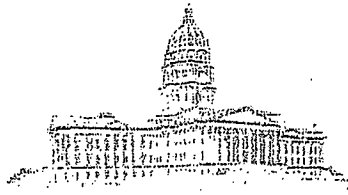


STATE OF KANSAS  
HOUSE OF REPRESENTATIVES



MICHAEL R. (MIKE) O'NEAL  
SPEAKER

March 31, 2011

Mr. Earl McVicker  
2900 Lucille Drive  
Hutchinson, KS 67502

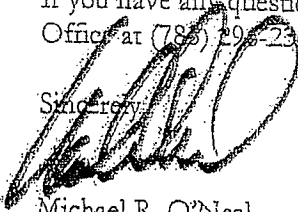
Dear Earl,

In accordance with K.S.A. 74-99b04 and the expiration of your term on March 15, 2011, I am pleased to reappoint you to the Kansas Bioscience Authority Board of Directors for an additional four-year term.

With your reappointment being subject to Senate Confirmation, I am enclosing a list of required information and materials as outlined by the Kansas Legislative Research Department and forms. We ask that you update any of the materials (i.e. questionnaires, release forms, SSI) that you have already submitted for your first term as well as provide any missing documentation in order for your reappointment to be confirmed. All materials should be sent to the Legislative Research Department. Attn: Alan Conroy, Director.

If you have any questions regarding this reappointment, please feel free to contact the Speaker's Office at (785) 296-2302 or Legislative Research at (785) 296-3181.

Sincerely,

  
Michael R. O'Neal  
Speaker, House of Representatives

Encls.

cc: Governor Sam Brownback  
Senate President Stephen Morris  
Senate Majority Leader Jay Emler  
House Chief Clerk Susan Kannarr  
Senate Secretary Pat Saville  
Legislative Administrative Services  
Legislative Research Department  
Revisor of Statutes  
President & CEO Kansas Bioscience Authority, Tom Thornton

TOPEKA ADDRESS

STATE CAPITOL BLDG., SUITE 370-W  
TOPEKA, KS 66612  
785-296-2302  
e-mail: [mike.oneal@house.ks.gov](mailto:mike.oneal@house.ks.gov)

10TH DISTRICT

HUTCHINSON/NORTHEAST RENO COUN. D.  
website: [reponaal.com](http://reponaal.com)

HUTCHINSON ADDRESS

BOX 2977  
HUTCHINSON, KS 67504  
620-662-4537  
FAX: 620-669-9426  
e-mail: [mike@gh-hutch.com](mailto:mike@gh-hutch.com)

Senate Ways & Means  
Date: 04-25-2012  
Attachment: 1

Kansas Bioscience Authority

Members:		Appointed by	Number of Appointments	Number of Senate Confirmations
Legislators:	0	Governor	2	2
House:	0	House Minority Leader	1	1
Senate:	0	Secretary of Commerce	1	1
Non-Legislative:	11	Senate Minority Leader	1	1
Total Members:	11	Senate President	2	2
		Speaker of the House	2	2
Ex officio(s)				
Researcher at State Research University				
Researcher at State Research University				

Entity Description

KSA 74-99b04 *et seq.* established the Kansas Bioscience Authority, governed by an 11-member Board of Directors. Nine members are voting members representing the general public demonstrating leadership in finance, business, bioscience research, plant biotechnology, basic research, health care, legal affairs, bioscience manufacturing or product commercialization, education, or government. In addition, one member of the Board is to be an agricultural expert who is recognized for outstanding knowledge and leadership in the field of bioscience. Five voting members of the Board must be Kansas residents.

The Governor, the Speaker of the House, and the President of the Senate each appoint two Board members, and the House Minority Leader and Senate Minority Leader each appoint one member. In addition, one voting member shall be the Secretary of Commerce. No more than three voting members of the Board could be appointed from any one congressional district. Two non-voting members of the Board are to represent state research universities and have research expertise. The voting members are subject to Senate confirmation and will serve four-year terms after conclusion of the initial term, with no more than three consecutive four-year terms. At least five of the voting members must be residents of Kansas. The other two members of the Board are nonvoting members with research expertise representing state universities and shall be appointed by the Kansas Board of Regents and serve at the pleasure of the Board of Regents. All members of the Board and all officers of the Authority will be required to file a written statement of substantial interest.

The Board members are required to meet at least four times per year. Members are compensated as provided in KSA 75-3223 and reimbursed mileage and expenses when attending meetings.

Any voting member of the Board may be removed by an affirmative vote by six members of the board for malfeasance or misfeasance in office, regularly failing to attend meetings, or for any cause which renders the member incapable of or unfit to discharge the duties of director.

