

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:30 p.m. on January 20, 2010, in Room 546-S of the Capitol.

All members were present.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes
Renaë Jefferies, Office of the Revisor of Statutes
Iraida Orr, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Conferees appearing before the Committee:

Martin Kennedy, Acting Director, Kansas Department on Aging
Brenda Vierthaler, State Long-Term Care Ombudsman
Scott M. Slabotsky, CPA, Managing Director, CBIZ MHM, LLC

Others attending:

See attached list.

Senator Julia Lynn introduced a bill related to supervision of children in child care facilities and amending current statute regarding inspection of family child care homes. Upon a motion by Senator Brungardt and a second by Senator Huntington to move introduction; the motion passed.

Suzanne Wikle, Kansas Action for Children, requested the introduction of a bill concerning the surveillance, collection and monitoring of vital statistics related to infant death mortality. Upon a motion by Senator Colyer and a second by Senator Huntington to move introduction; the motion passed.

Senator Brungardt introduced intern Jessica Brunken, a Washburn University political science student.

Confirmation Hearings:

Mr. Martin Kennedy, appointed by the Governor, to serve as Secretary, Kansas Department on Aging was introduced by Chairman Barnett. Mr. Kennedy provided a brief description of his personal and professional background (Attachment 1).

Senator Brungardt discussed recent budget challenges related to funding for the aging Kansas population and inquired what actions have been taken by the Department on Aging. Mr. Kennedy responded by discussing operational, administrative, and program reductions or revisions that have occurred. Mr. Kennedy discussed the potential problems resulting from funding reductions such as access to services.

Chairman Barnett closed the confirmation hearing for Mr. Kennedy.

Ms. Belinda Vierthaler, appointed by the Governor, to serve as State Long-Term Care Ombudsman was welcomed by the Chairman. Ms. Vierthaler described her experience and background in the private sector as one focusing on advocacy for the aging (Attachment 2). She indicated the role of the Long-Term Care Ombudsman is to work collaboratively with other program partners (Department on Aging) and to advocate on issues related to older adults in Kansas. In her role, she is focused on advocating for long-term care residents, on functioning as a negotiator, on problem solving, on educating, and on investigating complaints with the goal of equitable resolution. Senator Colyer questioned what goals, benchmarks, or measurements exist related to complaint responsiveness. Ms. Vierthaler indicated that at the current time, there are no measurements or benchmarks. Complaints are answered by staff within 24 hours via e-mail or telephone call.

Senator Barnett closed the confirmation hearing for Ms. Vierthaler.

CONTINUATION SHEET

Minutes of the Senate Public Health and Welfare Committee at 1:30 p.m. on January 20, 2010, in Room 546-S of the Capitol.

Scott Slabotsky, appointed by the Governor, to serve on the Kansas University Hospital Authority, was welcomed by Senator Barnett. Mr. Slabotsky described his personal background, his educational background, and his professional background in the largest accounting firm in Kansas (Attachment 3). Mr. Slabotsky indicated he was honored to be appointed to the oversight body governing the operations of the hospital at the University of Kansas Medical Center.

Senator Barnett closed the confirmation hearing for Mr. Slabotsky and indicated five confirmation hearings were complete (January 19 and January 20).

Senator Brungardt moved to recommend confirmation of Dr. William Reed to the Kansas Health Policy Authority Board by the full Senate; Senator Kelly seconded the motion; the motion carried.

Senator Haley moved to recommend the Senate confirm Dr. Andrew Allison as Executive Director of the Kansas Health Policy Authority; Senator Kelsey seconded the motion which passed.

Senator Brungardt moved to recommend the full Senate confirm Mr. Martin Kennedy as Secretary Department on Aging; the motion was seconded by Senator Haley. The motion passed.

Upon a motion by Senator Huntington and a second by Senator Brungardt to recommend confirmation of Ms. Belinda Vierthaler as State Long-Term Care Ombudsman by the Senate, the motion passed.

Senator Kelly moved to recommend Scott Slabotsky be confirmed by the full Senate to serve on the Kansas University Hospital Authority; Senator Huntington seconded the motion which passed.

Senator Barnett noted that all appointees were approved unanimously.

The meeting was adjourned by Chairman Barnett at 2:10pm

Kennedy

Secretary of Aging

Members:		Appointed by	Number of Appointments	Number of Senate Confirmations
Legislators:	0	Governor	1	1
House:	0			
Senate:	0			
Non-Legislative:	1			
Total Members:	1			

Entity Description

KSA 75-5903 *et seq.* created the position of Secretary of Aging. The Secretary is appointed by the Governor, subject to confirmation by the Senate as provided in KSA 75-4315b. In appointing the Secretary, the Governor considers persons suggested by the Advisory Council on Aging and persons with responsible administrative experience in the field of gerontology. The Secretary is in the unclassified service under the Kansas Civil Service Act and receives an annual salary fixed by the Governor.

Budget Information

The Department on Aging had approved FY 2008 operating expenditures of \$477.0 million, including nearly \$189.0 million from the State General Fund. This included 219.5 approved, full-time equivalent positions approved. The FY 2009 appropriation was \$490,090,126; FY 2010, \$487,849,802. The largest share of this Agency's budget deals with the nursing home program.

Contact Information

Director of Appointments
Melissa Gregory
Office of the Governor
Room 234 North - Statehouse
Topeka, KS 66612
296-4052
Melissa.Gregory@ks.gov

Public Health and Welfare

Date:

1/20/10

Attachment:

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Department on Aging - Secretary

Powers and Duties

The Department on Aging is administered under the direction and supervision of the Secretary on Aging.

The Secretary has the power to:

- Receive and disburse federal funds made available under the Federal Older Americans Act 42 U.S.C. 3001 *et seq.*, and any amendments thereto or other federal programs for the aging and administer any state plan for the aging required by federal law;
- Evaluate all programs, services, and facilities for the aged within the state and determine the extent to which present public or private programs, services, and facilities meet the needs of the aged;
- Evaluate and coordinate all programs, services and facilities for the aging presently furnished by state and federal agencies, and make appropriate recommendations regarding such services, programs, and facilities to the Governor and the Legislature;
- Develop a comprehensive plan to meet the needs of the state's senior citizens;
- Solicit, accept, hold, and administer on behalf of the state any grants, devises, or bequests of money, securities or property to the state for services to senior citizens or purposes related thereto;
- Provide consultation and assistance to communities and groups developing local and area services for senior citizens;
- Promote community education regarding the problems of senior citizens;
- Cooperate with agencies of the federal government in studies and conferences designed to examine the needs of senior citizens and to prepare programs and facilities to meet those needs;
- Establish and maintain information and referral sources throughout the state in conjunction with other agencies;
- Provide such staff support as may reasonably be required by the Advisory Council on Aging; and
- Enter into contracts, promulgate rules and regulations and take other actions authorized by law or deemed necessary by the Secretary when implementing programs under the jurisdiction of the Secretary or the Department on Aging.

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

Appointee: Martin A. Kennedy

Position: Secretary, Kansas Department ^{on} of Aging

Term Length: POG

Appointment Date: Upon confirmation by the Senate

Expiration Date: NA

Statutory Authority: K.S.A. 75-5903

Party Affiliation: Democrat

⇒ **Statutory geographic representation:**

Congressional District: N/A

⇒ **Requirements** (*insert any that apply*)

County:

Size requirement (*if any*): _____

Other, specify: _____

⇒ **Statutory party affiliation** requirement:

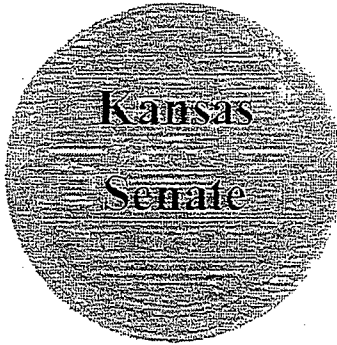
N/A

⇒ **Statutory industry or occupation** requirements

Salary:

Predecessor: Kathy J. Greenlee

Board Composition Prior to Confirmation of New Appointee: N/A



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, Martin A. Kennedy 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 Martin A. Kennedy Date 8-7-09

Kansas Senate

CONFIRMATION OVERSIGHT COMMITTEE

APPOINTMENT QUESTIONNAIRE

Full Name: Martin Alan Kennedy
(please include title and middle name along with any names previously used)

Home Address: 4711 SW Brentwood Rd. Topeka, KS 66606
(Street Address) (City, State, Zip)

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

Position to which Appointed: Secretary of Aging

Appointing Authority: Governor Mark Parkinson

* 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: Martin Alan Kennedy
(please include title and middle name along with any names previously used)

Position to which Appointed: Secretary of Aging

Appointing Authority: Governor Mark Parkinson

Home Address: 4711 SW Brentwood Rd, Topeka, KS 66606
(Street Address) (City, State, Zip)

Business Name: Kansas Department on Aging

Business Address: 503 South Kansas Avenue
(Street Address) (City, State, Zip)

Position Title: Interim Secretary

Home Phone: 785-554-5837 Business Phone: 785-296-5222 Cell Phone: 785-554-5837

Fax Number: 785-296-0256 E-Mail Address: martinkennedyks@gmail.com

Kansas resident? Yes / No Date of Birth: 05/26/57 Place of Birth: Hutchinson, KS

Registered Voter? Yes Party Affiliation: Democrat

Congressional District: 2 Kansas Senate District: 18 Kansas Representative District: 56

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 attached resume.
2. Describe your employment experience. Include any expertise related to the position to which you were appointed.
See attached resume.

