

➤ Hearing Records ...

\*\* **07hr\_SC-PHSILTCP\_Appt\_Lease\_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

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➤ Executive Sessions ... ES

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➤ Public Hearings ... PH

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➤ Record of Comm. Proceedings ... RCP

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

➤ Appointments ... Appt

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Name:

➤ Clearinghouse Rules ... CRule

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

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➤ Miscellaneous ... Misc

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( )

# Vote Record

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

Date: 7/8/08

Moved by: Kreitlow

Seconded by: Cowles

AB \_\_\_\_\_

SB \_\_\_\_\_

Clearinghouse Rule \_\_\_\_\_

AJR \_\_\_\_\_

SJR \_\_\_\_\_

Appointment Lease

AR \_\_\_\_\_

SR \_\_\_\_\_

Other ~~\_\_\_\_\_~~

A/S Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_

A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

Be recommended for:

- Passage     Adoption     Confirmation     Concurrence     Indefinite Postponement  
 Introduction     Rejection     Tabling     Nonconcurrence

Committee Member

**Senator Tim Carpenter, Chair**

**Senator Spencer Coggs**

**Senator Pat Kreitlow**

**Senator Dale Schultz**

**Senator Robert Cowles**

Aye    No    Absent    Not Voting

Totals: 5    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

5    \_\_\_\_\_    \_\_\_\_\_    1

5    \_\_\_\_\_    \_\_\_\_\_    0

Motion Carried

Motion Failed





**JIM DOYLE**  
**GOVERNOR**  
**STATE OF WISCONSIN**

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GOVERNOR'S APPOINTMENT

**NAME:** Mary Lease

**MAILING ADDRESS:** 130 Potomac Place  
Oregon, WI 53575

**E-MAIL ADDRESS:** mbart17504@cs.com

**RESIDES IN:** Oregon, WI

**TELEPHONE:** (608) 436-2105

**APPOINTED TO:** Nursing Home Administrator Examining  
Board  
Nurse

**TERM:** A term to expire July 1, 2011

**SUCCEEDS:** Herself

**SENATE CONFIRMATION:** Yes

**DATE OF APPOINTMENT:** February 5, 2008

**DATE OF NOMINATION:** February 5, 2008



**JIM DOYLE**  
**GOVERNOR**  
**STATE OF WISCONSIN**

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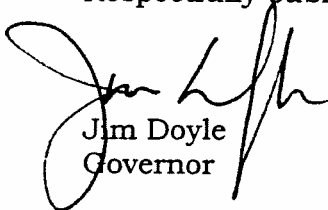
February 5, 2008

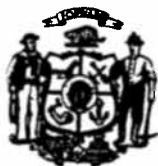
To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do reappoint Mary Lease to be a Nurse on the Nursing Home Administrator Examining Board to serve a term expiring July 1, 2011.

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

Respectfully submitted,

  
Jim Doyle  
Governor



**JIM DOYLE**  
**GOVERNOR**  
**STATE OF WISCONSIN**

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February 5, 2008

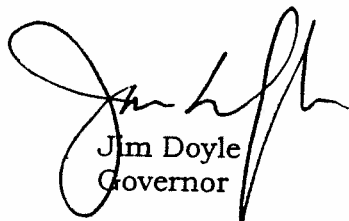
Ms. Mary Lease  
130 Potomac Place  
Oregon, Wisconsin 53575

Dear Ms. Lease:

I am pleased to reappoint you to the Nursing Home Administrator Examining Board, effective February 5, 2008. 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,

  
Jim Doyle  
Governor

State of Wisconsin\Government Accountability Board

Ethics & Accountability Division  
44 East Mifflin, Ste. 601  
Madison, WI 53703  
Phone (608) 266-8123  
Fax (608) 264-9319  
E-mail: [ethics@ethics.state.wi.us](mailto:ethics@ethics.state.wi.us)



KEVIN J. KENNEDY  
Director and General Counsel

2/8/2008

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 GOVERNMENT  
ACCOUNTABILITY BOARD

Nominee: **Lease, Mary K**  
Nomination Date: **2/5/2008**

# Statement of Economic Interests

Filed In 2007 for calendar year 2006 by

**Lease, Mary K**

Nursing Home Adm. Examining Board

Member

TED  
MAR 19 2007

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](mailto: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, 2006

### 1. INVESTMENTS

**a) FUNDS AVAILABLE IN WISCONSIN DEFERRED COMPENSATION PROGRAM** These funds are available to participants in the Wisconsin Deferred Compensation program and many of them are also available for direct purchase, independent of that program. If you held an investment of \$5,000 or more in any of these funds – either directly or through the program – please check the appropriate box.

