



STATE OF KANSAS  
OFFICE OF THE ATTORNEY GENERAL

DEREK SCHMIDT  
ATTORNEY GENERAL

MEMORIAL HALL  
120 SW 10TH AVE., 2ND FLOOR  
TOPEKA, KS 66612-1597  
(785) 296-2215 • FAX (785) 296-6296  
WWW.KSAG.ORG

August 5, 2011

Honorable Jay Emler  
Chair, Confirmations Oversight Committee  
State Capitol, Room 330-E  
Topeka, Kansas 66612

Dear Mr. Chairman:

Pursuant to K.S.A. 74-7303, I am appointing Sheriff Tom Williams as a member of the Crime Victims Compensation Board. Please find enclosed the appropriate paperwork required to be submitted to your office to begin the confirmation process. Sheriff Williams will be replacing Roger Villanueva, whose term has expired.

I would be most grateful if you would cause the necessary next steps to occur so that the Confirmations Oversight Committee may consider Sheriff Williams' appointment at its next meeting.

Thank you for your consideration. Please let me know if you require any further information.

Sincerely,

Derek Schmidt  
Kansas Attorney General

Enclosures

cc: Pat Saville, Secretary of the Senate



**Kansas  
Senate**

**CONFIRMATION OVERSIGHT COMMITTEE**

**APPOINTMENT QUESTIONNAIRE**

Full Name: Thomas R. Williams Sheriff Allen County Kansas

(please include title and middle name along with any names previously used)

Home Address: 208 Prairie Lane Iola, KS 66749

(Street Address)

(City, State, Zip)

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

Position to which Appointed: Crime Victim's Compensation Board

Appointing Authority: Attorney General Office

\* The driver's license and social security numbers will not be made public but are 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: Thomas Ray Williams Sheriff Allen County Kansas  
(please include title and middle name along with any names previously used)

Position to which Appointed: Crime Victim's Compensation Board

Appointing Authority: Kansas Attorney General

Home Address: 208 Prairie Lane Iola, KS 66749  
(Street Address) (City, State, Zip)

Business Name: Allen County Law Enforcement Center

Business Address: 1 North Washington Iola, KS 66749  
(Street Address) (City, State, Zip)

Position Title: Sheriff

Home Phone: 620-365-6863 Business Phone: 620-365-1400 Cell Phone: 620-365-0658

Fax Number: 620-365-1402 E-Mail Address: twilliams101@allencosheriff.org

Kansas resident?  Yes /  No \* Date of Birth:                      Place of Birth: Arkansas City KS

Registered Voter? Yes Party Affiliation: Republican

Congressional District: 2<sup>nd</sup> Kansas Senate District: 15 Kansas Representative District: 9

Resident County: Allen County

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? B.S. from Wichita State University
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.  
See resume
4. Why do you feel you are a good candidate for the position to which you have been appointed?  
Number of years working directly with Crime Victim's
5. What do you see as the purpose or mission of the role to which you have been appointed?  
To oversee the funds that should go to Crime Victim's
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 Chairman of SE KS Homeland Security Committee (2008-2010)  
Kansas Bureau of Investigation - See Resume  
Arkansas City Police Department - See Resume
8. **Elective Public Office:** List all elective public offices sought and/or held with dates of service.  
None Allen County Sheriff 2005 through present
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 Ran my campaign for Sheriff in two elections  
(2004 and 2008)
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
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.     Get retirement from the State of Kansas  
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

3. List any professional licenses that you have obtained and include the number for each license.  
See resume
4. Why do you feel you are a good candidate for the position to which you have been appointed?  
Number of years working directly with Crime Victim's
5. What do you see as the purpose or mission of the role to which you have been appointed?  
To oversee the funds that should go to Crime Victim's
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 Chairman of SE KS Homeland Security Committee (2008-2010)  
Kansas Bureau of Investigation - See Resume  
Arkansas City Police Department - See Resume
8. **Elective Public Office:** List all elective public offices sought and/or held with dates of service.  
None Allen County Sheriff 2005 through present
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 Ran my campaign for Sheriff in two elections  
(2004 and 2008)
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
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

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? Seek advice from the Attorney General
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 Defendant in Lawsuit in Allen County Jury found for Defendant Case was filed as part of duties of the Sheriff  
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: Hon. Daniel D. Creitz Knows you how?: Chief Judge 31st Judicial