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?
My education, experience and interests make the position an excellent fit
5. What do you see as the purpose or mission of the role to which you have been appointed?
To advocate and administer services on behalf of Kansas seniors.
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 See attached resume.
8. **Elective Public Office:** List all elective public offices sought and/or held with dates of service.
None Democratic Committee Person - 2004- 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 Volunteer - Sebelius 1998, 2002, 2004. Senator Laura Kelly 2004, Representative Annie Tietze 2006.
10. **Honors and Awards:** List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.
None Pi Sigma Alpha political science honorary.
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 attached 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 Wife, Sabrina Wells Kennedy, serves as Director of Finance for the Kansas Insurance Department.
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 My wife has been employed by the Kansas Insurance Department. I have been employed by the Dept. on Aging since 2004. See resume.
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 Registered lobbyist on behalf of my employer, Mental Health Consortium, 2001 - 2004. General issues affecting company; see attached resume.
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? BY promptly disclosing the conflict and recusing myself from any conflicted decision or activity.
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 Suspended briefly in 2003 after failure to pay a speeding ticket received in Washington state. License reinstated after ticket was paid.
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 Dismissed without cause from Mental Health Consortium, 2004.
- 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 Used marijuana occasionally in college.
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: Alan Eckley Knows you how?: Life long friend

Address: 14031 W. 114th St., Lenexa, KS, 66215
(City, State, Zip)

Home Phone: 913-469-8367 Business Phone: 913-371-1820

Name: Kathy Greenlee Knows you how?: Former supervisor

Address: 100 First St. #224, Rockville, MD 20851
(City, State, Zip)

Home Phone: 785-218-4461 Business Phone: 202-357-3555

Name: Steve Montgomery Knows you how?: Former co-worker

Address: 4603 SW Deer Trail St., Topeka KS 66610
(City, State, Zip)

Home Phone: 785-478-9891 Business Phone: 785-368-6437

Name: Gary Blitsch Knows you how?: Friend in community

Address: 3338 SE Pawnee Dr, Tecumseh, KS 66542
(City, State, Zip)

Home Phone: 785-379-9255 Business Phone: 785-273-5994

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 Martin C. [Signature] Date 8-11-09

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:

Kennedy

Last Name

Martin

First Name

A

MI

Sabrina Wells

Spouse's Name

4711 SW Brentwood Rd.

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

Topeka, KS 66606 - 2203

City, State, Zip Code

(785) 554-5837

Home Phone Number

(785) 296-5222

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 Department on Aging

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

Office of the Secretary

Acting Secretary

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.	ING Retirement Plan 212 SW 8th St. Ste. 100, Topeka, KS 66603	Retirement Services	Mutual Funds	0%	both
2.	Principal Financial Group 711 High Street, Des Moines, IA, 50392	Retirement Services	Mutual Funds	0%	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.	Baker University	618 Eighth St., Baldwin City, KS 66006	Educational Institution

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.	Washburn University	1700 SW College Ave, Topeka, Kansas 66621	Educational Institution

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

1-14

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.	University Child Development 1621 SW College Ave, Topeka, KS 66604	Treasurer	self
2.	Valeo Behavioral Health Care 330 Oakley, Topeka KS 66606	Member	self

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: 08/07/2009
 Name of Person Making Statement: Martin Kennedy

Martin Kennedy

Role	Executive Management		
Experience	2008-Present	Kansas Department on Aging	Topeka, KS
	Deputy Secretary		
	<ul style="list-style-type: none">• Provide assistance to the Secretary in coordinating the programs and activities of the Department.• Represent the Agency in public and legislative environments.		
	2006-2008	Kansas Department on Aging	Topeka, KS
	Commissioner of Licensure, Certification and Evaluation		
	<ul style="list-style-type: none">• Oversee regulation of more than 600 adult care home facilities in Kansas to assure they meet federal and state quality standards.• Prepare and administer operating budget of more than \$11 million.• Supervise approximately 100 FTE nursing facility surveyors and support staff.• Work with federal CMS officials in assuring that regulations are consistent with the needs of Kansas residents of long term care.• Primary contact with consumers and their families, federal and state government entities, the Kansas legislature, the provider community and Kansas taxpayers.• Develop information and document management systems.		
	2004-2005	Kansas Department on Aging	Topeka, KS
	Director of Budget & Governmental Affairs		
	<ul style="list-style-type: none">• As fiscal officer for the Secretary of Aging, provide oversight of budget and legislative activity for state agency.• Develop budget of \$450 million agency including Medicaid, Medicare, grant funding and state appropriated funds.• Supervise agency human resources functions.• Represent the agency in budget negotiations and legislative hearings.• Develop policy positions and recommendations.• Develop grant proposals and oversee grant development.• Provide staff leadership for state Senior Advisory Council.		
	1999- 2004	The Consortium, Inc.	Topeka, KS
	Chief Financial Officer		
	<ul style="list-style-type: none">• Overall responsibility for leadership in financial services in non-profit Managed Behavioral Health Organization including budgeting, accounting, provider payments and expense control.• Supervise and manage information technology department, including development and implementation of statewide networks, data collection systems and video conferencing services.		

- Work closely with directors and staffs of community mental health centers to implement financial and computing relationships.
- Coordinate contract development and implementation. Negotiate with vendors for best pricing and service support.
- Provide regular oral and written reports to the Board of Directors.
- Provide executive supervision and management for the company's staff in the absence of the President / CEO.
- Represent organization before Kansas legislature and in negotiations with state government.

1997-1998 Kansas Insurance Department Topeka, KS

Controller

- Managed computer system upgrade; contracted and coordinated implementation of financial management system.
- Worked with Kansas Department of Revenue and other state agencies to collect insurance premium taxes.
- Communicated to the Kansas Legislature in support of the Department's budget and operations.
- Supervised annual insurance tax audits of insurance companies conducting business in the state of Kansas.
- Reformed workflow processes allowing reductions of six tax auditor positions and reducing time required for payment processing.
- Reviewed and reformed mail processing to speed receipt of funds.
- Supervised accounts receivables totaling \$130 million from taxes and fees, and payables of \$24 million per year.

1996-1997 Kansas Insurance Department Topeka, KS

Assistant Controller

- Prepared and defended agency budget before the Governor and Legislature. Prepared tax and fee estimates for use by state forecasters.
- Coordinated legislation enacting significant reforms of Kansas insurance tax law. Testified before committees and developed options leading to the bill's passage and Governor's signature.
- Supervised Workers Compensation Second Injury Fund accounting and accounts receivables functions.

1986-1996 Kansas Division of the Budget Topeka, KS

**Principal Analyst (1991-1996), Senior Analyst (1989-1991),
Budget Analyst (1986-1989)**

- Provided fiscal and policy analysis and recommendations to the Budget Director and Governor regarding state budget issues.
- Gained budget and program knowledge through analysis of a variety of complex state agency budgets including Department of Social and Rehabilitation Services, KU Medical Center, state hospitals and Kansas Department of Health and Environment.
- Communicated budget information to legislature and the public through formal presentations and informal meetings.

- Provide policy support to Budget Director and Governor in health and human services matters.
- Work extensively with legislative staff and committees to support the Governor's budget and legislative agenda.

1985–1986 Department of Administration Topeka, KS

Governor's Fellow

- Awarded competitive fellowship in state government.
- Observed and participated in state decision making processes.
- Reviewed and analyzed federal budget issues.

Education

Kansas State University Manhattan, KS

- Master of Public Administration.
- Bachelor of Science in History.
- Teaching Assistant.
- Pi Sigma Alpha Honoree.

Other

- Adjunct Faculty, Baker University, 2006 – Present
- University Child Development Board of Directors, 2005 – Present, Treasurer and Board Chair.
- University United Methodist Church, Topeka, Governing Bodies, 1993 – 2004.
- East Topeka Fellowship, Inc. Board – 1996 - 1999
- Owner, Internet Services web site consulting and operations, 1996 – 2001.
- Valeo Behavioral Health Care, Board Member.
- Association of Health Facility Survey Agencies, member 2006 – present, Secretary 2008 – 2009.

Interim Secretary Martin Kennedy

Interim Secretary of the Kansas Department on Aging

<u>Work Address:</u> 503 S Kansas Ave Topeka, KS 66603 (785) 296-5222 <u>Martin.Kennedy@aging.ks.gov</u>	<u>Assistant Info:</u> Traci Ward (785) 296-0447 Fax (785) 296-0767 <u>Traci.Ward@aging.state.ks.us</u>
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Martin Kennedy was appointed interim Secretary of the Department on Aging on June 26. He has served in management positions at Kansas Department on Aging since 2004. He was Director of Budget and Governmental Affairs from 2004 to 2006 and Commissioner of Licensure, Certification and Evaluation from 2006 to 2008.

Kennedy was Chief Financial Officer at the Mental Health Consortium, an Administrative Services Organization, from 2000 through 2004. His previous government service includes work as Controller for the Kansas Insurance Department from 1996 to 1999. He was an analyst in the Kansas Division of the Budget from 1986 through 1995. He currently serves on the board of Valeo Behavioral Health Care in Topeka, and chairs the board of University Child Development, an affiliate of Washburn University. Kennedy earned a Master of Public Administration Degree and a Bachelor's Degree in History from Kansas State University.

Senate Public Health & Welfare Committee
January 20, 2010
Acting Secretary Martin Kennedy

Chairman Barnett, and members of the Senate Public Health & Welfare Committee, thank you for the opportunity to appear today. I am Martin Kennedy and I have served as Acting Secretary of Aging since June. While I am new to this position, I have served in a number of management positions at the Kansas Department on Aging since 2004.

