

MINUTES OF THE SENATE TRANSPORTATION COMMITTEE

The meeting was called to order by Chairman Dwayne Umbarger at 8:30 a.m. on February 8, 2011, in Room 152-S of the Capitol.

All members were present except:

Senator Anthony Hensley-excused  
Senator Les Donovan-excused

Committee staff present:

Scott Wells, Office of the Revisor of Statutes  
Daniel Yoza, Office of the Revisor of Statutes  
Chris Courtwright, Kansas Legislative Research Department  
Jill Shelley, Kansas Legislative Research Department  
Toni Beck, Committee Assistant

Others attending:

See attached list.

Chairman Umbarger opened the meeting stating that he appreciated the responsible, positive robust leadership Deb Miller has provided to the department since 2003. Deb Miller, Secretary, Kansas Department of Transportation, presented a Transportation Budget Review to the committee on file with the Department of Transportation. (Attachment 1) The presentation detailed the 1.4 billion transfer that creates lack of funding by bonding indebtedness. The better model with Tworks economic impact insures wise spending of revenue funds from her department. Kansas has two million licensed drivers and two million licensed vehicles across the Kansas highways. In addition, there are 2,200 employees across the state in the transportation department, with 140,000 miles of public roads. Spending is allocated per mileage usage through transportation funding. For the first time the department now funds an aviation program as well, per Deb Miller.

Senator Kultala commented on the concern over spending in the Leavenworth area that is percentage based. She inquired as to how many positions are still unfilled? The response was 197 had been eliminated. Jerry Younger, Deputy Secretary commented that the budget is very conservative at the beginning of the fiscal year due to the nature of the weather issues. As the winter wears on, they are better able to see available funds for adjustments to the budget. Senator Schmidt thanked the secretary for staying in her current position. She inquired as to the technology division that was not included in the presentation. The travelers service has been a great asset in the area. The camera viewing on I-70 corridor for road conditions will be expanded, per Deb Miller. Senator Reitz commented that the Manhattan presentation was greatly appreciated with attention to detail. Senator Marshall inquired as to how many of the 2 million plus drivers were insured. Jill Shelley, KLRD, responded 9.8% with an increase to 11.8% due to current unemployment rates. Secretary compared the number to inflation over the ten year period is \$450 million original, down to 420 million current, and the savings on lower bid estimates will assist in balancing the budget. Senator Huntington commented in reference to the task force in place for the department. Jill Shelley, KLRD, responded recommendations are for consideration based on, real time, data based, and insurance based. There is no system decided on at this moment while further details are being considered.

Senator Kultala made a motion to move to the full Senate the confirmation for re-appointment of Deb Miller, to Secretary, Kansas Department of Transportation; to serve at the pleasure of the Governor. Senator Roger Reitz seconded the motion. The motion carried.

Chairman Umbarger asked the committee if there is any interest in pursuing uninsured motorist issues. Senator Schmidt commented no, unless there was a positive plan to deal with the problem. Senator Schmidt suggested the new Secretary of Revenue could be assistance for other suggestions. Chairman will follow up for the historic details of the issue and plan an informational meeting in reference to the information obtained.

The meeting was adjourned at 9:25 a.m.

The next meeting is scheduled for Wednesday, February 9, 2011.

# GUEST LIST

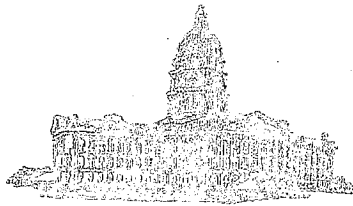
DATE: 2-8-2011

Tuesday

[illegible]

JAY SCOTT EMLER  
STATE SENATOR, 35TH DISTRICT  
BARTON, DICKINSON, ELLSWORTH,  
MARION, LINCOLN, MCPHERSON  
& RICE COUNTIES  
1457 SHAWNEE ROAD  
LINDSBORG, KS 67456  
(785) 227-2887 HOME

STATE CAPITOL—330-E  
TOPEKA, KANSAS 66612  
(785) 296-2497  
email: jay.emler@senate.ks.gov



MAJORITY LEADER

COMMITTEE ASSIGNMENTS

CHAIR: CONFIRMATION OVERSIGHT  
VICE-CHAIR: KANSAS SECURITY  
MEMBER: COMMERCE  
UTILITIES  
WAYS AND MEANS

January 28, 2011

Hon. Dwayne Umbarger  
Chair, Transportation  
State Capitol – Room 441-E  
Topeka, KS 66612

Dear Senator Umbarger,

The following appointment has been referred to your committee:

- Deb Miller as the Secretary of the Department of Transportation by Governor Sam Brownback.

