

➤ Hearing Records ...

**** 07hr_SC-PHSILTCP_Appt_Arnold_pt01**



WISCONSIN STATE
LEGISLATURE ...
PUBLIC HEARING
COMMITTEE RECORDS

2007-08

(session year)

Senate

(Assembly, Senate or Joint)

Committee on
Public Health, Senior
Issues, Long Term
Care and Privacy

(SC-PHSILTCP)

(FORM UPDATED: 07/02/2010)

COMMITTEE NOTICES ...

➤ Committee Reports ... CR

**

➤ Executive Sessions ... ES

**

➤ Public Hearings ... PH

**

➤ Record of Comm. Proceedings ... RCP

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**INFORMATION COLLECTED BY
COMMITTEE FOR AND AGAINST
PROPOSAL ...**

➤ Appointments ... Appt

**

Name: Eva M. Arnold

➤ Clearinghouse Rules ... CRule

**

➤ Hearing Records ... HR (bills and resolutions)

**

➤ Miscellaneous ... Misc

**

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JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

February 2, 2007

Ms. Eva Arnold
8344 South Schroeder Road
Beloit, Wisconsin 53511

Dear Ms. Arnold:

I am pleased to reappoint you to the Board on Aging and Long Term Care, effective May 1, 2007. Your experience, knowledge, and dedication continue to be a true asset to my administration and a great benefit to the people of Wisconsin.

I look forward to working with you to find creative ways of delivering services and implementing positive change for the citizens of our state.

Sincerely,

A handwritten signature in cursive script that reads "Jim Doyle".

Jim Doyle
Governor



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

February 2, 2007

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do reappoint Eva Arnold to be a public member on the Board on Aging and Long Term Care to serve a term expiring May 1, 2012.

Ms. Arnold will be available to the Senate for hearings and my staff will assist in any way they can.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jim Doyle".

Jim Doyle
Governor



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

GOVERNOR'S APPOINTMENT

NAME: Eva Arnold

MAILING ADDRESS: 8344 South Schroeder Road
Beloit, WI 53511

E-MAIL ADDRESS: busyarnold@wmconnect.com

RESIDES IN: Beloit, WI

TELEPHONE: (608) 676-4725 (h)

OCCUPATION: Rock County Supervisor

APPOINTED TO: Board on Aging and Long Term Care
public member

TERM: A term to expire May 1, 2012

SUCCEEDS: herself

SENATE CONFIRMATION: yes

DATE OF APPOINTMENT: May 1, 2007

DATE OF NOMINATION: February 2, 2007

Eva M. Arnold
8344 South Schroeder Road
Beloit, WI 53511-9521

608-6764725

Please accept my application for the Wisconsin Board on Aging and Long Term Care as suggested by George Potaracke.

Experiences

Bureau of Aging and Long Term Care Resources Advisory Council
Rock County Board of Supervisors - District 6
 Planning and Development Vice Chair
 Land Conservation/Agricultural Extension
 Rail Transit Chair
Board Member, Volunteer and Past President of Beloit
 Memorial Hospital Auxiliary
Retired Beloit Memorial High School English Instructor
Rock County Council of Aging Past President
Coalition of Wisconsin Aging Groups Past District Chair
University of Wisconsin-Rock County Foundation Past Member
Clinton School Board Former Member
Church Lector and Eucharistic Minister and Parish Council
Turtle Grange
Turtle 4-H Club Past Chair and Past Project Leader

Education

University of Wisconsin-Rock County Charter Member
Beloit College
Universities of Wisconsin-Madison and Whitewater

Interests

Family, Wild bird lover,, Gardening,, Cards(Bridge, Euchre,
500) and Avid reader





STATE OF WISCONSIN
ETHICS BOARD

James R. Morgan
Chairman
Paul M. Holzem
Dorothy C. Johnson
Richard Warch

On the capitol square at:
44 EAST MIFFLIN STREET, STE 601
MADISON, WISCONSIN 53703-2800
phone: 608/266-8123
fax: 608/264-9319
ethics@ethics.state.wi.us
<http://ethics.state.wi.us>

Roth Judd
Director

2/13/2007

Senate Committee Members:

The attached Statement of Economic Interests is provided with regard to the individual's nomination to a State Public Office by Governor Jim Doyle.

