

OPENING STATEMENT
PHYLLIS GILMORE CONFIRMATION HEARING
KANSAS SENATE WAYS AND MEANS COMMITTEE
MARCH 5, 2012

Thank you, Madam Chair. It is a pleasure to be here.

In recent weeks I have had the great pleasure of meeting with many of my friends, old and new, in the Legislature, including the members of this committee. These meetings have given me much food for thought about the future direction and focus of SRS.

To begin, I want to thank my family, friends, colleagues and staff who have accompanied me on the path that brought me here today. I appreciate their love, support and the contributions they have made to my professional development. I appreciate their intellectual rigor and the insights they have given me into human nature. I also want to thank Governor Brownback for the honor he has bestowed on me with this appointment. I recognize he has entrusted me with responsibility for matters that are of vital importance to him.

I never expected to find myself here. But as I look back, I can see that much of my earlier work pointed me in this direction. I first studied to be a teacher - a profession that is still near to my heart. But after starting my teaching career, I felt the call of social service and returned to school to qualify as a social worker. It is a career change I have never regretted. I think anyone would be hard pressed to find a more rewarding field of endeavor. I have worked in the trenches as a social worker, I have managed our state's licensing agency for social workers, and I most recently had the pleasure of running SRS's regional office in Kansas City. I still kept my hand in, so to speak, by working to arrange adoptions as a private practitioner social worker in Kansas -- something that I had to set aside when I began working in the regional office last June. And along the way, I served with you here in the Legislature. That experience was like an entire university education in and of itself.

During my years as a social worker, I have witnessed firsthand the impact a helping hand, a little assistance, some warm encouragement, can have on human lives. Actions have consequences. This is something I have learned in my professional life, and have tried to share with my colleagues.

Many of you here in the Legislature have asked me where I want to take the department. The Governor's reorganization of state government has allowed me to give you a clear answer to that question: We will focus intently on children and families.

I want to strengthen the delivery of services that SRS provides to the most vulnerable and the weakest among us.

I want to see SRS operating with integrity -- and with the most efficient business practices and policies we can create.

I want to be a careful steward of the money that the taxpayers of this state, through the Legislature, have provided to help our clients toward leading more productive lives.

I want our department to be a model for the nation.

My personal and professional experiences tell me that we can do an even better job of protecting children and the vulnerable, and of encouraging self-sufficiency and personal responsibility among the able-bodied adults we serve.

That is where I want to lead this agency.

Since Governor Brownback announced my nomination I have received dozens of encouraging letters, emails and phone calls from people all over the state. They, like you, have a vested interest in my success in this task -- if you are so gracious as to confirm my nomination. Every one of them believes in our state, wants to make it a better place to live and has wished me well in my efforts to improve a system that many have worked so hard to create.

I want them, and you, to know I will do my utmost to live up to the great responsibility with which I am being entrusted.

I look forward to answering your questions, to getting to know more of the people of Kansas, and to being a part of a strong department that is critical to our state. Thank you.

Senate Confirmation Information Summary
Prepared and Submitted by the Office of Governor Sam Brownback

Appointee: Phyllis Gilmore

Position: Secretary, Department of
Social and Rehabilitation Services

Expiration Date: N/A

Term Length: POG

Statutory Authority: K.S.A. 75-5301

Party Affiliation: R

- Statutory geographic representation
Requirements: N/A

Congressional District: 3

County: Johnson

Size Requirement (*if any*): N/A

Other, specify: N/A

- Statutory party affiliation requirement: N/A
- Statutory industry or occupation requirements: N/A

Compensation: \$105,000

Predecessor: Robert Siedlecki

Addendum to Questions #17:

My "no" answer to this question (#19) resulted from an interpretation that compensation meant something additional to salary or wages from regular employment such as contractual work. However, I want to add that I obviously have been employed by the State of Kansas for the last five years and did have earned income as a result of that employment in the amounts listed below. Additionally there was a small amount of mileage paid by the Behavioral Sciences board a few times each year. In the six months at the Department of SRS, mileage for business travel has also been paid while employed at the SRS on a monthly basis in varying amounts as listed below:

September 2011 - \$87
October 2011 - \$105
November 2011 - \$206
December 2011 - \$112
January 2012 - \$318

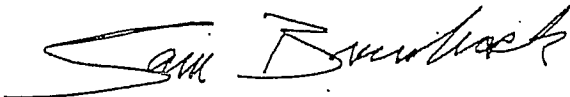
Earnings for the past five years:

2011 -- \$75,246
2010 -- \$69,094
2009 -- \$69,527
2008 -- \$68,730
2007 -- \$68,608

February 7, 2012

To the Senate of the State of Kansas:

Submitted herewith for confirmation by the Senate are appointments made by me as the Governor of the State of Kansas, pursuant to law.