Please find attached, packets of paperwork for the committee. As a re-appointment, Ms. Miller is not required to appear before the committee. If you so choose, you may contact Ms. Miller via the contact information in her paperwork in order to arrange for an appearances before the committee. Once you have scheduled a hearing, please notify either Sharon Meissner, at 368-7321, or Halee Lindstrom, at 368-7382, in the Governor's Office of Appointments so they might support and aid their nominees throughout the confirmation process.

The committee needs to hold a hearing and take action on his appointment by February 17, 2011.

If you have questions, please contact Macie Smith in my office at (785) 296-2497.

Sincerely,

Jay Scott Emler  
Kansas State Senator  
Chair, Confirmation Oversight Committee

cc: Kim Borchers, Director of Appointments, Office of the Governor

Senate  
Transp.  
Att: 1-28-11  
1

# Senate Confirmation Information Summary

*Prepared and Submitted by the Office of Governor Sam Brownback*

**Appointee: Deb Miller**

**Position: Secretary of Transportation**

**Expiration Date: N/A**

**Term Length: POG**

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**Statutory Authority: K.S.A. 75-5001**

**Party Affiliation: D**

- Statutory geographic representation Requirements (insert any that apply)

**Congressional District: 2**

**County: Shawnee County**

**Size Requirement (if any):**

**Other, specify:**

- Statutory party affiliation requirement:
- Statutory industry or occupation requirements:

**Salary: 107,990**

**Predecessor: Deb Miller**

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

Deb Miller, Secretary of Transportation

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## **DEB MILLER**

3520 SW Avalon Lane, Topeka, KS 66604  
Cell 785 806-6362 Home 785 271-4437

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### **Professional Experience**

#### **Secretary**

**Kansas Department of Transportation**

**2003 to present**

- Responsible for the management of a state agency that employs 3,100 and has a budget of a billion plus
- Represents the state and the agency in a number of national organizations
- Member of the Governor's cabinet

#### **Chief Planner**

**HNTB, a nationwide firm of architects, engineers, and planners**

**1998 to 2003**

- Provide strategic, planning, and public communication assistance to state DOTs and municipalities.
- Clients have included the Kansas Department of Transportation, the Missouri Department of Transportation, the Illinois Department of Transportation, the Colorado Department of Transportation, the Louisiana Department of Transportation and Development, the city of Arvada Colorado, the city of Olathe Kansas, and the city of Overland Park Kansas.

**Director, Division of Planning and Development**  
**Kansas Department of Transportation**

**1986 to 1997**

- Managed 105 person Division
- Participated in strategic development for the agency
- Developed the Department's construction program
- Coordinated all federal contact and analysis, including providing liaison with the Kansas Congressional delegation on transportation matters, and development of the Department's position on national transportation issues.
- Developed policy direction for the agency through the Executive Committee
- Monitored the construction program through the Program Review Committee

**Special Assistant to the Secretary of Transportation  
Kansas Department of Transportation**

**1984 to 1986**

- Liaison to the Governor's Office and the Kansas Legislature
- Represented the Secretary in meetings with communities, interest groups, contractors, etc.
- Prepared speeches and briefings for the Secretary

**Policy Assistant  
Kansas Governor John Carlin**

**1981 to 1984**

- Developed, analyzed and guided legislation through the legislative process on the Governor's behalf
- Met with interest groups, cabinet secretaries, and citizens on the Governor's behalf
- Briefed the Governor prior to meetings, events, and press conferences
- Traveled with the Governor and provided all necessary staffing.

