

## 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:**

Sebelius

Last Name

Kathleen

First Name

G

MI

K. Gary Sebelius

Spouse's Name

1 SW Cedar Crest Road

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

Topeka, KS 66606

City, State, Zip Code

(785) 296-3636

Home Phone Number

(785) 296-3232

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)

Governor

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

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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**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.	KPERS 611 S. Kansas Avenue, Suite 100, Topeka, KS 66603-3808	State Retirement Plan	Plan Investments	100%	self
2.	A.G Edwards & Sons Inc. One North Jefferson, St. Louis, MO 63103	IRA	Xanser Corp, Euro Pacific Growth Fund, Fidelity Advisor Funds, ING Mutual Funds, JP Morgan Trust, MFS Service Trust, Security Equity Fund	100%	spouse
3.	Federal Employee Retirement System US Office of Personnel Management, Retirement Operations Center, PO Box 45, Boyers, PA 16017	Retirement Plan	Plan Investments	100%	spouse

**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.			

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.	US District Court of the District of Kansas	475 U.S. Courthouse, 444 SE Quincy, Topeka, KS 66683	Federal Court

**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.	Kansas Music Hall of Fame	Board Member	spouse
	P.O. Box 1176, Lawrence, KS 66604		
2.	Keith G. Sebelius Foundation	Vice President and Trustee	spouse
	105 S. Norton, Norton, KS 67654		
3.	MacLennan Park	Chair and Member of Park Board	spouse
	1 SW Cedar Crest Road, Topeka, KS 66606		
4.	Democratic Governors Association	Executive Committee Member	self
	41401 K Street, NW, Suite 200, Washington, DC, 20005		
5.	National Governors Association	Executive Committee Member	self
	Hall of the States, 444 N. Capitol St., Suite 267, Washington, DC 20001-1512		
6.	Native Sons and Daughters of Kansas	Treasurer and Board Member	spouse
	Box 4345, Topeka, KS 66604		
7.	Education Commission of the States	Chair	self
	700 Broadway, #1200 Denver, CO 80203-3460		

**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.			

**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: **04/25/2008**  
 Name of Person Making Statement: **Kathleen Sebelius**