Sam Brownback
Kansas Governor

Secretary, Social and Rehabilitation Services, Phyllis Gilmore [R], Overland Park, pursuant to the authority vested in me by K.S.A. 75-5301 effective upon the date of confirmation by the Senate, to serve at the pleasure of the Governor, to succeed Robert Siedlecki.

Member, University of Kansas Hospital Authority, Greg Graves [R], Stilwell, pursuant to the authority vested in me by K.S.A. 76-3304 effective upon the date of confirmation by the Senate, to serve a four year term, to expire March 15, 2015, to succeed himself.

Member, University of Kansas Hospital Authority, Sharon Lindenbaum [R], Leawood, pursuant to the authority vested in me by K.S.A. 76-3304 effective upon the date of confirmation by the Senate, to serve a four year term, to expire March 15, 2015, to succeed herself.

Member, University of Kansas Hospital Authority, Alex Ammar [R], Wichita, pursuant to the authority vested in me by K.S.A. 76-3304 effective upon the date of confirmation by the Senate, to serve a four year term, to expire March 15, 2015, to succeed George Farha.

Department of Social and Rehabilitation Services - Secretary

Powers and Duties

The Department of Social and Rehabilitation Services is administered by the Secretary with an agency goal of protecting children and promoting adult self-sufficiency.

- Major programs administered by the Secretary include:
 - Temporary Assistance to Needy Families;
 - Home and Community Based Services Waivers (assisting persons with disabilities);
 - Mental health services;
 - Substance abuse services;
 - Child care assistance;
 - Child support enforcement;
 - Child protective services;
 - Psychiatric residential treatment facilities; and
 - Grandparents as Caregivers.

- Receive and disburse federal, state, and other funds according to law and regulations; and

- Enter into contracts and promulgate rules and regulations for all the programs under the Department's jurisdiction.

PHYLLIS L. GILMORE

286 N. Overlook Street • Olathe, Kansas 66061 • (913) 238-9983 • plgilmore@att.net

ADMINISTRATIVE EXPERIENCE

Kansas City Metro Region Director, SRS

May 2011- February 2012

- Directed staff of 600 within 5 Kansas City Regional offices (Kansas City, Overland Park, Lawrence, Leavenworth, Atchison)
- Managed budget of \$34 million dollars
- Implemented multiple changes through new business planning
- Modified strategic operations
- Enhanced consumer/customer relations by establishing a Director of Customer Community Affairs and implemented a casework database

Executive Director, Kansas Behavioral Sciences Regulatory Board

1999 – Present

- State licensing agency for 9,000 mental health professionals in Kansas
- Created new processes for licensing procedures resulting in:
 - Reduced licensure processing time
 - Eliminated regulatory back log
 - Instituted consistent and fair investigative processes
- Serve an eleven member board
- Oversee \$650,000 budget
- Supervise a staff of eight employees

Interim Executive Director, Advice and Aid Crisis Pregnancy Center

1993

Interim Executive Director, Olathe Medical Center Hospice

1988

SOCIAL WORK EXPERIENCE

Social Worker, Olathe Medical Center

1979 – 1989

- Assisted patients with wide range of medical issues and needs

Social Worker/Student, St. Louis City Hospital System

1969 – 1971

- Selected for two year clinical pilot program in St. Louis city hospital system aiding indigent patients with acute tuberculosis, lead poisoning, substance abuse, mental illness, and high-risk mothers and infants at medical facilities and in patients' homes

Social Worker, Boys Town of Missouri

1971 – 1973

Social Worker, Private Practice

1983 – Present

- Perform adoption services for birth and adoptive families

GRANT EXPERIENCE

Grant Reviewer, U.S. Department of Health and Human Services

2000 & 2001

- Selected to serve on a review panel making recommendations for abstinence only awards for up to \$1,000,000

