Senate Confirmation Information Summary

Prepared and Submitted by the Office of Governor Sam Brownback

Appointee: Neal Bernauer	Position: Member, State Banking Board	
Expiration Date: March 15 th , 2014	Term Length: Three Years	
 Statutory Authority: K.S.A. 74-3004 Statutory geographic representation Requirements (insert any that apply) 	Party Affiliation: D Congressional District: 2 County: Wilson Size Requirement (if any): 9	
	Other, specify:	

- Statutory party affiliation requirement: No more than five members of the board shall be from the same political party.
- Statutory industry or occupation requirements: Six members of the board shall be bankers with not less than five years actual banking experience in a state bank in this state and three shall represent the public interest in the regulation, operation, and control of state banks and trust companies.

Compensation: K.S.A. 75-3223 (routine subsistence) Predecessor: Melvin Minor

Board Composition Prior to Confirmation of Appointee:

See attached board report.

Senate Financial Institutions and
Insurance Committee
Date
Attachment # \

State Banking Board

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Term Length: Three Years Notes: Limit of 2 terms; 6 bankers at least 5 years experience in a state bank in Kansas: 1 banker from each CD; the rest at-large members. 3 public members — no connection to banking. No nonbanker member shall concurrently serve as an officer or director in any state or national bank or trust company wherever located. **Appointmation** **Description** **Confirmation** **Confirmation** **Confirmation** **Description** **Confirmation** **Description** **Connect** **Connec						5		0,000	77 1 1
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	ımissioner; Judi	Splichal, Bank Con					ength: Three Years	Term L	

hsbmo@sktc.net

Statutory Remarks: At-Large Banker

Seat #: 007

Nominations:

Appointed By: Governor

Succeeds: James Parman

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Seat #: 002

Whitham, Mr. Jeffery 1308 Cloud Circle

jwhitham@wsbks.com

Garden City, KS 67846

Williams, Mr. Larry K. 303 E. 5th Street

Halstead, KS 67056

lwilliams@halsteadbank.com

County

Affiliation

111h 36s

Appointment Date Expiration Date Reapt 9/1/2011

3/15/2014

Position: Member

Succeeds: Winton Winter

Appointed By: Governor

Nominations:

Statutory Remarks: At-Large Banker Member

Seat #:

Finney

 \approx

123h 39s

6/1/2011

3/15/2014

Position: Member

Succeeds: Micheal Downing

Appointed By: Governor Nominations:

Statutory Remarks: 1CD Banker Member

Seat #:

Harvey

 $^{=}$

74h

31s

3/21/2011

3/13/2013

Position: Member

Succeeds: himself

Appointed By: Governor

Nominations:

Statutory Remarks: 4CD Banker

Seat #:

Weunesday, October 26, 2011

State Banking Board

Members:		Appointed by	Number of Appointments	Number of Senate Confirmations
Legislators:	0	Governor	9	9
House:	0		·	Ü
Senate:	0			
Non-Legislative:	9			
Total Members:	9			

Entity Description

KSA 74-3004 et seq. created the nine-member State Banking Board. Six members of the Board are bankers with not less than five years' actual banking experience in a state bank in the State of Kansas and three represent the public interest in the regulation, operation and control of state banks and trust companies.

All members representing the public interest are selected from the state at large. No nonbanker member may concurrently serve as an officer or director in any state or national bank or trust company wherever located. One of the nine members is elected annually as Chairperson of the Board. The Board is appointed by the Governor. Persons appointed to the Board are subject to confirmation by the Senate as provided in KSA 75-4315b. Except as provided by KSA 46-2601, no person appointed to the Board may exercise any power, duty or function as a member of the Board until confirmed by the Senate.

No more than five members of the Board may be from the same political party. Subject to the provisions of KSA 75-4315c, of the six banker members, the Governor appoints one from each Kansas congressional district as presently constituted and the remainder from the State at large. Appointment of nonbanker members is made with due consideration for achieving representation of the various geographic sectors of the State.

Terms of members of the Board are for three years. Each member serves until a successor is appointed and confirmed. No person may serve more than two terms as a member of the Board. In the event of a vacancy on the Board, the Governor appoints a new member with the same qualifications to fill the unexpired term. Terms expire on March 15.

State Banking Board

Powers and Duties

The State Banking Board has the power to:

- Act in an advisory capacity in all matters pertaining to the administration of the banking laws of this state;
- Approve, after investigation and examination, applications for incorporation and authority to conduct business submitted by proposed state banks and state trust companies;
- Approve rules and regulations proposed to be adopted by the State Bank Commissioner;
- Remove any officer or director of a bank or trust company who fails to comply with the state banking code or any order of the Board;
- Issue cease and desist orders if the Commissioner finds that a bank or trust company has or will violate
 a law, rule, regulation, or order of the Commissioner or the Board or is or about to engage in unsafe or
 unsound practices in the business of the bank or trust company; and
- Approve the reorganization of an insolvent or critically undercapitalized bank and trust company and appoint receivers for such bank or trust company.

