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. The phrase "client or customer" relates only to businesses or combination of businesses. In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to expenses

( ) partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to file 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.		

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

Date Electronically Filed: 06/17/2010

Name of Person Making Statement: David C. Sanford