I'd like to begin with a brief discussion of my professional and personal background. I was born and grew up in Hutchinson, Kansas and I attended Kansas State University. There I earned a Bachelor's Degree in History and my Master of Public Administration degree. I moved to Topeka in 1985 and started work as an analyst in the Division of the Budget, where I worked for about 10 years. After that, I served the Kansas Insurance Department as Assistant Controller and Controller. I served as Chief Financial Officer at the Mental Health Consortium for about five years before joining the Kansas Department on Aging in 2004. My community activities include serving on the boards of Valeo Behavioral Health Care and University Child Development. I have two daughters, Emma (12) and Elizabeth (21). My wife, Sabrina, our children and I reside in Topeka.

It has been my privilege to work at the Department on Aging for more than five years. I am committed to the department's mission of promoting the security, dignity and independence of Kansas seniors, which is accomplished through its three primary business functions: advocacy, the purchase of long term care services and regulation of Adult Care Homes. These business functions have developed through time since the Department's formation in 1977. It may be the only Cabinet agency created expressly to advocate for its constituency, Kansas seniors. In 1997, this role was expanded to include purchase of service when a reorganization of SRS functions made KDOA the payer for all Medicaid long-term care services for persons 65 and older. In 2003, regulation and enforcement responsibilities for more than 600 adult care homes were transferred to Aging from KDHE.

During my five years at KDOA, I have been involved in all three areas of the agency's operations. When I joined the department, I led the agency's government relations activities and served as budget director. I saw first-hand the impact of governmental budget decisions on the ability of the State to purchase quality long term care services. Later, I served for 2 ½ years as Commissioner of Licensing, Certification and Evaluation. Kansas was one of five pilot states to test and implement a new survey process for nursing facilities called the Quality Indicator Survey (QIS). The QIS process was designed to gain consistency in quality of care evaluations not only from region-to-region within the state but also from one state to another. As Commissioner, I also worked with the provider community to improve the Informal Dispute Resolution procedures and the survey process.

Most recently, I combined all these experiences in serving as Deputy Secretary under Secretary Kathy Greenlee. Since her departure, we have accomplished a smooth transition for the agency staff and operations and we are moving forward with a focus on the agency's 30-year-old charter mission: Advocating for Kansas seniors. It is a great honor to be nominated for this position.

View table

Long-Term Care Ombudsman

Members:		Appointed by	Number of Appointments	Number of Senate Confirmations
Legislators:	0	Governor	1	1
House:	0			
Senate:	0			
Non-Legislative:	1			
Total Members:	1			

Entity Description

KSA 75-7304 *et seq.* established the State Long Term Care Ombudsman. The State Long-Term Care Ombudsman is appointed by the Governor, subject to confirmation by the Senate as provided in KSA 75-4315b. Members of the office serve for terms of four years and until a successor is appointed and confirmed.

The Long-Term Care Ombudsman appoints each Regional Long-Term Care Ombudsman and all officers and employees of the office of State Long-Term Care Ombudsman. Each Regional Long-Term Care Ombudsman and all officers and employees serve in the classified service under the Kansas Civil Service Act. The State Long-Term Care Ombudsman administers the office of the State Long-Term Care Ombudsman.

Any person has to meet the following requirements to be eligible for appointment as the State Long-Term Care Ombudsman:

- A baccalaureate or higher degree from an accredited college or university;
- Demonstrated abilities to analyze problems of law, administration and public policy; and
- Experience in investigation and conflict resolution procedures.

On the effective date of the Act, all of the powers, duties, functions, records and property of the office of the State Long-Term Care Ombudsman abolished by this section, which are prescribed for the office of the State Long-Term Care Ombudsman by the Act, are transferred to and conferred and imposed upon the office of the State Long-Term Care Ombudsman.

Budget Information

The responsibility of the Long-Term Care Ombudsment is to advocate for the well-being, safety, and rights of residents of Kansas long-term care facilities by assisting them in attaining the highest possible quality of life. The Older Americans Act (42 USC 3001 *et seq.*) mandates that a state agency serve as the advocate on issues affecting older persons. The State Long-Term Care Ombudsman assists in the development of services and programs for the benefit of nursing home residents. In FY 1998, the Kansas legislature amended state law and moved the State Long-Term Care Ombudsman to the Department of Administration as an independent state sub-agency.

Public Health and Welfare

Date:

1/20/10

Attachment:

2

Expenditures for the Long-Term Care Ombudsmen Program in FY 2008 totaled nearly \$834,000 with \$333,000 of the total coming from State General Funds as a match for federal Medicaid moneys.

Contact Information

Administrative Officer
Delberta Pfeifer
Department of Administration
Curtis State Office Building - Suite 500
Topeka, KS 66612
785-296-3011
Delberta.Pfeifer@da.ks.gov

State Long-Term Care Ombudsman

Powers and Duties

The State Long-Term Care Ombudsman has the power to:

- Be an advocate of residents in long-term care facilities throughout the state;
- Investigate and resolve complaints made by or on behalf of the residents relating to action, inaction or decisions of facilities or the representatives of facilities;
- Develop continuing programs to inform residents, their family members or other persons responsible for residents regarding the rights and responsibilities of residents and such other persons;
- Provide the Legislature and the Governor with an annual report containing data, findings and outcomes regarding the types of problems experienced and complaints received by or on behalf of residents and containing policy, regulatory and legislative recommendations to solve such problems, resolve such complaints and improve the quality of care and life in facilities;
- Analyze and monitor the development and implementation of federal, state and local government laws and policies with respect to long-term care facilities and services provided in this state, and recommend any changes deemed appropriate;
- Provide information and recommendations directly to news media representatives, public agencies, legislators and others, as deemed necessary, regarding the problems and concerns of residents in facilities;
- Prescribe and provide for the training of each regional long-term care ombudsman and any individual designated as an ombudsman and any individual who is an ombudsman volunteer;
- Coordinate ombudsman services provided by the Office of the Long-Term Care Ombudsman with the protection and advocacy systems for individuals with developmental disabilities and mental illness established;
- Establish and maintain a system to recruit and train individuals to become volunteer ombudsmen;
- Authorize any individual, who is an employee of the Office and who has satisfactorily completed the training prescribed by the State Long-term Care Ombudsman to be an ombudsman or a volunteer ombudsman and to be a representative of the Office;
- Collaborate with the Department of Social and Rehabilitation Services and the Department on Aging to establish a statewide system to collect and analyze information on complaints and conditions in facilities; and
- Perform such other duties and functions as may be provided by law.

Kansas Senate

CONFIRMATION OVERSIGHT COMMITTEE

APPOINTMENT QUESTIONNAIRE

Full Name: Mrs. Belinda Sue (Boyd) Vierthaler
(please include title and middle name along with any names previously used)

Home Address: 15718 Glenwood Drive Bonner Springs, KS 66012
(Street Address) (City, State, Zip)

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

Position to which Appointed: Long Term Care Ombudsman

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)

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: Mrs. Belinda Sue (Boyd) Vierthaler
(please include title and middle name along with any names previously used)

Position to which Appointed: Long Term Care Ombudsman

Appointing Authority: GOVERNOR

Home Address: 15718 Greenwood Drive Banner Springs, KS 66012
(Street Address) (City, State, Zip)

Business Name: NA

Business Address: NA
(Street Address) (City, State, Zip)

Position Title: NA

Home Phone: (913) 724-8688 Business Phone: NA Cell Phone: (913) 485-7750

Fax Number: (913) 724-8688 E-Mail Address: FINDME@SUNFLOWER.COM

Kansas resident? Yes / No Date of Birth: 1/20/1973 Place of Birth: Kansas City, MO

Registered Voter? Yes Party Affiliation: Democrat

Congressional District: 3 Kansas Senate District: 003 Kansas Representative District: 039

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.
KS Adult Care Home Administrator 3035
4. Why do you feel you are a good candidate for the position to which you have been appointed?
Extensive knowledge of long term care. Good problem solving skills. Passion for quality
5. What do you see as the purpose or mission of the role to which you have been appointed?
Provide education to Regional Ombudsman and adult care home staff. Services for Seniors.
6. **Military Service:** List rank, date and type of discharge from active service. Participate in public policy discussions. Ensure quality services for residents of Adult care home.
 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 The National Dean's List, Golden Key National Honor Society (KU 199)
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 The Margo Schuitz Gordon Award (KU 199) - Outstanding Achievement BSW Practicum
Kansas Healthcare Association - National Association of Social Workers
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

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 try to be as open and impartial as possible. If resolution cannot be found then, if possible I would*

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. *remove myself from the situation.*

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. **Gov** you delinquent in the payment of any obligation owed to the
 feder. 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: Shirley Allenbrand Knows you how?: Former employer
 Address: 20108 West 93rd Street Lenexa, KS 66220
(City, State, Zip)
 Home Phone: (913) 829-5163 Business Phone: (913) 829-9071

Name: Tara Dhakal Knows you how?: Former employee
 Address: 513 East 126th Street Olathe, KS 66061
(City, State, Zip)
 Home Phone: (913) 393-3092 Business Phone: (913) 558-3552

Name: Rick Carlson Knows you how?: Former employer
 Address: Lees Summit, MO
(City, State, Zip)
 Home Phone: (816) 516-5739 Business Phone: (913) 631-2146

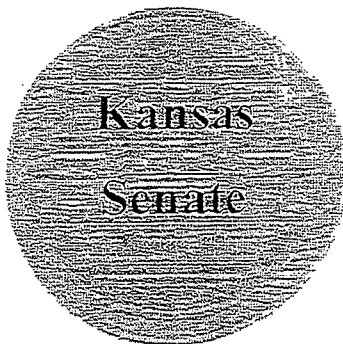
Name: Eddie Parades Knows you how?: Former employer
 Address: Texas
(City, State, Zip)
 Home Phone: _____ Business Phone: (361) 212-0016

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 Belinda S. Vintpal Date 6/23/09



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, Belinda S. Vierter 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 Belinda S. Vierter Date 7/20/09

Independence Regional Health Center

- Provided social work services for skilled nursing, rehab, partial day program, geri-psych, and emergency room.