NEAL BERNAUER

721 North 15th Street Fredonia, KS 66736-2210 (620) 378-0151

OBJECTIVE: To acquire a position with the State of Kansas

PROFESSIONAL EXPERIENCE:

Feb. 1997 – Nov. 2008

State of Kansas Building Inspector

Jul. 1986 – Feb. 1997

Neal's Plumbing & Heating, Inc. (Owner)

Jun. 1982 - Jul. 1986

Piping Contractors of Kansas, Inc.

EDUCATION:

T.A. Edison Vocational High School, New York City, NY	4 years
United States Air Force Electronic School	l vear
Plumbing Apprenticeship School, Topeka, KS	5 years

ADDITIONAL TRAINING COURSES:

- 1. Duct design
- 2. Backflow & cross connection
- 3. Boiler controls
- 4. Steam systems & condensate returns
- 5. Hydronic heating systems
- 6. Circulating pumps
- 7. Applied Solar Technology
- 8. American Standard Heating and cooling systems
- 9. Hilti Firestop (A Life Safety Issue)
- 10. Employee Leadership Program
- 11. Underwriters Laboratories Inc. Fire Alarm Seminar

CURRENT LICENSES:

- 1. Master Plumber
- 2. Plumbing Contractor
- 3. Master Mechanical
- 4. Mechanical Contractor
- 5. Backflow/Cross Connection



Boards and Commissions Appointment Questionaire

Full Name:	Neal William Bernauer			
t dir ivanio.	(please include title and middl	e name along with any names previously used)		
Home Address	721 n 15th Street	Fredonia Ks 66736-2210		
1101110 / 1011100	(Street Address)	(City, State, Zip)		
Driver's Licens	se Number:	Social Security Number:		
Position to whi Appointed:	ch State Banking Board	,		
Appointing Authority:	Covernor			

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

١	(for Committee use o	nly)		
	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: Neal William Bernauer	
(please include title and middle nan	ne along with any names previously used)
Position to which Appointed: State Bankers	Board
Appointing Authority: Covernor	
Home Address: 721 N 15th Street	Fredonia Ks 66736-2210
(Street Address)	(City, State, Zip)
Business Name: Retired	
Business Address: N/A (Street Address)	(Ch. Such To)
Position Title: Retired Plumbing & Mechanical Contractor	(City, State, Zip)
Home Phone: 620-378-0151 Business Phone: n/a	Cell Phone: 620-714-0351
Fax Number: n/a E-Mai	I Address:
Kansas resident? 🗹 Yes / 🗀 No Date of Birth: 🌉	Place of Birth: NYC NY
Registered Voter? yes Part	y Affiliation: democrat
Congressional District: 2 Kansas Senate District: 1	5 Kansas Representative District: 13
Do you have the legal right to live and work in the Unit	ed 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? High school, trade school
- 2. Describe your employment experience. Include any expertise related to the position to which you were appointed. 40 yrs in the pluming, htg & air cond. trade, At first as a employee, and then owner. I am also a retired state of Ks building inspector

3.	List any professional licenses that you have obtained and include the number for each license. Master Plumber & Mechanical contractor, mast.plum plma962009,mast mechanema962011,cont.meco962010
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? For the To make things user friendly, efficient, And fair to all concerned.
6.	Military Service: List rank, date and type of discharge from active service. None Air man 2nd class {USAF} April 1955 thru AUG 1958 Honorable
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.
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 Rep. Forest Knox Speaking of his honesty & commitments
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 Chair member of International Assoc. of Plumbing and Mechanical Officials
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.
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 I am able to negotiate with others who are not in agreement with ideas that I might have.
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 Representative Forrest Know, Son in Law
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 Employed by the State of received a pension,
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 \(\subseteq \text{No}\)
23.	Lobbying Activities: Describe any lobbying activity during the past ten years in which you and/or your spouse have engaged for the purpose of influencing the passage, defeat or modification of any legislative or administrative action. Lobbying activity includes any activity performed as an individual or agent of another individual, or of any organization that involves direct communication with an official in the executive branch of state government or any official of the legislative branch. If none, please so state.
24.	Regulated Activities: Describe any interest that you, your spouse or other close family member may have (whether as an officer, owner, director, trustee, or partner) in any corporation, firm, partnership or other business enterprise and any non-profit organization or other institution that is regulated by or receives direct financial benefits from any department or agency of the State of Kansas. If none, please so state. None

<i>2</i> 5.	or in conflict with the discharge of the duties of the position to which you have been appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position. If none, please so state.
26.	Conflict of Interest: How would you resolve any potential conflicts of interest that, while maybe unforeseen at this point in time, could arise? Report any problems to the committee, then proceed accordingly.
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 Tyes
28.	Convictions: Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a traffic infraction? (Please include any offenses of driving under the influence, operating while impaired, reckless driving, or the equivalent offenses in other states.) If so, please explain. No 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 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. No Tyes
	b.) Has any business in which you, your spouse, close family member or business associate are or were an officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you are seeking appointment? If so, please provide details. (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member, or business associate were an officer of that business.) No Tyes

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 Tyes
37.	Firings: a.) Have you been fired from a job for any reason? If so, please explain ☑No ☐Yes
	b.) Have you quit a job after being told that you would be fired? If so, please explain. ☑No ☐Yes
	c.) 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 Tyes
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.	Appropriate Office Behavior: Have you ever knowingly accessed online pornography in the workplace?
	☑No □Yes
42.	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?