Sincerely,
STATE OF WISCONSIN ETHICS BOARD

Nominee: **Arnold, Eva M.**

Nomination Date: **2/2/2007**

Statement of Economic Interests

Filed in 2006 for calendar year 2005 by

Eva M. Arnold
 Aging and Long Term Care Board
 Member-

MAR 22 2006

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://ethics.state.wi.us>
 Still have questions? For priority service send an e-mail to: ethics@ethics.state.wi.us; otherwise leave a detailed message at (608) 266-8115.
 ATTACH ADDITIONAL PAGES AS NEEDED

Part A

As of December 31, 2005

1. INVESTMENTS. List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$5,000).

"✓" one

Stocks/options/futures	\$50,000 or less	More than \$50,000
JP Morgan Chase	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Bonds		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Limited partnerships		
Liberty Tax Credit III	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Wisconsin governmental securities		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Mutual or money market funds		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

2. BUSINESS ACTIVITIES. List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

a) Enterprise(s) operating under a business or trade name, list here.

Name of business	Municipality or Town	County	State	Describe nature of business

b) Enterprise(s) NOT operating under a business or trade name, list here.

Street address or fire number	Municipality or town	County	State	Describe nature of business
Farm		Rock	WI	Farming

3. **COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS.** For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, list businesses, organizations, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2005.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State

4. **BUSINESS PARTNERS.** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business	Partners, or officers and directors	City	State

5. **NON-COMMERCIAL REAL ESTATE.** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you listed in item 2).

Location of property Street address or fire number	Municipality or town	County	Nature of interest (e.g., own, lease, option, easement, land contract)

6. **OFFICERS AND DIRECTORS.** List organizations of which you or a family member were an officer or director.

Business or organization	City	State	Position
Rock County Board of Supervisors	Janesville	WI	Supervisor

7. **AGENT, REPRESENTATIVE OR SPOKESPERSON.** List organizations that authorized you or a family member to represent them in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless listed in item 6 or 9).

Business or organization	City	State

8. **CREDITORS.** List creditors to which you or your family owed \$5,000 or more.

Creditor	City	State	"✓" one	
			\$50,000 or less	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part B

For calendar year 2005

9. **EMPLOYERS.** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2005.

Name of employer (If State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's business

10. ADDITIONAL SOURCES OF INCOME. List other sources from which you or your family received income of \$1,000 or more in 2005.

Source of income	City	State
Rock County	Janesville	WI

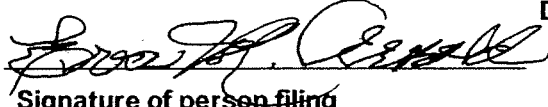
11. ENTERTAINMENT AND GIFTS. List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2005.

Name of provider	City	State

12. HONORARIA AND EXPENSES. List, for 2005, sources of honoraria and payment of expenses related to your state government duties (more than \$50).

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. If any part has been left blank, I have done so intentionally because there is nothing to report.

	Daytime phone #	(608) 676-4725
Signature of person filing	Date	E-mail address
	3-20-06	busyarnold@wmconnect.com

The information sought in this form is required by §§19.43 and 19.44, *Wisconsin Statutes*. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), *Wisconsin Statutes*, the Ethics Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

Mail or fax to: Wisconsin Ethics Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2800; Fax: (608) 264-9319
Eth 1 Personalized. For use in 2006

Ethics Board's comments about the Statement you filed last year to help you complete this one.

- In Item 2, please be certain you include the municipality, state, county, and nature of business. (Farmland)