**EDUCATION**

B.A. Kansas State University, Magna Cum Laude, 1976



Full Name: Secretary Debra Lou Harrison McKinzie Miller  
(please include title and middle name along with any names previously used)

\_\_\_\_\_  
\_\_\_\_\_

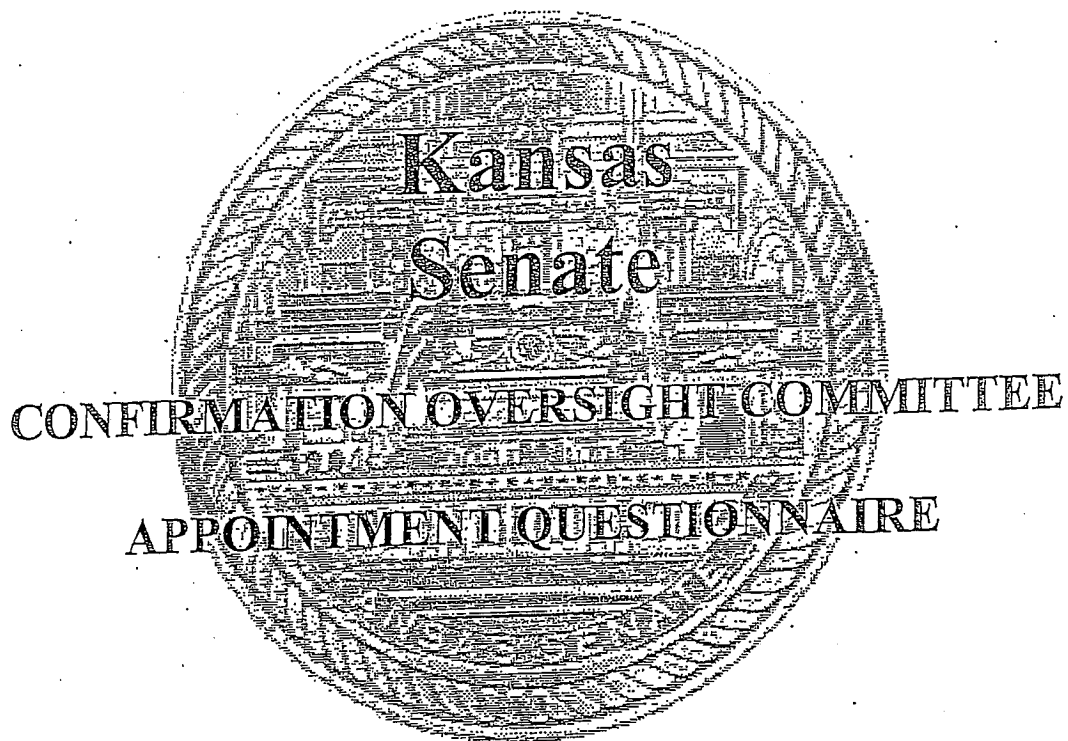
Home Address: 3520 Sw Avalon Lane Topeka Kansas, 66604  
(Street Address) (City, State, Zip)

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

Position to which Appointed: Secretary of KDOT.

Appointing Authority: Governor

\* Information on this page will not be made public but is used by the KBI and Department of Revenue.



Full Name: Secretary Debra Lou Harrison McKinzie Miller  
(please include title and middle name along with any names previously used)

Home Address: 3520 Sw Avalon Lane Topeka Kansas, 66604  
(Street Address) (City, State, Zip)

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

Position to which Appointed: Secretary of KDOT.

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: Secretary Debra Lou Harrison McKinzie Miller  
(please include title and middle name along with any names previously used)

Position to which Appointed: Secretary of KDOT

Appointing Authority: Governor

Home Address: 3520 Sw Avalon Lane Topeka Kansas, 66604  
(Street Address) (City, State, Zip)

Business Name: Kansas Department of Transportation

Business Address: 700 SW Harrison St. Topeka, Ks 66604  
(Street Address) (City, State, Zip)

Position Title: Secretary

Home Phone: (785) 271-4437 Business Phone: (785) 296-3461 Cell Phone: (785) 806-6362

Fax Number: (785) 296-1095 E-Mail Address: dmiller@ksdot.org

Kansas resident? ☒ Yes / ☐ No Date of Birth: 12/25/1954 Place of Birth: Scott City Kansas

Registered Voter? yes Party Affiliation: democrat

Congressional District: 2 Kansas Senate District: 20 Kansas Representative District: 55

