

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

**Appointee:** John Robert Weber

**Position:** Member, State Board of  
Indigent Services

**Term Length:** 3 years

**Expiration Date:** January 15, 2013

**Statutory Authority:** KSA 22-4519 et seq.

**Party Affiliation:** Republican

⇒ Statutory geographic representation

**Congressional District:** 4<sup>th</sup> Congressional  
District Public Member

Requirements (*insert any that apply*)

County:

Size requirement (*if any*):

Other, specify:

⇒ Statutory party affiliation requirement:

5:4

⇒ Statutory industry or occupation requirements:

Two members from each Congressional District – one attorney and one public member who cannot be an attorney. One attorney member from each county > 100,000; however, no more than five such members. No judicial/law enforcement officers. Limit of two consecutive three year terms.

**Salary:** NA

**Predecessor:** Himself - Reappointed

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

*(SEE ATTACHED LIST)*



## CONFIRMATION OVERSIGHT COMMITTEE

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

I, John Rober Weber 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

John Robert Weber

Date

10/19/10

Form 08/08



# Kansas Senate

## CONFIRMATION OVERSIGHT COMMITTEE APPOINTMENT QUESTIONNAIRE

Full Name: John Robert Weber  
(please include title and middle name along with any names previously used)

\_\_\_\_\_

Home Address: 14221 W. Burton Ct. Wichita, Kansas 67235  
(Street Address) (City, State, Zip)

Driver's License Number: [REDACTED] Social Security Number: \_\_\_\_\_

Position to which Appointed: Board of Indigent Defence Services

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)		
<b>KBI Check:</b>	N/A ___	In-Process ___ Complete ___
<b>DOR Check:</b>	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: John Robert Weber  
(please include title and middle name along with any names previously used)

Position to which Appointed: Board of Indigent Defence Services

Appointing Authority: Governor

Home Address: 14221 W. Burton Court Wichita, Kansas 67235  
(Street Address) (City, State, Zip)

Business Name: Weber and Associates, Inc.

Business Address: 1427 E. Waterman Wichita, Kansas 67211  
(Street Address) (City, State, Zip)

Position Title: President

Home Phone: 316-721-0753 Business Phone: 316-267-8762 Cell Phone: 316-648-2118

Fax Number: 316-267-6028 E-Mail Address: jweber@weber-corp.com

Kansas resident?  Yes /  No Date of Birth: 11/18/1951 Place of Birth: Garden City

Registered Voter? Yes Party Affiliation: Republican

Congressional District:      Kansas Senate District: 0026 Kansas Representative District: 0094

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? Batchelor of Science, Friends University
2. Describe your employment experience. Include any expertise related to the position to which you were appointed. Owner of Weber and Associates, Inc., sales company here in Wichita. Company incorporated in November 1983. Company sells computer room air conditioning and power systems.

3. List any professional licenses that you have obtained and include the number for each license.  
None
4. Why do you feel you are a good candidate for the position to which you have been appointed?  
I have an interest in the work of the board, have been on the board.
5. What do you see as the purpose or mission of the role to which you have been appointed?  
To help provide the right to a fair trial to all provided for in the constitution
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 Board of Indigent Defence, 2009 to date
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. Board of trustees, Friends University, 1992 to date, sat out one year 2000  
None American society of Heating, Refrigeration & Air Conditioning Engineers. 1978 to date, President 1983-1894  
Trustee, First Presbyterian Church, Wichita. Currently
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 Sold equipment to Wichita State University. Sold equipment to the Kansas Air National Guard
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

25. **Other:** Please describe any other matter in which you are involved that is or may be incompatible or in conflict with the discharge of the duties of the position to which you have been appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position. If none, please so state.  
None
26. **Conflict of Interest:** How would you resolve any potential conflicts of interest that, while maybe unforeseen at this point in time, could arise? I would excuse myself from the board.
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: Dr. Biff Green Knows you how?: Friends University Board

Address: 1936 W. University Wichita, Kansas 67213  
(City, State, Zip)

Home Phone: 316-269-3577 Business Phone: 316-295-5000

Name: Dr. Cathy Northrup Knows you how?: Church

Address: 631 N Woodstone Andover, Kansas 67002  
(City, State, Zip)

Home Phone: 316-733-6898 Business Phone: 316-263-0248

Name: Dave Funston Knows you how?: Business

Address: 1525 N Mesa Wichita, Kansas 67212  
(City, State, Zip)

Home Phone: 316-721-0674 Business Phone: 316-295-5000

Name: Randy Doerkson Knows you how?: Friends University

Address: 11707 W. 1st Wichita, Kansas 67212  
(City, State, Zip)

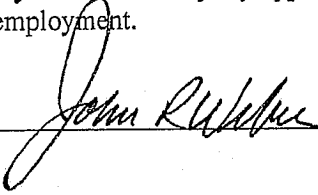
Home Phone: 316-721-0674 Business Phone: 316-295-5000

**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 \_\_\_\_\_

10/19/10

# John R. Weber

14221 W. Burton Ct.  
Wichita, Ks. 67235  
316-721-0753  
jweber@weber-corp.com

## Education

Friends University, BS, 1985

## Work Experience

1984 to date, Weber and Associates, Inc., Wichita, Ks

President

- Sales company, selling computer room air conditioning and power systems.
- Started company in 1984

1980 to 1983, M.E. Chieppo Company, Wichita, Ks.

Sales engineer

- Responsible for designing and selling commercial/industrial air conditioning systems
- Purchased the company in October of 1983 and started up Weber and Associates, Inc.

1979 to 1980, Bryant O'Conner Company, Wichita

Sales

- Selling residential air conditioning and heating equipment to contractors in the state of Kansas

1975 to 1979, Comfort Inc., Liberal, Ks.

Project manager

- Managed small commercial heating, air conditioning and electrical projects.
- Maintained company inventory
- Purchased material for projects and was responsible for billings
- Purchased the company in October, 1983. Started Weber and Associates, Inc. in January 1984

## References

- Shown on Confirmation Oversight Committee Appointment Questionnaire

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:**

WEBER

Last Name

JOHN

First Name

R

MI

JUDITH

Spouse's Name

14221 WEST BURTON COURT

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

WICHITA, KS 67235

City, State, Zip Code

(316) 721-0753

Home Phone Number

(316) 267-8762

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)

**BOARD OF INDIGENTS' DEFENCE SERVICES**

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

COMMITTEE 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. \*

□□□□

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.	WEBER AND ASSOCIATES, INC. 1427 E. WATERMAN, WICHITA, KS. 67211	SALES OFFICE	PRESIDENT	100%	self

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.			

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 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: 10/19/2010  
Name of Person Making Statement: John R. Weber