REFERENCES

Excellent references available upon request.

BELINDA S. VIERTHALER, MSW, ACHA

15718 Glenwood Drive
Bonner Springs, Kansas 66012
Home (913) 724-8688 Cell (913) 485-7750
findme@sunflower.com

EDUCATION

October 2003	<i>Kansas City Kansas Community College</i>	Adult Care Home Administrator Practicum/License
May 2000	<i>University of Kansas</i>	Masters of Social Work
May 1999	<i>University of Kansas</i>	Bachelor of Social Work

EXPERIENCE

September 2007 to May 2008- **Executive Director**
Villages of Jackson Creek- Skilled Nursing and Assisted Living

- Responsible for successfully opening new 120 bed skilled nursing and 52 unit assisted living facility.
- Directs, coordinates and is responsible for all day-to-day operations, including compliance with State regulations (obtaining all necessary licenses for new facility)
- Hiring all direct reports and overseeing hiring process for all employees
- Promoting census growth
- Controlling costs/maintaining the budget

October 2003 to September 2007- **Administrator**
Shawnee Gardens Healthcare and Rehabilitation

- Directs, coordinates and is responsible for all day-to-day operations of 145 bed skilled nursing facility With 160-180 employees.
- 48.3% turnover rate (lowest in division)
- Increased skilled mix from 16 (2005) to 32 average (2006)
- 3rd highest profit margin in 2005 and 5th highest in 2006 in division (45 buildings)
- Successfully opened 28-bed Express Recovery Unit (March 2006)

April 2003 to September 2003- **Executive Director**
Ashford Place Assisted Living

- Directed, coordinated and was responsible for day-to-day operations for 75 unit residential care facility with a 29 unit Alzheimer's care wing with 40-50 employees.

July 2001 to January 2003- **Executive Director**
Mission Springs Assisted Living

- Directed, coordinated and was responsible for day-to-day operations of two buildings with 92 units with 60-65 employees.

June 1997 to January 2003- **Senior Teller**
Bank Of America

- General teller responsibilities.

April 2000 to July 2001- **Social Worker**
Overland Park Regional Medical Center- Geriatric-Psychiatry Unit

- Provided individual therapy, group therapy, discharge planning, psycho-social assessments, treatment plans and resource acquisition.

May 1999 to April 2000- **Social Worker**

pursuant to law. The office of the state long-term care ombudsman established by this act shall be deemed to be a continuation of the office of the state long-term care ombudsman abolished by this act.

(5) (A) The state long-term care ombudsman and the secretary of administration shall provide that all officers and employees of the department on aging, who are engaged in the exercise and performance of the powers, duties and functions of the programs of the office of the state long-term care ombudsman that are transferred by this act, are transferred to the office of the state long-term care ombudsman established by this section.

(B) Officers and employees of the department on aging transferred under this act shall retain all retirement benefits and leave rights which had accrued or vested prior to each date of transfer. The service of each officer or employee so transferred shall be deemed to be continuous. All transfers, layoffs and abolition of classified service positions under the Kansas civil service act which may result from program transfers under this act shall be made in accordance with the civil service laws and any rules and regulations adopted thereunder. Nothing in this act shall affect the classified status of any transferred person employed by the department on aging prior to the date of transfer.

(C) If the state long-term care ombudsman and the secretary of aging cannot agree as to how any transfer of an officer or employee is to take place under this section, the state long-term care ombudsman and the secretary of administration shall be responsible for administering any layoff that is part of the transfer in accordance with this act.

(D) Notwithstanding the effective date of this act, the provisions of this act prescribing the transfer of officers and employees between the office of the state long-term care ombudsman established by this section and the department on aging, the date of transfer of each such officer or employee shall commence at the start of a payroll period.

History: L. 1980, ch. 291, § 2; L. 1990, ch. 328, § 7; L. 1998, ch. 101, § 5; L. 2008, ch. 121, § 34; July 1.

75-7304

Chapter 75.--STATE DEPARTMENTS; PUBLIC OFFICERS AND EMPLOYEES
Article 73.--STATE LONG-TERM CARE OMBUDSMAN

75-7304. State long-term care ombudsman; office established; qualifications; appointment, senate confirmation; term of office; appointment of regional long-term care ombudsman, other officers and employees; prior office abolished. (a) On the effective date of this act, the office of the state long-term care ombudsman in existence on the day preceding such effective date is hereby abolished and there is hereby established the office of the state long-term care ombudsman, the head of which shall be the state long-term care ombudsman. In performance of the powers, duties and functions prescribed by law, the office shall be an independent state agency. The state long-term care ombudsman shall be appointed by the governor, subject to confirmation by the senate as provided in K.S.A. 75-4315b, and amendments thereto. The term of office of the first person appointed as the state long-term care ombudsman on or after the effective date of this act shall expire on January 15, 2000, and such state long-term care ombudsman shall serve until a successor is appointed and confirmed. Thereafter, each person appointed as the state long-term care ombudsman shall have a term of office of four years and shall serve until a successor is appointed and confirmed. Except as provided by K.S.A. 46-2601, and amendments thereto, no person appointed as state long-term care ombudsman shall exercise any power, duty or function as state long-term care ombudsman until confirmed by the senate.

(b) The state long-term care ombudsman shall appoint each regional long-term care ombudsman and all officers and employees of the office of state long-term care ombudsman. Each regional long-term care ombudsman and all such officers and employees shall be within the classified service under the Kansas civil service act.

(c) In accordance with the provisions of this act, the state long-term care ombudsman shall administer the office of the state long-term care ombudsman.

(d) No person shall be eligible to be appointed to, or to hold, the office of state long-term care ombudsman if such person is subject to a conflict of interest. No person shall be eligible for appointment as the state long-term care ombudsman unless such person has:

- (1) A baccalaureate or higher degree from an accredited college or university;
- (2) demonstrated abilities to analyze problems of law, administration and public policy; and
- (3) experience in investigation and conflict resolution procedures.

(e) (1) On the effective date of this act, all of the powers, duties, functions, records and property of the office of the state long-term care ombudsman abolished by this section, which are prescribed for the office of the state long-term care ombudsman by this act, are hereby transferred to and conferred and imposed upon the office of the state long-term care ombudsman that is established by this section, except as is otherwise specifically provided by this act. On the effective date of this act, all of the powers, duties, functions, records and property of the secretary of aging or the department on aging, which relate to or are required for the performance of powers, duties or functions which are prescribed for the office of the state long-term care ombudsman or the state long-term care ombudsman by this act, including the power to expend funds now or hereafter made available in accordance with appropriation acts, are hereby transferred to and conferred and imposed upon the office of the state long-term care ombudsman and the state long-term care ombudsman that are established by this section, except as is otherwise specifically provided by this act.

(2) The office of the state long-term care ombudsman established by this section shall be the successor in every way to the powers, duties and functions of the office of the state long-term care ombudsman, the secretary of aging, or the department on aging in which such powers, duties and functions were vested prior to the effective date of this act, except as otherwise specifically provided by this act. Every act performed under the authority of the office of the state long-term care ombudsman established by this act shall be deemed to have the same force and effect as if performed by the office of the state long-term care ombudsman, the secretary of aging or the department on aging in which such powers, duties and functions were vested prior to the effective date of this act.

(3) Subject to the provisions of this act, whenever the office of the state long-term care ombudsman that is abolished by this act or the secretary on aging or the department on aging, or words of like effect, is referred to or designated by a statute, contract, or other document, and such reference or designation relates to a power, duty or function which is transferred to and conferred and imposed upon the office of the state long-term care ombudsman that is established by this act, such reference or designation shall be deemed to apply to the office of the state long-term care ombudsman established by this act.