REACH Health Foundation

2004 – 2006

Sunflower Health Foundation Citizen Advisory Committee

2005 - Present

PUBLIC POLICY EXPERIENCE

Representative, Kansas Legislature

1995 – 1999

- Health and Human Services Committee
- Council of State Governments Health Committee
- Select Committee on Development Disabilities
- Chair: Task Force on Mental Health Providers Licensure Issues
- SRS Budget Committee
- Judiciary Committee
- Business Commerce and Labor Committee
- Interim Educational Committee
- Governor's Coordinating Council on Early Childhood Education
- Chair: Joint Committee on Children Families

TEACHING EXPERIENCE

Substitute Teacher, Blue Valley and Olathe School Districts, Johnson County, KS

1973 - 1974

Science Teacher, Parkway School District, St. Louis

1967 – 1968

COMMUNITY EXPERIENCE

Board Member, Johnson County

- Blue Valley School District Citizen Curriculum, Advisory 1988 – 1992
- Coalition against Pornography, Advisory 1995 – 1999
- Blue Valley Parents as Teachers, Advisory 1996 – 1998
- County Juvenile Detention, Advisory 1997 – 2001
- Parents as Teachers Consortium, Advisory 1997 - 1999
- REACH Healthcare Foundation, Trustee 2004 - 2006
- Sunflower Health Foundation, Advisory 2006 -Present

EDUCATION

Washington University, St. Louis Missouri

1971

- Master of Social Work

George Peabody College/Vanderbilt University, Nashville Tennessee

1967

- BS – Secondary Education/Biology

RECOGNITIONS

Outstanding Public Service Awards From:

- Kansas Association of Counselors
- Hearing Impaired Community
- Children's Advocacy Council
- Kansas Association of Marriage and Family Therapists

Lifetime Memberships:

- Beta Beta Beta Honorary Biology
- Kappa Delta Epsilon Honorary Education

PERSONAL

- Married 32 years to Kenneth (deceased 2002)
- One son, Andy, married, two children
- One daughter, Becky, married, two children

Kansas Senate

CONFIRMATION OVERSIGHT COMMITTEE

APPOINTMENT QUESTIONNAIRE

Full Name: Phyllis Lee Hansard Gilmore

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

Home Address: 286 N. Overlook Street, Olathe, KS, 66061 Johnson

(Street Address)

(City, State, Zip)

* Driver's License Number: [REDACTED]

* Social Security Number: [REDACTED]

Position to which Appointed: Secretary of Social and Rehabilitation Services

Appointing Authority: Governor

* The driver's license and social security numbers will not be made public but are used by the KBI and Department of Revenue.

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, "%o" 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: Phyllis Lee Hansard Gilmore

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

Position to which Appointed: Secretary of Social and Rehabilitation Services

Appointing Authority: Governor

Home Address: 286 N. Overlook Street, Olathe, KS, 66061

(Street Address)

(City, State, Zip)

Business Name: Social and Rehabilitation Services, Kansas City Region

Business Address: 8915 Lenexa Drive, Overland Park, KS, 66214

(Street Address)

(City, State, Zip)

Position Title: Regional Director

Home Phone: 913-238-9983

Business Phone: 913-826-7347

Cell Phone: 913-238-9983

Fax Number: 913-826-7337

E-Mail Address: plgilmore@att.net

Kansas resident? Yes

* Date of Birth: [REDACTED]

Place of Birth: St. Louis, Missouri

Registered Voter? Yes

Party Affiliation: Republican

Congressional District: 3

KS Senate District: 9 KS Representative District: 15

Resident County: Johnson

Do you have the legal right to live and work in the United States? %oYes / %oNo

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?

Washington University, St. Louis, Missouri -- Master of Social Work

Vanderbilt Peabody College, Nashville, TN -- BS -- Secondary Education / Biology

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

appointed. See Resume

- 3 List any professional licenses that you have obtained and include the number for each license.
See Resume

Why do you feel you are a good candidate for the position to which you have been appointed? My social work, legislative and SRS experience, combined with my passion for families and children, have given me a desire for this position.

What do you see as the purpose or mission of the role to which you have been appointed? I see my role as Secretary of SRS to be one of working with the Governor in fulfilling his vision (and mine) for healthy children and families in Kansas.

- 4 **Military Service:** List rank, date and type of discharge from active service. NO

- 5 **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. YES
See Resume

- 6 **Elective Public Office:** List all elective public offices sought and/or held with dates of service. YES
See Resume

- 7 **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. YES
See Resume

- 8 **Honors and Awards:** List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements. YES
See Resume

- 9 **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. YES
Member of National Association of Social Work until 2009

- 10 **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

- 11 **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. YES
As an elected official, I had to take a stand on many controversial issues.