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.  
None
4. Why do you feel you are a good candidate for the position to which you have been appointed?  
I am currently the Secretary of the Kansas Department of Transportation and have been for 8 years.
5. What do you see as the purpose or mission of the role to which you have been appointed?  
To build and maintain the state highway system and to assist with other modes of transportation
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 Resume
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 Norman Gaar US Senate race in 1978. Statewide Coordinator
10. **Honors and Awards:** List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.  
☐None John Thurlow Hill Award for outstanding Senior Sociologist 1976  
Phi Beta Kappa 1975 Outstanding Alumnus Pratt Community College 1976, Carey Award, 2010
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 Topeka Association for Retarded Citizens, Transportation Research Board, American Association of State Highway and Transportation Officials
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 In the late 1970's I was on the Kansas Abortion Rights Action Leagues Board. I was not very active in the organization and do not know if any records exist

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 Secretary of Transportation
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 disclose them and if serious enough, I would resign
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 1975
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: Governor Mark Parkinson Knows you how?: Currently serve at his pleasure

Address: Kansas State Capitol, 2nd Floor Topeka, KS 66603  
(City, State, Zip)

Home Phone: \_\_\_\_\_ Business Phone: (785) 296-3232

Name: Michael Johnston Knows you how?: Worked for him previously

Address: 14311 Killarney Circle Wichita, KS 67230  
(City, State, Zip)

Home Phone: (316) 733-7363 Business Phone: (316) 682-4537

Name: Scott Smith Knows you how?: Worked for his firm, HNTB

Address: 715 Kirk Dr. (work address) Kansas City, MO 64105  
(City, State, Zip)

Home Phone: (816) 333-3206 Business Phone: (816) 472-1201

Name: David Barclay Knows you how?: Long time friend

Address: 12 Hampton Terrace Northampton MA 01060  
(City, State, Zip)

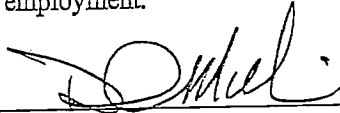
Home Phone: (413) 586-2131 Business Phone: \_\_\_\_\_

## 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 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 11/30/2010



## CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, Secretary Debra Lou Harrison McKinzie Miller acknowledge that as part of the  
(print name)

Senate Confirmation Oversight Committee process I will:

- be subject to a criminal records background investigation by the Kansas Bureau of Investigation; and
- have my tax records released by the Kansas Department of Revenue.

Such information will not be released to the general public, but will be made available for review at the appropriate time by:

- Myself;
- My appointing authority;
- Chairperson of the Senate Confirmation Oversight Committee; and
- The Vice Chair of the Senate Confirmations Oversight Committee.

By signing the "Authorization and Certification" section (on page 8) of the Senate Confirmation Oversight Committee questionnaire, the Kansas Department of Revenue will be authorized to release my tax information and the Kansas Bureau of Investigation will be authorized to conduct a criminal background investigation on me and provide that information to the appropriate individuals.

Signature

A handwritten signature in black ink, appearing to read "D Miller", is written over a horizontal line.

Date

11/30/2010



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:**

Miller

Last Name

Debra

First Name

L

MI

Jim McLean

Spouse's Name

3520 SW Avalon Lane

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

Topeka, KS 66604

City, State, Zip Code

(785) 271-4437

Home Phone Number

(785) 296-3461

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)

KS turnpike authority, Ks Depart of Transportation

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

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.	Wells Fargo 6342 Southwest 21st Street, topeka Kansas 66615	Investment	mutual funds	0%	self
2.	ING 212 SW 8th Ave Suite 100, topeka, Ks 66603	Deferred Compensations	mutual funds	0%	self
3.	Charles Schwab 11004 Metcalf Ave Suite #2A, Overland Park, Ks	Investment	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.	Kansas Department of Transportation	700 SW Harrison Topkea, Ks. 66603	Government

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

If you have nothing to report in Section "E"2, check here ☐

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NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1. Kansas Health Institute	212 SW 8th Avenue, suite 200 topeka, Ks 66603	Nonprofit

**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: 04/30/2010

Name of Person Making Statement: Debra Miller