STATE OF KANSAS



KANSAS GOVERNMENTAL ETHICS COMMISSION

ELECTRONIC STATEMENT OF SUBSTANTIAL INTERESTS FORM

<u>INSTRUCTIONS:</u> 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. <u>IDENTIFICATION:</u>

Francisco	Marcia	A
Last Name	First Name	MI
Joe R Bickford		
Spouse's Name		
1101 Ohio		
Number & Street Name, Apartment Number	r, Rural Route, or P.O. Box Number	
Lawrence, KS 66044 - 3223		
City, State, Zip Code		
(785) 842-6402		(785) 296-7364
Home Phone Number		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)

Kansas State Senate, University of Kansas

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

Senator, Analyst

Division if applicable (M	lay use acronyms)	Position

* The last four digits of your social security number will aid in identifying you from others w	ith 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		OF INTERESTS		PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
	First City, L.L.C.	Rental Real	Single-family residences at 727 New		
1.	1101 Ohio, Lawrence, KS 66044	Estate	York and 938 Rhode Island, Lawrence, Kansas	100%	both
2.	Ten-Forty-Two Partnership	Rental Real	Four-plex at 1042 Ohio, Lawrence,	33.4%	hoth
2.	1041 Tennessee, Lawrence, KS 66044	Estate	Kansas	33.4%	both
3.	Rhode Island Watch, L.L.C.	Rental Real	Four-plex at 740 Rhode Island,	50%	both
3.	1636 Learnard Ave., Lawrence, KS 66044	Estate	Lawrence, Kansas		
4.	individual rental properties	Rental Real	1100 New York, 1046 Ohio, 1229 Pennsylvania, 738 Rhode Island, 1124 Rhode Island, and the lot at 744 Rhode Island	100%	both
4.	1101 Ohio, Lawrence, KS 66044	Estate			
	Penn Street Line, L.L.C.	Rental Real			
5.	933 Pennsylvania, Lawrence, KS 66044	Estate	901 Pennsylvania	10%	both
	Pepsico, Inc.	Consumer			
6.	co The Bank of New York, P.O. Box 11258, New York, NY 1028601258	Products Company	250 shares of stock	0%	both
	TIAA -CREF		TIAA Traditional, CREF Bond Market,		self
7.	730 Third Avenue, New York, NY 10017-3206	Retirement Plan	1	0%	
8.	MetLife Investors	Retirement Plan	Fixed Interest Account	0%	self

	P.O. Box 990079, Hartford. CT 06199-0079				
	ING		Vanguard Trat Dating 2015 Vanguard	0%	self
	P.O. Box 990067, Hartford, CT 06199-0067	Retirement Plan	Vanguard Trgt Retire 2015, Vanguard Trgt Retire Income Fund		
	Allianz Life Insurance Company	Deferred	AZL MS Mid Cap Growth, AZL VK Equity and Income, AZL Morgan		self
10.	P.O. Box 1122, Southeastern, PA 19398-1122	Variable Annuity	Stanley Int Equity, AZL Eaton Vance Lg	0%	
	Sears Holdings Corporation	Retirement Plan	an International Equity, SSgA Target Retirement 2020, Stable Value, Large Growth Equity, Small-Mid Value Equity, S&P 500 Equity Index		spouse
11.	P.O. Box 56287, Jacksonville, FL 32241-6287	- 401 (k) Savings		0%	
	Pines International Inc				
12.	1992 E 1400 Rd., Lawrence, KS 66044	Stock	1 share	50%	self
	Community Mercantile			0%	both
	901 Iowa Street, Lawrence, KS 66044	Stock	2 shares		

D.	GIFTS OR HONORARIA:	List any person or business	s from whom you or your	spouse either	individually or	collectively,
hav	e received gifts or honorar	ia having an aggregate valu	e 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. Jean K. Francisco	8121 Fontana, Shawnee Mission, KS 66208	both

- **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.

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 CALE	NDAR YEAR	ζ.
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lf١	∕ou have r	nothina to	report in Sec	ction "E"2.	check here	

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
K-Mart Distribution Center	2400 Kresge Road, Lawrence, KS 66049	Distribution Center

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 Coation "F" shock here	
If you have nothing to report in Section "F", check here	

BUSINESS NAME AND ADDRESS		POSITION HELD	
1.	Housing and Credit Counseling, Inc.	Member of the Lawrence Advisory Council	self
	1195 S.W. Buchanan, No. 101, Topeka, KS 66604	interfiber of the Lawrence Advisory Council	
2.	Lawrence Preservation Alliance	Board Member - Emeritus	self
	P.O. Box 1073, Lawrence, KS 66044	Board Member - Emericus	
3.	Oread Neighborhood Association	Member of the Board of Directors	self
	P.O. Box 442065, Lawrence, KS 66044	Wellber of the Board of Directors	
4.	University of Kansas Student Housing Association	Member of the Board of Directors	self
	1046 Tennessee, Lawrence, KS 66044	Wellber of the Board of Directors	
5.	First City, LLC	Partners	both
	1101 Ohio, Lawrence, KS 66044	raitieis	
6.	Ten-Forty-Two Partnership	Dortners	both
	1041 Ohio, Lawrence, KS 66044	Partners	
7.	Rhode Island Watch, LLC	Dorthors	both
	1636 Learnard Ave., Lawrence, KS 66044	Partners	
8.	Penn Street Line, LLC		
	933 Pennsylvania, Lawrence, KS 66044	Partners	both

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. <u>DECLARATION:</u> 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: 04/28/2011

Name of Person Making Statement: marcia ann francisco