- 12 **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

- 13 **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**
- 14 **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. **YES**
Possibly Kansas Chapter of National Association of Social Work due to my conservative views, but I doubt it.
- 15 **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. **NO**
- 16 **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. **YES**
Self
- 17 **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**
- 18 **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. **YES**
Working with private adoptions could potentially give an appearance of a conflict. However I have not been involved with any adoptions for the past 12 months, which includes all of the time I have been employed by SRS.
- 19 **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**
- 20 **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**
- 21 **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. **NO**

- 22 **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. **NO**
- 23 **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. **NO**
- 24 **Conflict of Interest:** How would you resolve any potential conflicts of interest that, while maybe unforeseen at this point in time, could arise? **I see my role as Secretary of SRS to be one of working with the Governor in fulfilling his vision (and mine)**
- 25 **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**
- 26 **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**
- 27 **U.S. Military Convictions:** Have you ever been convicted by any military court? If so, please provide details. **NO**
- 28 **Imprisonment:** Have you ever been imprisoned, been on probation or been on parole? If so, please provide details. **NO**
- 29 **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**
- 30 **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.
YES
My daughter began an appeal of benefit error, however the issue was resolved without a hearing.
- 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

31 **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. **YES**

No unless credit card settlement is considered civil litigation.

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**

32 **Drivers License:** Has your driver's license ever been suspended or revoked? If so, please describe. **NO**

33 **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**

34 **Security Clearance Denial:** Have you ever been denied a military or other governmental clearance? If so, please explain. **NO**

35 **Firings:** a.) During the past ten years, have you been fired from a job for any reason? If so, please explain. **NO**

b.) During the past ten years, have you quit a job after being told that you would be fired? If so, please explain. **NO**

c.) During the past ten years, did you leave a job by mutual agreement because of specific problems? If so, please explain. **NO**

36 **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**

37 **Consumption of Alcohol:** Have you ever or are you currently abusing alcohol? If so, please explain. **NO**

38 **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**

39 **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?

YES

40 **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

41 **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. NO

State of Kansas
Page 8

RESUME

Please include a current resume.

Resume on File: 2012010313010878423176res.docx

REFERENCES/SIGNIFICANT SUPPORTERS

Name: Kathy Wright Relationship to you: Friend
Home Address: 9937 Floyd
City: Overland Park State: KS Zip: 66212
Home Phone: 913-381-0610 Business Phone:

Name: Pat Adair Relationship to you: Friend
Home Address: 303 East 164th Terr.
City: Belton State: MO Zip: 64012
Home Phone: 816-425-4043 Business Phone:

Name: Ronnie Epps Relationship to you: Former Pastor
Home Address: 5313 W. 139th Street
City: Overland Park State: KS Zip: 66224
Home Phone: 913-897-4527 Business Phone:

Name: Mike Krotski Relationship to you: Friend
Home Address: 12032 W. 154th Terr.
City: Shawnee Mission State: KS Zip: 66221
Home Phone: 913-897-7982 Business Phone:

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 non-consideration 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 CHECKING THE BOX BELOW.

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.

By checking this box, I declare under penalty of perjury that I am the person named above, and the foregoing information is true and correct.

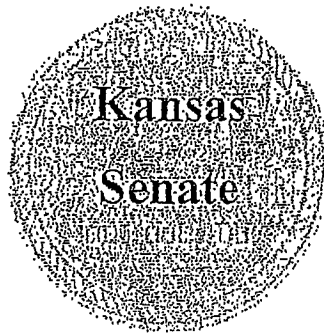
Signed and generated on: 1/4/2012 2:26:39 PM

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 Shyllis G. Umoe Date 2/6/12



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, Phyllis Gilmore 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 Phyllis Gilmore Date 2/10/12

Form 08/08.

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:

Gilmore

Phyllis

L

Last Name

First Name

MI

Spouse's Name

286 N. Overlook St.

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

Olathe, KS 66061

City, State, Zip Code

(913) 238-9983

Home Phone Number

(785) 296-3207

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)

Behavioral Sciences Regulatory Board

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

Executive Director

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.	Johnison County Ultrasound 9300 W. 110th St., Overland Park, KS 66210	3D-4D ultrasound	owner	33.3%	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

		HELD
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	BUSINESS NAME AND ADDRESS	POSITION 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: 04/11/2011
 Name of Person Making Statement: Phyllis Gilmore