Address: 1 North Washington Room B Iola, KS 66749

(City, State, Zip)

Home Phone: \_\_\_\_\_ Business Phone: 620-365-1425

Name: John Masterson Knows you how?: College President ACCC

Address: 1801 North Cottonwood Iola, KS 66749

(City, State, Zip)

Home Phone: \_\_\_\_\_ Business Phone: 620-365-5116 ext. 211

Name: William A. Shirley  
US Army Retired Knows you how?: Mayor of City of Iola, KS

Address: PO Box 398 2 West Jackson Iola, KS 66749

(City, State, Zip)

Home Phone: \_\_\_\_\_ Business Phone: 620-365-4900

Name: Sandy Horton Sheriff Knows you how?: Over 20 years law enforcement

Address: 225 N. Enterprise Drive Girard, KS 66743

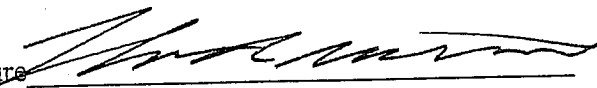
(City, State, Zip)

Home Phone: \_\_\_\_\_ Business Phone: 620-724-8274

### 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 July 28 2011



*Thomas R. Williams Sheriff*

*Bryan Murphy Undersheriff*

# **Allen County Law Enforcement Center**

## ***Thomas R. Williams***

Sheriff Allen County Kansas  
1 North Washington, Iola KS 66749  
Phone: 620-365-1400  
Email: [twilliams101@allencosheriff.org](mailto:twilliams101@allencosheriff.org)

### ***EXPERIENCE:***

01/10/2005-present **Allen County Law Enforcement** Iola, Kansas

*Sheriff Allen County Kansas*

Law Enforcement duties

Corrections facility management

Emergency management response

Policies and procedure control

Administrative duties

03/84-10/04 **Kansas Bureau of Investigation** Iola, Kansas

Major Crime Investigations

Case Agent on over 200 Death Investigations

Case Agent on First Capital Murder Case prosecuted in the State of Kansas after reintroduction

Advised on numerous out of state homicides

Specialized crime scene investigations (bloodstains, reconstruction, management)

Taught crime scene investigations, interviewing, interrogations

Public corruption investigations

10/76-3/84 **Arkansas City Police** Arkansas City, Kansas

*Patrol officer to Lieutenant of 2<sup>nd</sup> Shift Patrol*

General Patrol responsibilities

Criminal Investigations

Traffic enforcement and investigations

Administrative Duties as Sgt. And Lt.

### ***EDUCATION:***

May 1971 **Arkansas City High School** High School Diploma Arkansas City, Ks May 1982 **Wichita**

State University B. S. Degree Wichita, KS

Currently teaching **Criminal Justice Classes** at **Allen Community College** Iola, KS

Member of **IAI Senior Crime Scene Analyst Level III Expert Witness in Blood Stain Pattern Analysis,**

**Crime Scene Reconstruction Case Agent on over 200 Death Investigations**

**Taught New Agent training for KBI in homicide investigations**

**Past Chairman of Southeast Kansas Regional Homeland Security Council**

**Serve as Board Member of Southeast Drug Task Force**

**Served as Board Member of Child Advocacy Center Allen County**



## CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, Thomas R. Williams 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

A handwritten signature in black ink, appearing to read "Thomas R. Williams", written over a horizontal line.

Date

July 28 2011

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:**

Williams

Last Name

Thomas

First Name

R

MI

Margo

Spouse's Name

208 Prairie Lane

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

Iola, KS 66749

City, State, Zip Code

(620) 365-6863

Home Phone Number

(620) 365-1400

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)

Crime Victim's Compensation Board

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

Board Member

Division if applicable (May use acronyms)

Position

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

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**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.	Kansas Police and Fire Topeka, KS	Retirement Public	Retirement Acct.	100%	self
2.	Kansas Public Employees Retirement Topeka, KS	Retirement Public	Retirement Acct.	100%	self
3.	ING Deferred Comp Plan New York, NY	Investment	Retirement Acct.	100%	self
4.	St. Lukes Hospital Kansas City MO	Retirement Plan	Retirement Plan	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.	Allen County	1 North Washington Iola, KS 66749	County Government

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

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	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Anderson County Hospital	421 South Maple Garnett, KS 66032	Hospital

**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: 08/04/2011  
 Name of Person Making Statement: Thomas R. Williams