(4) All policies, orders or directives of the office of the state long-term care ombudsman that is abolished by this act and all policies, orders or directives of the secretary of aging, which are in existence on the effective date of this act and which relate to powers, duties and functions that were vested in such office of the state long-term care ombudsman or the secretary of aging prior to such date, shall continue to be effective and shall be deemed to be the policies, orders or directives of the state long-term care ombudsman established by this act, until revised, amended or revoked or nullified

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

Appointee: Belinda Vierthaler

Position: Long-term Care Ombudsman

Term Length: 4 Year

Appointment Date: Upon confirmation

Expiration Date: 01/15/2012

Statutory Authority: K.S.A. 75-7304

Party Affiliation: Democrat

⇒ **Statutory geographic representation:** Congressional District: N/A

⇒ **Requirements** (*insert any that apply*)

County:

Size requirement (*if any*): _____

Other, specify: _____

⇒ **Statutory party affiliation** requirement:

⇒ **Statutory industry or occupation**

Demonstrated abilities to analyze problems of law, administration and public policy.

requirements:

Salary:

Predecessor: Gilbert Cruz

Board Composition Prior to Confirmation of New Appointee:
(SEE ATTACHED LIST)

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:

Vierthaler

Last Name

Belinda

First Name

S

MI

Michael A Vierthaler

Spouse's Name

15718 Glenwood Drive

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

Bonner Springs, KS 66012

City, State, Zip Code

(913) 724-8677

Home Phone Number

(913) 724-8688

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)

Long Term Care Ombudsman

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. *

Four empty boxes for social security number digits

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.	AIG Retirement 2929 Allen Parkway Houston, TX 77019	Retirement fund	401K	100%	spouse
2.	TIAA CREF 730 3rd Ave New York, NY 10017	Retirement fund	401K	100%	spouse
3.	MetLife PO Box 14660 Lexington, KY 40512	Retirement fund	401K	100%	spouse
4.	American Century Investments 430 W 7th St Kansas City, MO 64105	Retirement fund	401K	100%	spouse
5.	Penn Mutual 11568 S Deer Run St Olathe, KS 66061	Retirement fund	401K	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: 07/31/2009
 Name of Person Making Statement: Belinda S Vierthaler

2-20

University of Kansas Hospital Authority

Members:		Appointed by	Number of Appointments	Number of Senate Confirmations
Legislators:	0	Executive Other	6	6
House:	0	Governor	13	13
Senate:	0			
Non-Legislative:	19			
Total Members:	19			

Entity Description

KSA 76-3304 *et seq.* created the University of Kansas Hospital Authority. The Authority is an independent instrumentality of the State.

The Authority is governed by a nineteen-member Board of Directors (Board) serving terms of four years. Thirteen of the members are appointed by the Governor, subject to confirmation by the Senate as provided in KSA 75-4315b. Members appointed by the Governor are representatives of the general public who are recognized for outstanding knowledge and leadership in the fields of finance, business, health-care management, health care providers, legal affairs, education or government. Of the 13 members representing the general public, there must be at least one member from each congressional district. Six members must be *ex officio* voting members consisting of the Chancellor of the University of Kansas, the Executive Vice Chancellor of the University of Kansas Medical Center, the Executive Dean of the University of Kansas School of Medicine, the Chief of Staff of the University of Kansas Hospital Medical Staff, the President of the Authority, and the Dean of the University of Kansas School of Nursing.

The Board annually elects one of their number as Chairperson and another as Vice-Chairperson. The Board also elects a Secretary and Treasurer for terms determined by the Board. The same person may serve as both Secretary and Treasurer. The Board establishes an executive committee, nominating committee, and other standing or special committees and prescribe their duties and powers.

Members of the Board of Directors of the Authority serve without compensation. Members of the Board attending meetings of the Board, or attending a subcommittee meeting authorized by the Board, are paid mileage and all other applicable expenses.

The Board meets at least six times per year and at such other times as it deems appropriate, or upon call by the President or the Chairperson, or upon written request of a majority of the Directors.

The Board may adopt, repeal and amend such rules, procedures and bylaws, not contrary to law or inconsistent with this act, as it deems expedient for its own governance and for the governance and management of the Authority. A majority of the total voting membership of the Board constitutes a quorum for meetings. The Board may act by a majority of those at any meeting where a quorum is present, except upon such issues as the Board may determine shall require a vote of 10 members for approval. The Board meets for the initial meeting upon call by the Chancellor of the University of Kansas who acts as temporary Chairperson until officers are elected.

The Board appoints a President who serves at the pleasure of the Board. The President serves as the Chief Executive Officer of the Authority. The President's salary is set by the Board. The President directs and

Public Health and Welfare

Date:

1/20/10

Attachment:

3

supervises administrative affairs and the general management of the Authority. The President, as a member of the Board of Directors, may not vote on such President's salary.

The Authority continues until terminated by law. Upon any such dissolution of the Authority, all property, funds and assets must be vested in the state, University of Kansas Medical Center or other hospital entity as designated by the board and approved by act of the Kansas legislature.

Budget Information

The University of Kansas Hospital Authority is not part of the State's budget process.

Contact Information

President and CEO
Bob Page
University of Kansas Hospital
3901 Rainbow Boulevard
Kansas City, KS 66160
913-588-5000

University of Kansas Hospital Authority – Board of Directors

Powers and Duties

The Board has the power to:

- Enter into contracts, guarantees, or any other instrument and agreement necessary or convenient for the exercise of its powers and functions including contracts with hospitals or other health care businesses to operate and manage any or all of the hospital facilities or operations and to incur liabilities and secure the obligations of any entity or individual;
- Borrow money and to issue bonds, pledging all or any part of the Authority's assets therefor;
- Purchase, lease, trade, exchange, or otherwise acquire, maintain, hold, improve, mortgage, sell, lease, and dispose of property;
- Incur or assume indebtedness to, and enter into contracts with the Kansas Development Finance Authority, which is authorized to borrow money and provide financing for the Authority;
- Accept any gifts, grants and loans of funds, property, or any other aid;
- Procure insurance, participate in insurance plans, or provide self-insurance or both as it deems necessary or convenient to carry out the purposes and provisions of the Hospital Authority Act;
- Appoint, supervise, and set the salary and compensation of a President of the Authority who is appointed by and serves at the pleasure of the Board;
- Fix, revise, charge and collect rates, rentals, fees, and other charges for the services or facilities furnished by or on behalf of the Authority, and to establish policies and procedures regarding any such service rendered for the use, occupancy or operation of any such facility;
- Create, acquire, or dispose of any entity organized for a purpose related to or in support of the mission of the Authority;
- Participate in joint ventures with individuals, corporations, governmental bodies or agencies, partnerships, associations, insurers, or other entities to facilitate any activities or programs consistent with the public purpose and intent of the Hospital Authority Act;
- Create a nonprofit entity or entities for the purpose of soliciting, accepting and administering grants, gifts, and bequests; and
- Provide assistance, including the making of loans and providing employees to corporations, partnerships, associations, joint ventures, or other entities, whether or not such corporations, partnerships, associations, joint ventures, or other entities are owned or controlled in whole or in part, directly or indirectly, by the Authority, if consistent with the purpose of the Hospital Authority Act.

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

Appointee: Scott M. Slabotsky

Position: Member, University of Kansas Hospital Authority

Term Length: Four Year

Appointment Date: Upon confirmation by the Senate

Expiration Date: 03/15/2012

Statutory Authority: K.S.A. 76-3304

Party Affiliation: Republican

⇒ **Statutory geographic representation:**

Congressional District: Of the thirteen members appointed by the Governor, there shall be at least one member from each congressional district.

⇒ **Requirements** (*insert any that apply*)

County:

Size requirement (*if any*): _____

Other, specify: Seat 4

⇒ **Statutory party affiliation** requirement:

N/A

⇒ **Statutory industry or occupation requirements:** Public members shall have exhibited outstanding knowledge and leadership in the fields of finance, business, health-care management, health care providers, legal affairs, education or government.

Salary:

Predecessor: John Payne

Board Composition Prior to Confirmation of New Appointee:

University of Kansas Hospital Authority

Gov Appts: 13
 Total Appts: 19

Term Length: Four Years
Notes: Reconstituted per SB642: 19 members (6 ex-officio members, 13 appointed by Gov.) At least one member for each CD. Chair & Vice Chair elected annually by the Board, President appointed by Board. Cannot serve more than three consecutive four-year terms. Appoint members who are recognized for outstanding knowledge and leadership in the fields of finance, business, health-care management, health care providers, legal affairs, education or government.

Contact: Bob Page, President and CEO
 University of Kansas Hospital
 3901 Rainbow Boulevard
 Kansas City, KS 66160
 913/588-1022

Statute: KSA 76-3304
Party Ratio: N/A

Confirmation: **Gov Appt Counts** Male/Female 1st--2nd--3rd--4th R / D / U **Board Active**
 Term Limit: Reg Board 9 : 3 2 : 2 : 8 : 1 10 : 2 : 0

** Member fully assumed duties but awaits confirmation by the Full Senate

	<u>County</u>	<u>Affiliation</u>	<u>CD</u>	<u>H</u>	<u>S</u>	<u>Appointment Date</u>	<u>Expiration Date</u>	<u>Reapt</u>
Atkinson, Dr. Barbara F. 9110 Oak Valley Dr. De Soto, KS 66018 Work 913-588-1474 Home 913-583-9847	Johnson		3			12/15/2003		<input type="checkbox"/>
<p style="text-align: center;">Position: an ex-officio member Succeeds: Deborah Powell Appointed By: Statute Nominations: Statutory Remarks: Executive Dean, KU Medical School Seat #: 010&011</p>								
Barkman, Dr. William 3901 Rainbow Kansas City, KS 66160 Work 913/588-1219	Wyandotte		3			5/26/1998		<input type="checkbox"/>
<p style="text-align: center;">Position: ex-officio member Succeeds: new position Appointed By: Statute Nominations: Statutory Remarks: Interim Chief of Staff of Medical Center Seat #: 012</p>								

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	<u>County</u>	<u>Affiliation</u>	<u>CD</u>	<u>H</u>	<u>S</u>	<u>Appointment Date</u>	<u>Expiration Date</u>	<u>Reapt</u>
Chapman, Mr. Edward J. Jr. 1315 S. Broadway Leavenworth, KS 66048-0915 Work (913) 682-4255 Home (913) 772-5865 Fax (913) 680-1362 ejc@echapmanlaw.com	Leavenworth	R	2	41h	5s	8/5/2005	3/15/2009	<input type="checkbox"/>

Position: a member
Succeeds: himself -- reappointed
Appointed By: Governor
Nominations:
Statutory Remarks: Public Member
Seat #: 001