- 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
- 44. 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

Representative Forrest Knox	Knows you how?:
Address:Altoon	a, Kansas 667l0
Home Phone: 620 636 0051	a, Kansas 667l0 (City, State, Zip) Business Phone: 785 296 7876
Michael (Mike) Jeffers Name:	Knows you how?:
1321 Washington Address:	Fredonia, Ks. 66736 (City, State, Zip)
620 378 3742 Home Phone:	(City, State, Zip) Business Phone: 620 378 251
Name:	Knows you how?: Previous supervisor at State Architect Office Topeka, KS 66617 (City, State, Zip)
785 286 2253 Home Phone:	(City, State, Zip) Business Phone: 785 296 3959
Norman Barnhart	Knows you how?:
Address: 3605 Willow Brook Drive	Topeka, KS 66614
	(City, State, Zip) Business Phone: Retired

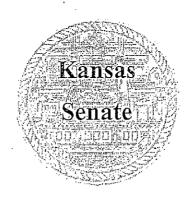
AUTHORIZATION AND CERTIFICATION:

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.

/			* /
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Signature 2	- 7	- /	1
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Date 5- 15-11



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, Neal William Bernauer (print name)	acknowledge that as part of the
Senate Confirmation Oversight Committee production	cess I will:
 be subject to a criminal records backgro Investigation; and 	und investigation by the Kansas Bureau of
have my tax records released by the Kar	nsas Department of Revenue.
Such information will not be released to the genat the appropriate time by:	neral public, but will be made available for review
• Myself;	
My appointing authority;	
Chairperson of the Senate Confirmation	Oversight Committee; and
The Vice Chair of the Senate Confirmation	tions Oversight Committee.
Oversight Committee questionnaire, the Kansas	eau of Investigation will be authorized to conduct
Signature As A Brancisco	Date <u>5-/5-//</u> Form 08/08



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



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KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by individuals who are required to do so by law. Any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

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

	<u>IDENTIFICATION:</u>	PLEASE TYPE OR PRINT	
- 1	Bernauer	Neal	W
	Last Name	First Name	MI
;	Bernauer	Carol	Α
٠.	Spouse's Name		
	721 N 15 th Street		
	Number & Street Name, Apa	ariment Number, Rural Route, or P.O. Bo	x Number
	Fredonia Kansas	66736-2210	
	City, State, Zip Code		
	(620) 378-0151	(620) 7	14-0351
	Home Phone Number (inclu	de area code) Busine:	s Phone Number (include area code)
	State Treasurer, Education, or Di 2. Appointed Mem 3. Appointed State 4. Employee of a S 5. General Counsel 6. Candidate for St	per of a State Board, Council, Commissio Position is Subject to Senate Confirmatio tate Agency or University; for State Office;	presentative, Member of State Board of nor Authority;
List	Name of Agency, Board, Unive	rsity or Elected Position (You may use ab	breviations but not acronyms)
¥	The last four digits of your	nsion if applicable (May use acronyms) social security number will aid in identif This information is optional.	Position fying you from others with the same
*	The last four digits of your	social security number will aid in identif	

)	SST	of.	
<u> </u>	3 D J.	O.L.;	Programme and the second secon

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 .

	BUSINESS NAME AND ADDRESS	Type of Business	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP ONTERESTS	HECD BY WHOM
1.					
<u>2.</u>					
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: List all place other businesses from which you or your spouse revalue, or economic benefit conferred on in return for reportable as taxable income on your federal income	ceived \$2,000 or more in or services rendered, or to	compensation (salary, thing of
	1. YOUR PLACE(S) OF EMPLOYMENT OF CALENDAR YEAR. IF SAME AS SECT If you have nothing to report in Section "E"	ION "B", CHE <u>CK</u> HERE	THE PRECEDING
	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
, U		2 SW Van Buren	AG, sralistics
1			
1.	NAME OF BUSINESS (ALLEGATION)	ADDRESS	Type of Business
F.	OFFICER OR DIRECTOR OF AN ORGANIZ business in which you or your spouse hold a positi the time of filing, irrespective of the amount of coninsert additional page if necessary to complete this If you have nothing to report in Section "F", check	on of officer, director, ass upensation received for h section—	ociate, partner or proprietor at
	HUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
1.	Fredonia Senior Citizens inc	President	Neal Bernauer
	629 N In Street Fredonia Ks		
2.	Frist Christian Church	Property Beard	Neal Bernauer
	303 N 7th Street Fredonia Ks		
3.	Silver Haired Legislature	Member	Neal Bernauer
.	Wilson County		
4.			
·			
5.			
		·	
6.			

G.

11.

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

H. DECLARATION: I, Neal Bernauer 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 Signature of Person Making Statement NUMBER OF ADDITIONAL PAGES O Return your completed statement to the Secretary of State, Elections Division, Memorial Hall, First Floor, 120 SW 10th, Topeka, Kansas 66612-1594.