Profile Series	More than \$50,000 or less		Small Cap	More than \$50,000 or less		Bond	More than \$50,000 or less	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2045 Fund	<input type="checkbox"/>	<input type="checkbox"/>	BGI Russell 2000 Index - Collective T	<input type="checkbox"/>	<input type="checkbox"/>	BGI US Debt Index Fund - Collective W	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2035 Fund	<input type="checkbox"/>	<input type="checkbox"/>	DFA US Micro Cap Fund	<input type="checkbox"/>	<input type="checkbox"/>	Federated US Government Securities 2-5yr	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2025 Fund	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mid Cap</b>			Vanguard Long-term Investment Grade Adm	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2015 Fund	<input type="checkbox"/>	<input type="checkbox"/>	BGI Mid Cap Equity Index - Collective W	<input type="checkbox"/>	<input type="checkbox"/>	<b>Money Market</b>		
Vanguard Target Retirement Income Fund	<input type="checkbox"/>	<input type="checkbox"/>	T Rowe Price Mid Cap Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>	Vanguard Admiral Treasury Money Market	<input type="checkbox"/>	<input type="checkbox"/>
<b>International</b>			<b>Large Cap</b>			<b>Fixed Returns for the Quarter</b>		
American Funds Euro Pacific R5	<input type="checkbox"/>	<input type="checkbox"/>	Calvert Social Investment Equity	<input type="checkbox"/>	<input type="checkbox"/>	Stable Value Fund	<input type="checkbox"/>	<input type="checkbox"/>
BGI EAFE Equity Index - Collective W	<input type="checkbox"/>	<input type="checkbox"/>	Fidelity Contra Fund	<input type="checkbox"/>	<input type="checkbox"/>	FDIC Bank Option	<input type="checkbox"/>	<input type="checkbox"/>
			Vanguard Institutional Index Fund Plus	<input type="checkbox"/>	<input type="checkbox"/>			
			Vanguard Wellington Fund - Admiral	<input type="checkbox"/>	<input type="checkbox"/>			

**b) OTHER INVESTMENTS** List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.

#### MUTUAL OR MONEY-MARKET FUND

(check one) \$50,000 or less      More than \$50,000

#### STOCKS/OPTIONS/FUTURES

(check one) \$50,000 or less      More than \$50,000

#### BONDS

(check one) \$50,000 or less      More than \$50,000

#### LIMITED PARTNERSHIPS

(check one) \$50,000 or less      More than \$50,000

#### WISCONSIN GOVERNMENTAL SECURITIES

(check one) \$50,000 or less      More than \$50,000



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

Name of business	Municipality or Town	County	State	Describe nature of business
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**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 2006.

Check if the organization authorized you to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State	"✓"
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**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
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**5. NON-COMMERICAL 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 already 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)
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**6. OFFICERS AND DIRECTORS** List organizations of which you or a family member was an officer or director (unless already listed in item 2).

Business or organization \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Position \_\_\_\_\_

**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 already listed in item 2, 3 or 6).

Business or organization \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

Creditor	City	State	\$50,000 or less	More than \$50,000
Chrysler Automotive	Milwaukee	WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Harris Bank	Chicago	IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Household Finance	Baltimore	MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Providian			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oregon Bank (Mortgage)			<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part B** For calendar year 2006

**9. EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2006.

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's business
Mercy Health System	Janesville	WI	Health care
<del>Oregon Manor</del>	<del>Oregon</del>	<del>WI</del>	<del>Health care</del>
State of WI - Office of the Lieutenant Governor	Madison	WI	State Government
UW Health	Madison	WI	Health care

**10. ADDITIONAL SOURCES OF INCOME** List other sources from which you or your family received income of \$1,000 or more in 2006.

Source of income \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Anchor Bank \_\_\_\_\_ Oregon \_\_\_\_\_ WI \_\_\_\_\_

**11. ENTERTAINMENT AND GIFTS** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2006.

Name of provider \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**12. HONORARIA AND EXPENSES** List, for 2006, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

**FILING NOTES -or- COMMENTS**

If we saw an opportunity to clarify a prior report, we added comments or filing tips below. Please review any comments and make the appropriate corrections.

**CERTIFICATION**

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.

<u>Mary Leass</u>	Daytime phone # <del>(608) 885-3335</del> 608 436-2105
Signature of person filing	Date <u>3/15/07</u> E-mail address <u>mbart17504@cs.com m-leass RN@hotmail.com</u>

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 2007