Farha, Dr. George J. 300 N. Terrace Wichita, KS 67208-3944 Work (316) 636-5393 Home (316) 684-0056 Fax (316) 636-2577 mneel@gj.kscocxmail.com	Sedgwick	R	4	83h	30s	12/20/2007	3/15/2010	<input type="checkbox"/>
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Position: a member
Succeeds: himself -- reappointed
Appointed By: Governor
Nominations:
Statutory Remarks:
Seat #: 001

Gaunce, Ms. Patricia A. 7300 Waverly Kansas City, KS 66109 Fax (913) 299-6879 Cell (913) 433-8528 Home (913) 299-6879 pgaunce@kc.rr.com	Wyandotte	D	3	36h	4s	12/20/2007	3/15/2011	<input type="checkbox"/>
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Position: a member
Succeeds: herself- reappointment
Appointed By: Governor
Nominations:
Statutory Remarks:
Seat #: 016

Graves, Mr. Gregory M 5085 W 177th Terrace Stilwell, KS 66085 Work (816) 822-3205 Fax Cell (816) 803-5559 Home (913) 681-3177 ggraves@burnsmcd.com	Johnson	D	3	27h	37s	12/17/2008	3/15/2011	<input type="checkbox"/>
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Position: a member
Succeeds: Robert Honse
Appointed By: Governor
Nominations:
Statutory Remarks: Representing 3rd CD
Seat #: 007

	<u>County</u>	<u>Affiliation</u>	<u>CD</u>	<u>H</u>	<u>S</u>	<u>Appointment Date</u>	<u>Expiration Date</u>	<u>Reapt</u>
Honse, Mr. Robert W. 1533 Fountain Dr. Lawrence, KS 66047 Work 816/713-6415 Home 785/749-2284	Douglas	R	2	45h	2s	6/18/2008	3/15/2010	<input type="checkbox"/>
	Position: Chair Succeeds: himself -- reappointed Appointed By: Governor Nominations: Statutory Remarks: Public Member Seat #: 006							
Keim, Ms. Betty T. 3608 W. 71st Street Prairie Village, KS 66208 Cell (913) 579-8220 Fax (913) 362-8885 Home (913) 362-8220 bettyk@kc.rr.com	Johnson	R	3	25h	7s	11/9/2004	3/15/2008	<input type="checkbox"/>
	Position: a member Succeeds: herself -- reappointed Appointed By: Governor Nominations: Statutory Remarks: Public Member Seat #: 015							
Kerr, The Honorable Dave M 72 Willowbrook Hutchinson, KS 67502 Cell (620) 728-9901 Work (620) 663-1225 Home (620) 662-7417 Fax 785/296-6718 kerr@senate.state.ks.us	Reno	R	1	101h	34s	1/8/2008	3/15/2010	<input type="checkbox"/>
	Position: a member Succeeds: himself -- reappointed Appointed By: Governor Nominations: Statutory Remarks: Vice chair Seat #: 019							
Lindenbaum, Ms. Sharon 8501 Cherokee Place Leawood, KS 66206 Cell (913) 221-5733 Work (816) 222-5845 Home (913) 341-6096 sharon.lindenbaum@twcable.com	Johnson	R	3	21h	7s	12/17/2008	3/15/2011	<input type="checkbox"/>
	Position: a member Succeeds: herself -- reappointment Appointed By: Governor Nominations: Statutory Remarks: Public Member Seat #: 017							

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	<u>County</u>	<u>Affiliation</u>	<u>CD</u>	<u>H</u>	<u>S</u>	<u>Appointment Date</u>	<u>Expiration Date</u>	<u>Reapt</u>
Miller, Dr. Karen 5507 Fairway Road Shawnee Mission, KS 66205 Work 913/588-1601 Home 913/789-9087 Fax 913/588-5254	Johnson	D	3	25h	7s	5/26/1998		<input type="checkbox"/>

Position: ex-officio member
Succeeds: new position
Appointed By: Statute
Nominations:
Statutory Remarks: Dean of KU School of Nursing
Seat #: 013

Murphy, Mr. Thomas E. III 1000 W 58th Terrace Kansas City, MO 64113 Fax (913) 523-0047 Cell (913) 226-0242 Work (913) 794-2980 Home (816) 361-4444 Tom.Murphy@sprint.com	Johnson	R	3	38h	9s	8/5/2005	3/15/2008	<input type="checkbox"/>
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Position: a member
Succeeds: Clay Edmands
Appointed By: Governor
Nominations:
Statutory Remarks: Public Member
Seat #: 005

Page, Robert 3901 Rainbow Boulevard Kansas City, KS 66160								<input type="checkbox"/>
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Position: Ex-Officio
Succeeds: Irene Cumming
Appointed By:
Nominations:
Statutory Remarks: CEO University of Kansas Hospital
Seat #: 014

Payne, Mr. John B. 9900 NE 114th Circle VanCouver, WA 98662 Work (503) 922-5687 Home (360) 828-8655 Fax (503) 922-6687 Cell (913) 378-3025 John.Payne@banfield.net	Johnson	R	3	28h	11s	11/9/2004	3/15/2008	<input type="checkbox"/>
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Position: a member
Succeeds: himself -- reappointed
Appointed By: Governor
Nominations:
Statutory Remarks: Public Member
Seat #: 004

	<u>County</u>	<u>Affiliation</u>	<u>CD</u>	<u>H</u>	<u>S</u>	<u>Appointment Date</u>	<u>Expiration Date</u>	<u>Reapt</u>
Regnier, Mr. Robert 3400 119th St Leawood, KS 66209 Work (913) 338-1001 bregnier@bankbv.com	Johnson	R	3	28h	4s	10/16/2007	3/15/2009	<input type="checkbox"/>
	Position: member Succeeds: Eric Jager Appointed By: Governor Nominations: Statutory Remarks: Public Member Seat #: 002							
Sunderland, Mr. Charles T. 10209 W. 139th Terr Overland Park, KS 66221 Fax (913) 345-4250 Cell (913) 522-5860 Work (913) 451-8900 Home (913) 897-0444 charlie.sunderland@ashgrove.com	Johnson	R	3	48h	37s	5/5/2005	3/15/2009	<input type="checkbox"/>
	Position: a member Succeeds: himself -- reappointed Appointed By: Governor Nominations: Statutory Remarks: Public Member Seat #: 008							
Vacant, Position			0			7/15/2009		<input type="checkbox"/>
	Position: ex officio Succeeds: Appointed By: Nominations: Statutory Remarks: Research Institutions representative Seat #: 009							
Warren, Dr. Linda MD P.O. Box 38, 205 S. Hanover Hanover, KS 66945 Cell (785) 632-1011 office (785) 337-2214 Home (785) 337-2255 ldwarren@bluevalley.net	Washington		1	106h	21s	1/8/2008	3/15/2010	<input type="checkbox"/>
	Position: a member Succeeds: Mark Parkinson Appointed By: Governor Nominations: Statutory Remarks: Seat #: 003							

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Scott M. Slabotsky, CPA

Managing Director, CBIZ MHM, LLC

Shareholder, Mayer Hoffman McCann P.C.

Scott Slabotsky, a licensed CPA in the Leawood, Kansas office, has over 30 years of experience in public accounting. Scott has particular expertise in providing sound business solutions for closely held businesses, healthcare providers, hotel/hospitality companies, individuals, partnerships, limited liability companies, real estate companies and wholesalers.

Expertise

- Audit and Business Advisory
- Business Acquisitions and Dispositions
- Business Succession Planning
- Business Valuations
- Cost Segregation Studies
- Due Diligence
- Estate Planning
- Expert Legal Testimony
- Feasibility Studies
- IRS Audits and Tax Controversy
- Leasing
- Pass-Through Entity Taxation and Planning
- Real Estate Advisory Services
- Real Estate Taxation and Planning

Experience

Among the many businesses for which Scott has overseen tax consulting services are:

- Accessible Technologies, Inc., Lenexa, Kansas
- Arrow Speed, Kansas City, Kansas
- Blitt Management Incorporated, Leawood, Kansas
- Boardwalk Shopping Center LP, Shawnee Mission, Kansas
- Briarcliff Development Co., Kansas City, Missouri
- Continental Cast Stone, Shawnee, Kansas
- Creative Blow Mold Tooling, Inc., Lee's Summit, Missouri
- Creative Consumer Concepts, Inc., Leawood, Kansas
- Eisenberg Lindell Partners, St. Louis, Missouri
- Fancor (Fairbanks Scales), Kansas City, Missouri
- Gerson Companies, Lenexa, Kansas
- Grassland Consulting, LLC, Monet, Missouri

Scott Slabotsky, continued

- Liberty Fruit Company,
Kansas City, Kansas
- Merrill Development Co., LLC,
Overland Park, Kansas
- Northtown Devco,
North Kansas City, Missouri
- OP Realty LLC,
Overland Park, Kansas
- Raphael Hotel Group,
Kansas City, Missouri
- Recovery Management Corp.,
Independence, Missouri
- RED Development, LLC / RED
Capital Management, LLC,
Kansas City, Missouri
- Rubenstein Real Estate Company,
Fairway, Kansas
- Store Financial Services, Inc.,
Overland Park, Kansas
- The Winbury Group of KC, Inc.,
Kansas City, Missouri
- THF Realty,
St. Louis, Missouri
- Western Extralite Company,
Kansas City, Missouri