Budget Information

The Bioscience Authority Act, KSA 74-99b01 to -99b20, created a funding mechanism based on the growth of state income-tax withholdings from employees of bioscience-related companies. State taxes that exceed the base-year measurement of such taxes accrue to the Authority for investment in additional bioscience growth. This mechanism makes it unnecessary to raise taxes or reallocate amounts from other state budgets. Revenues that accrue belong exclusively to the Kansas Bioscience Authority and are not part of the state treasury.

# EARL D. MCVICKER

## CURRENT BANK INFORMATION

Central Bank and Trust Co.		Hutchinson, KS
▪ 1992 to Present	Chairman	
▪ 1984 to Present	President and CEO	
Central Financial Corporation (BHC)		Hutchinson, KS
▪ 1992 to Present	Chairman, President and CEO	
Community First National Bank		Manhattan, KS
▪ 2001 to Present	Director	
Community Bank Investments		
▪ 14 community banks in 11 states, serving in an advisory capacity		

## PAST BANK POSITIONS

Previously served as chairman or director of six other community banks and advisory director of five banks in six states, including both state and national charters.

## PREVIOUS BANK OFFICER POSITIONS HELD

Since 1974 served as a bank officer in four community banks

## BANK INDUSTRY POSITIONS HELD

American Bankers Association		Washington, DC
▪ 2010	Member of Search Committee for President/CEO of the ABA	
▪ 2007 to 2008	Co-Chairman of the Nominating Committee	
▪ 2006 to 2007	Chairman	
▪ 2005 to 2006	Chairman-Elect	
▪ 2004 to 2005	Vice Chairman	
▪ 2001 to 2008	Board of Directors	
▪ 2001 to 2002	Chairman of the Community Bankers Council	
2000 to 2001	Vice Chairman of Council	
1999 to 2002	Administrative Committee Member of Council	
1996 to 2003	Council Member	
▪ 2003 to 2006	Vice Chairman of the Credit Union Committee	
▪ 2001	Co-Chairman of the Funding & Liquidity Steering Committee	
▪ 2000	Chairman of the Community Bank Tax Working Group	
▪ 2000 to 2001	Government Relations Council	
Kansas Bankers Association		Topeka, KS
▪ 2001 to 2002	Chairman	
▪ 2000 to 2001	President	
Kansas State University		Manhattan, KS
▪ 2010 to Present	Member of President's Advisory Council on Athletics	
▪ 2009 to Present	Advisory Board Center for the Advancement of Entrepreneurship	
▪ 2008 to Present	Member of College of Business Advisory Council	
▪ 2008	College of Business Distinguished Lecturer	
▪ 2002 to Present	Member of Foundation Executive Committee	

## EDUCATION

▪ 1971	Kansas State University	Manhattan, KS
	<i>Bachelor of Science</i>	
▪ 1975	University of Colorado	Boulder, CO
	<i>Graduate Degree in Banking</i>	



CONFIRMATION OVERSIGHT COMMITTEE  
APPOINTMENT QUESTIONNAIRE

Full Name: Earl D. McVicker  
(please include title and middle name along with any names previously used)

Home Address: 2900 N Lucille Dr., Hutchinson, KS 67502  
(Street Address) (City, State, Zip)

Driver's License Number:      -      Social Security Number:     

Position to which Appointed: Kansas Bioscience Authority

Appointing Authority: Kansas Speaker of the House

\* 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: Earl D. McVicker  
(please include title and middle name along with any names previously used)

Position to which Appointed: Kansas Bioscience Authority

Appointing Authority: Kansas Speaker of the House

Home Address: 2900 N Lucille Dr., Hutchinson, KS 67502  
(Street Address) (City, State, Zip)

Business Name: Central Bank and Trust Co.

Business Address: 700 East 30th, Hutchinson, KS 67502  
(Street Address) (City, State, Zip)

Position Title: Chairman, President and CEO

Home Phone: 620-665-6444 Business Phone: 620-663-0688 Cell Phone: 620-474-0688

Fax Number: 620-663-0604 E-Mail Address: emcvicker@centralbank-kansas.com

Kansas resident?  Yes /  No Date of Birth:            Place of Birth: Ransom, KS

Registered Voter? Yes Party Affiliation: Republican

Congressional District: 1 Kansas Senate District: 34 Kansas Representative District: 104

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

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

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

3. List any professional licenses that you have obtained and include the number for each license.
4. ~~None~~  
Why do you feel you are a good candidate for the position to which you have been appointed?  
Extensive experience in management and cohesive board relationships
5. What do you see as the purpose or mission of the role to which you have been appointed?  
Support and promote the purpose and mission of the Kansas Bioscience Authority.
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.  
 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
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.  
 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.  
 None Central Bank and Trust Co. is regulated by the Office of the State Bank Commissioner.