Background

Education

M.B.A., University of Southern California, Taxation, 1976

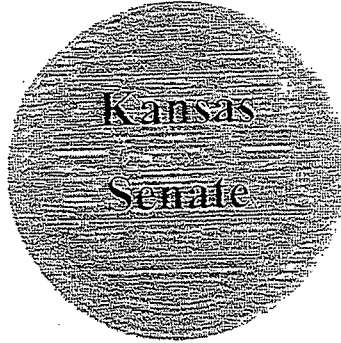
B.A., Accounting, Drake University, 1975

Professional Licenses and Memberships

- Certified Public Accountant - Kansas and Missouri
- American Institute of Certified Public Accountants
- Advisory Group Member of Partnership Taxation Committee
- Missouri Society of Certified Public Accountants
- Kansas Society of Certified Public Accountants
- Kansas City Estate Planning Association

Civic Organizations

- Jewish Community Center of Greater Kansas City, Board Member
- Jewish Community Campus, Board Member and Past President
- Campaign Treasurer, Kansas Governor Bill Graves
- Blue Valley Recreation, Sports Commission
- The University of Kansas Hospital Advancement Board Member



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, SCOTT M. SLABOTSKY 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 Scott M. Slabotsky Date 6/18/09



CONFIRMATION OVERSIGHT COMMITTEE

APPOINTMENT QUESTIONNAIRE

Full Name: Scott Merrill Slabotsky
(please include title and middle name along with any names previously used)

Home Address: 5625 W. 131st Street, Overland Park, KS 66209
(Street Address) (City, State, Zip)

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

Position to which Appointed: University of Kansas Hospital Authority

Appointing Authority: K. U. Hospital Nominating Committee - GOVERNOR

* 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: Scott M. Slabotsky
(please include title and middle name along with any names previously used)

Position to which Appointed: University of Kansas Hospital Authority

Appointing Authority: K U Hospital Nominating Committee - GOVERNOR

Home Address: 5625 W. 131st Street
(Street Address) (City, State, Zip)

Business Name: CBIZ MHM

Business Address: 11440 Tomahawk Creek Parkway
(Street Address) (City, State, Zip)

Position Title: Managing Director

Home Phone: 913-897-6134 Business Phone: 913-234-1044 Cell Phone: 913-269-6306

Fax Number: 913-458-5043 E-Mail Address: sslabotskv@cbiz.com

Kansas resident? Yes / No Date of Birth: 9-20-53 Place of Birth: Kansas City, MO

Registered Voter? Yes Party Affiliation: Republican

Congressional District: 3 Kansas Senate District: 11 Kansas Representative District: 48

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 attached
2. Describe your employment experience. Include any expertise related to the position to which you were appointed. See resume attached

3. List any professional licenses that you have obtained and include the number for each license.
See resume attached
4. Why do you feel you are a good candidate for the position to which you have been appointed?
Absolutely
5. What do you see as the purpose or mission of the role to which you have been appointed? --
To help make a difference in the health care services provided by the hospital.
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 Treasurer for Bill Graves campaign - 1994, 1998
10. Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.
None See attached magazine article
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 attached
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

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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? *attached*
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 Mills Knows you how?: Partner/Supervisor
Address: 15404 Mastin Street, Overland Park, KS 66221 (City, State, Zip)
Home Phone: 816-769-4197 Business Phone: 913-234-1060

Name: Arnold Caviar Knows you how?: Client/Friend
Address: 5024 W. 147th Street, Leawood, KS 66224 (City, State, Zip)
Home Phone: 913-681-3299 Business Phone: 913-281-5200

Name: Bill Graves Knows you how?: Client/Professional relationship
Address: 900 Whann Avenue, McLean, VA 22101 (City, State, Zip)
Home Phone: 703-734-2417 Business Phone: 703-838-1700

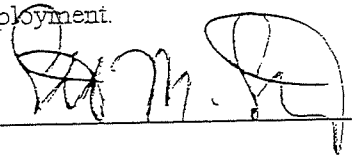
Name: Frank Ross Knows you how?: Attorney
Address: 3005 W. 117th Street, Leawood, KS 66211 (City, State, Zip)
Home Phone: 913-491-9496 Business Phone: 816-753-1000

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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.

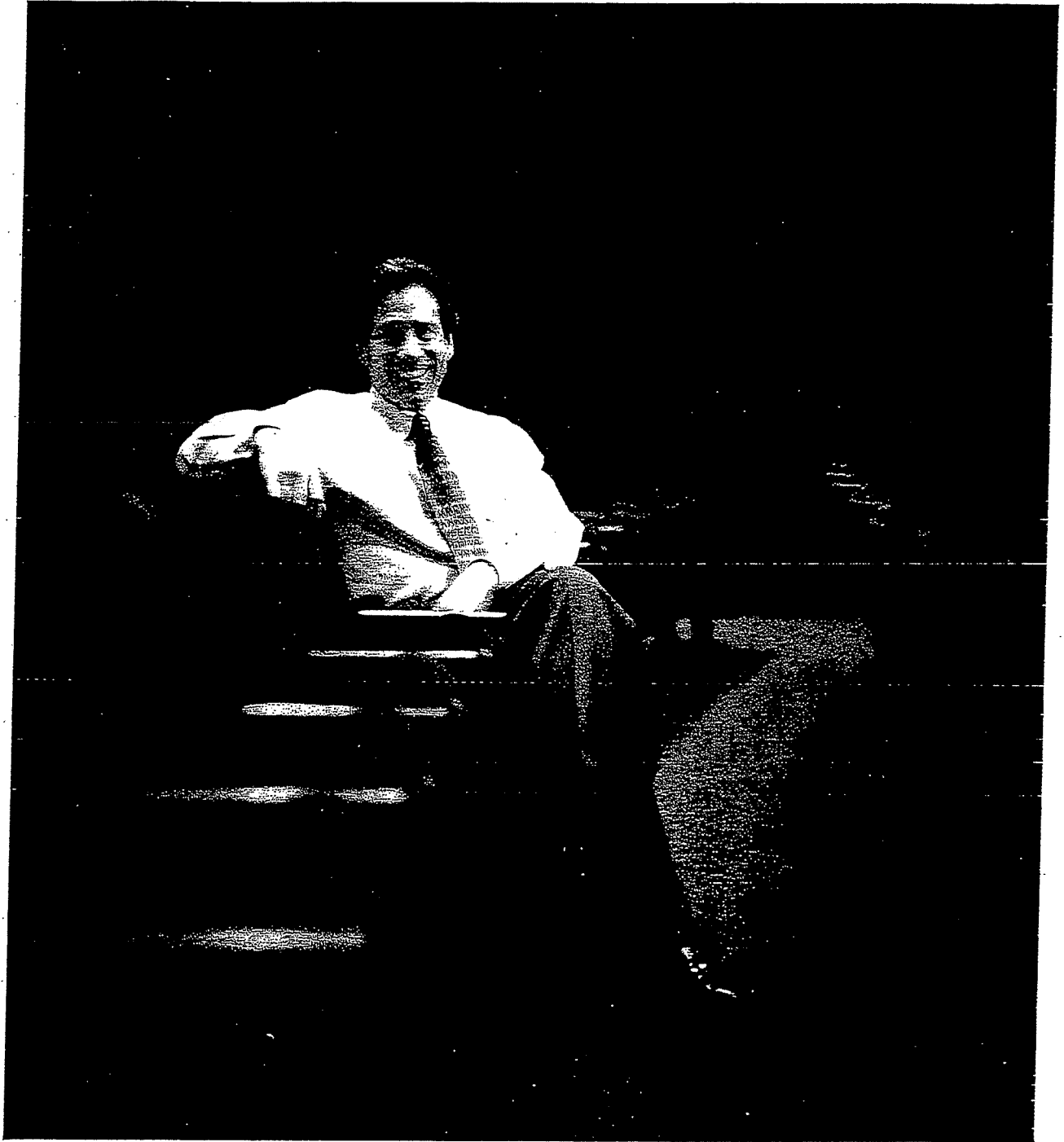
I understand that if I am required to be registered, licensed, or certified by federal or state law or regulation for the position I seek, I will notify the appointing authority immediately if any investigation, limitation, or cancellation of my registration, licensure, or certification occurs. If any 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 4/15/09

Attachment 1

The answer to Question #26 on the appointment questionnaire is as follows:

If a situation occurred where a "conflict or potential conflict of interest" might exist I would recuse myself from any dialogue, discussions or participation to completely remove myself from any perceived conflict of interest that might exist.



CURTAIN CALL

Scott Slabotsky raises \$13 million for Jewish Community Center theatre

WORDS: KALSEY MCCALL | PHOTOS: PAUL VERSLUIS

3-22

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Some of Scott Slabotsky's fondest childhood memories were set against the backdrop of the Jewish Community Center resident theatre. The stage, the lights, the applause—he loved it all.

But sadly, as the Jewish Community Center (JCC) opened its new and current campus in south Johnson County, the theatre at the center's 82nd St. and Holmes Rd. campus was forced to close its doors. Ironically, Slabotsky, who at age 24 had become the youngest member of the JCC's board of directors, was also on the board at the time the devastating decision was made.

"A new theatre was just not economically viable at that time," he says. "But at that point, it became my passion to somehow get the theatre rebuilt."

And even after successfully helping raise \$25 million to build the new community center, Slabotsky did not give up on his dream of revitalizing the JCC's theatre.

"Membership is a challenge for all community centers," Slabotsky says. "There are lots of choices in the area for daycare and athletic facilities, but the one thing you can provide for members of all ages is cultural arts. That's what the community center campus was missing."

Slabotsky, who is managing director of CBIZ Accounting, Tax & Advisory Services in Leawood, dedicated every spare moment to seeing through the theatre fundraising project, but it was not an easy road.

After initially drawing up floor plans for the theatre in 1992, Slabotsky finally saw his dream come to fruition when the Shirley &

Lewis White Theatre finally opened its doors at the Jewish Community Center on Oct. 30, 2005. Slabotsky was instrumental in leading the extensive fundraising effort, which ultimately collected \$13 million for the theatre—\$10 million for construction and an additional \$3 million endowment to fund the theatre's operation and maintenance costs for years to come.

Slabotsky says his innate spirit of volunteerism is inherited from his mother, Sally, who began volunteering at the JCC when Slabotsky was just a child.

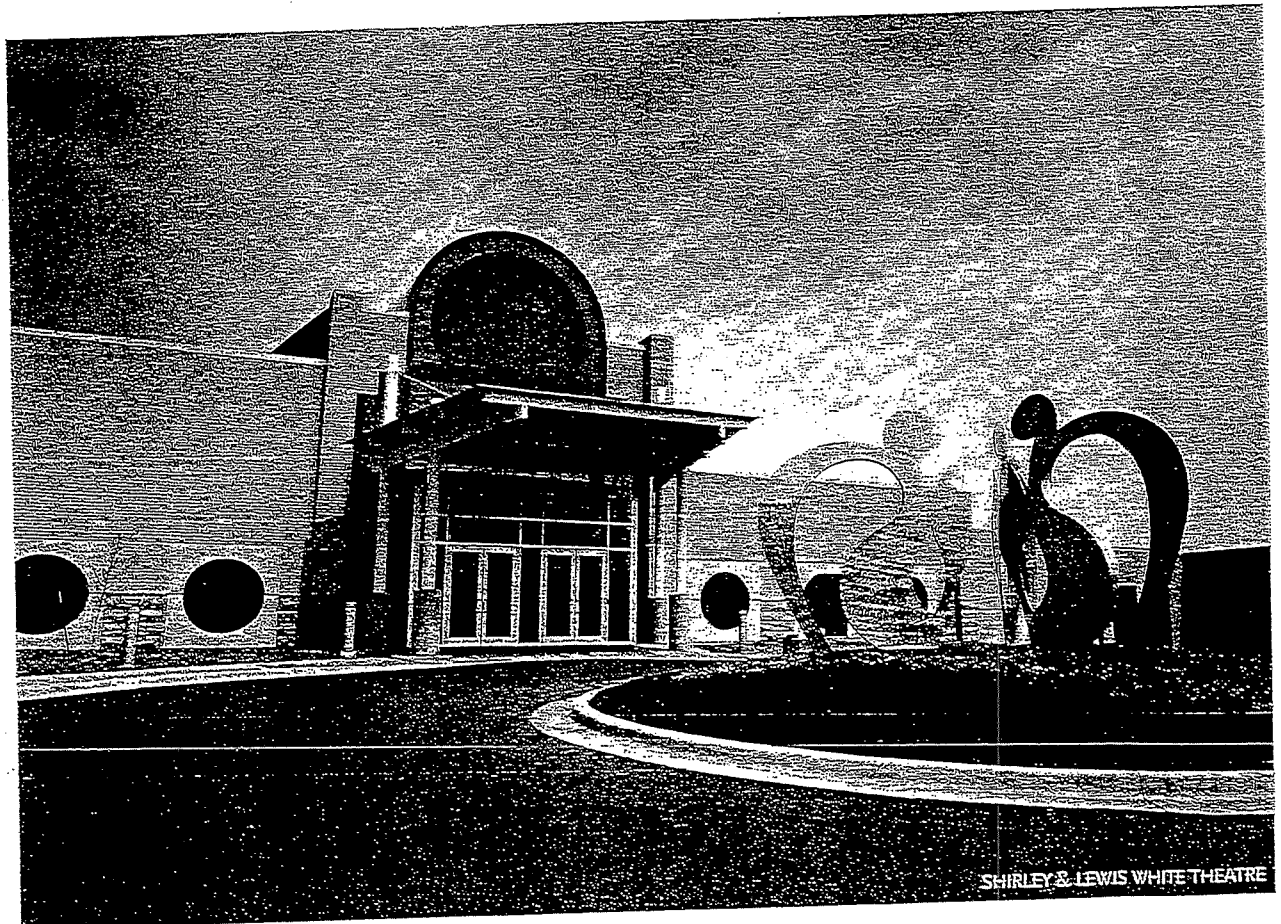
"I saw early on that my mother believed in giving back," he says. "We didn't have a lot of money to give, but she gave of her time in any way she could."

Sally Slabotsky went on to become president of the JCC board of directors, a board on which she would have the privilege of serving alongside her son. And after more than 30 years on the JCC board of directors, Scott Slabotsky is not slowing down. Through the years, Slabotsky was also instrumental in creating JCC Sports Night, a fundraiser that earns hundreds of thousands of dollars annually for the center.

"I've always been driven by the desire to make a difference in the lives of others," Slabotsky says. "I believe in my heart that this theatre is my contribution to Johnson County."

So what's next for Slabotsky?

"My next challenge is determining what my next challenge will be," he says.



SHIRLEY & LEWIS WHITE THEATRE



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 9th, Topeka, KS or call 785-296-4219.

A. IDENTIFICATION: PLEASE TYPE OR PRINT
Last Name: SLABOTSKY
First Name: SCOTT
MI: M
Spouse's Name: BRENDA
Number & Street Name: 5625 W. 131st STREET
City, State, Zip Code: OVERLAND PARK, KANSAS 66209
Home Phone Number: 913-897-6134
Business Phone Number: 913-234-1044

B. THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE:
(check one or more of the following)
1. State Elected Official...
2. Appointed Member of a State Board...
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).

List Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms)
THE UNIVERSITY of KANSAS Hospital Authority - BOARD MEMBER

Agency 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.	MAI BANK 113 th & HALL, LEAWOOD, KANSAS	BANK	Stock	OVER 5,000	Scott
2.	WELLS FARGO SECURITIES KANSAS CITY	BROKERAGE ACCT.	VARIOUS STOCKS	OVER 5,000	Scott
3.	MIDWEST TRST OVERLAND PARK, KANSAS	SECURITIES ACCT.	VARIOUS STOCKS	OVER 5,000	Scott
4.	CHARLES SCHWAB OVERLAND PARK, KANSAS	BROKERAGE ACCT.	VARIOUS STOCKS	OVER 5,000	Scott
5.	MERRILL LYNCH KANSAS CITY, MO.	BROKERAGE ACCT.	VARIOUS STOCK	OVER 5,000	Scott
6.	MASS MUTUAL	RETIREMENT ACCOUNTS	VARIOUS STOCKS	OVER 5,000	Scott
7.	WELLS FARGO / WACHOVIA LEAWOOD & KANSAS CITY	RETIREMENT ACCOUNTS	VARIOUS STOCKS	OVER 5,000	Scott & BRENDA
8.	BOARDWALK SQUARE SHOPPING CENTER KANSAS CITY, MISSOURI	LIMITED LIABILITY COMPANY	REAL ESTATE	OVER 5,000	Scott
9.	OMNI INVESTORS OVERLAND PARK, KANSAS	PARTNERSHIP	REAL ESTATE	25%	Scott
10.	G. MESA INVESTORS, LLL OVERLAND PARK, KANSAS	PARTNERSHIP	REAL ESTATE	OVER \$5,000	Scott

CONTINUED ON NEXT PAGE

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.			
2.			
3.			

STATEMENT OF SUBSTANTIAL INTERESTS FORM

QUESTION "C" ADDITIONAL INFORMATION

	BUSINESS NAME	TYPE OF BUSINESS	DESCRIPTION	PERCENT OF OWNERS.	HELD BY WHOM
11.	Q SHOPS INVESTORS OVERLAND PARK, KANS.	PARTNERSHIP	REAL ESTATE	over \$5,000	SCOTT
12.	SHAWNEE ROAD INVESTORS OVERLAND PARK, KANS.	PARTNERSHIP	REAL ESTATE	over \$5,000	SCOTT
13.	STEEL WH. INVESTORS, LLC OVERLAND PARK, KANS.	PARTNERSHIP	REAL ESTATE	over \$5,000	SCOTT
14.	STEEL INDY W.H. INVESTORS OVERLAND PARK, KANS.	PARTNERSHIP	REAL ESTATE	over \$5,000	SCOTT
15.	SS SHOPS INVESTORS OVERLAND PARK, KANS.	PARTNERSHIP	REAL ESTATE	over \$5,000	SCOTT
16.	WILDWOOD JEFF INVESTORS OVERLAND PARK, KANS.	PARTNERSHIP	REAL ESTATE	over \$5,000	SCOTT
17.	WILDWOOD CROSSINGS MGR. OVERLAND PARK, KANS.	PARTNERSHIP	REAL ESTATE	over \$5,000	SCOTT
18.	VARIOUS PUBLICLY HELD STOCKS OVERLAND PARK, KANS.	CORPORATIONS	STOCKS	over \$5,000	SCOTT

1 add'l page
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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.	CBIZ-MHM, LLC	11440 TOMAHAWK CREEK LEAWOOD, KANSAS 66211	Accounting Firm
2.			

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.	MARSHALL & ISLEY BANK	11301 N11, LEAWOOD, KS - 66211	FINANCIAL Institution
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.			
2.			
3.			
4.			
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, SCOTT M. SLABOTSKY, 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.

6-19-2009

Date

[Signature]

Signature of Person Making Statement

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Return your completed statement to the Secretary of State, Elections Division, Memorial Hall, First Floor, 120 SW 10th, Topeka, Kansas 66612-1594.

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