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? Discuss the issue with the chairman and the president of the KBA.
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: Richard Rucker Knows you how?: Friend and business associate

Address: Box 367, Eureka, KS  
(City, State, Zip)

Home Phone: 620-583-5316 Business Phone: 620-583-5469

Name: Brad Rayl Knows you how?: Insurance agent and bank director

Address: 40 Linksland, Hutchinson, KS 67502  
(City, State, Zip)

Home Phone: 620-727-1033 Business Phone: 620-662-2381

Name: John C. Mull Knows you how?: Family Physician and bank director

Address: 307 West 20th, Hutchinson, KS 67502  
(City, State, Zip)

Home Phone: 620-663-2238 Business Phone: N/A

Name: Dale Leighty Knows you how?: Business Associate

Address: 1208 Independence Blvd., Las Animas, CO 81054  
(City, State, Zip)

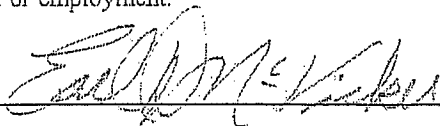
Home Phone: 719-456-2898 Business Phone: 719-456-1512

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 January 21, 2011

Kansas  
Senate

## CONFIRMATION OVERSIGHT COMMITTEE

### Acknowledgment of Release of Tax and Criminal Records Information Form

I, Earl D. McVicker 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  Date January 21, 2011

Form 08/08



RECEIVED

JAN 31 2011

SECRETARY OF STATE

Sec. of St. bar code

## 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 9<sup>th</sup>, Topeka, KS or call 785-296-4219.

A.	<b>IDENTIFICATION:</b>	<b>PLEASE TYPE OR PRINT</b>	<b>D.</b>
	McVicker	Earl	
	Last Name	First Name	MI
	McVicker	Mary	E.
	Spouse's Name		
	2900 N. Lucille Dr.		
	Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
	Hutchinson, KS 67502		
	City, State, Zip Code		
	620-665-6444	620-665-0688	
	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, 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 State Office;

6. Candidate for State Office;

7. Other (Contractor / Member of Compact).

Kansas Bioscience Authority

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

*	Agency	Division if applicable (May use acronyms)	Position
	<i>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.</i>		

0 1 0 0

Rev. 3/2006

C. **OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts in which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.

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

	BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
1.	See attached				
2.					
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.	None		
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
1	Central Bank and Trust Co.	Hutchinson, KS	Bank
2	Central Financial Corporation	Hutchinson, KS	Bank Holding Company

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	Promise Regional Medical Center	Hutchinson, KS	Hospital
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.	Central Bank and Trust Co. Hutchinson, KS	Chairman, President and CEO	Earl McVicker
2.	Central Financial Corporation Hutchinson, KS	Chairman, President and CEO	Earl McVicker
3.	Community First National Bank Manhattan, KS	Director	Earl McVicker
4.	Promise Regional Medical Center Foundation Hutchinson, KS	Director of Development	Mary McVicker
5.			
6.			
7.			
8.			

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

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

	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

**H. DECLARATION:**

I, Earl D. McVicker, 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.

1-21-11  
Date

Earl D. McVicker  
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 1

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



C. OWNERSHIP INTERESTS:

Business name and address	Type of Business	Description of Interest held	Percent of Ownership Interests	Held by whom
Central Financial Corporation Hutchinson, KS	Corporaton	Common Stock	81.57%	Earl D. McVicker Mary E. McVicker
Western Kansas Bancshares, Inc. Ulysses, KS	Corporaton	Common Stock	14.98%	Earl D. McVicker
Kansas Ethanol, LLC Lyons, KS	Limited liability Corp.	Units	<5%	Earl D. McVicker Mary E. McVicker
TPAC Corp. Manhattan, KS	Corporaton	Common Stock	<5%	Earl D. McVicker
First America Holdings Corporation Bradenton, FL	Corporaton	Common Stock	<5%	Earl D. McVicker
Premier Community Bank Crestview, FL	Bank	Common Stock	<5%	Mary E. McVicker
Gemini Bancshares, Inc. Monte Vista, CO	Corporaton	Common Stock	6.61%	Earl D. McVicker
Relationship Financial Corporation Kerrville, TX	Corporaton	Common Stock	<5%	Earl D. McVicker
First Financial Bancshares, Inc. Lawrence, KS	Corporaton	Common Stock	<5%	Earl D. McVicker Scott R. McVicker
PrimeVest Financial Services, Inc. St. Cloud, MN	Broker	Misc.	<5%	Earl & Mary McVicker Individual, IRA/ SEP
McVicker Trust #2	Trust	Life Insurance	100.00%	Earl & Mary McVicker
McVicker Trust #3	Trust	Life Insurance	100.00%	Earl & Mary McVicker
Mary E. McVicker Trust	Trust	Real Estate	100.00%	Mary E. McVicker
Oppenheimer	Broker	Misc.	<5%	Earl D. McVicker