

➤ [Hearing Records ...](#)

** **07hr_SC-PHSILTCP_Appt_Pike_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](#)

**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL ...

➤ [Appointments ... Appt](#)

**

Name: Mary F. Pike

➤ [Clearinghouse Rules ... CRule](#)

**

➤ [Hearing Records ... HR](#) (bills and resolutions)

**

➤ [Miscellaneous ... Misc](#)

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Vote Record

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

Date: 2/20/08

Moved by: Cowles

Seconded by: Kreitlow

AB _____

SB _____

Clearinghouse Rule _____

AJR _____

SJR _____

Appointment MARY PIKE

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

<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Senator Spencer Coggs

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Senator Pat Kreitlow

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Senator Dale Schultz

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Senator Robert Cowles

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Totals: 5 _____ _____ _____

Motion Carried

Motion Failed





JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

January 29, 2008

Ms. Mary Pike
53 Cherokee Circle, # 103
Madison, Wisconsin 53704

Dear Ms. Pike:

I am pleased to reappoint you to the Nursing Home Administrator Examining Board, effective January 28, 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,

A handwritten signature in black ink, appearing to read "Jim Doyle".

Jim Doyle
Governor

Mary F. Pike

6258 Elmwood Avenue
Middleton, Wi 53562-3320

608-231-1572

MCPke@aol.com

- 1992-Present Family caregiver for my husband Bob of 53 years who has Alzheimer's disease.
- 1992-1996 Provided care for my husband at home.
- 1996-April 1998 My husband resided in a Community Based Residential Facility.
- 1998-Present Bob was moved to a local nursing home due to a broken hip. I visit twice daily to feed him lunch and supper. I also help with putting him down for his afternoon rest and do his evening cares. He has been a hoyer transfer for the past five years.
- 1996-1998 Began volunteering at the Alzheimer's Association, South Central Wisconsin Chapter as an office volunteer and a member of the Public Policy Committee.
- 1998-Present Member of Alzheimer's Association South Central Chapter Board of Directors and serve as treasurer and volunteer bookkeeper.
- Regular presenter at Alzheimer's Education Series for family caregivers.
- Attended the Alzheimer's Public Policy Forum in Washington, D.C. for the past 7 years.
- Presenter at the Chapter's Public Policy Forums.
- Serve as Church Clerk for Middleton Community Church.
- 1998-1999 Served on the Department of Health and Family Services Designing Quality Workgroup. This group worked on performance standards for coordination of acute primary health care.
- Member of the Resource Center Quality Workgroup.
- The products from these two groups were reviewed by the Department as a basis to further develop quality

materials to be incorporated into Family Care policies, procedures and contracts.

1999-2001 Speaker for Community Health Charities (United Way) SECC Campaigns.

2001-Present Appointed by Area Agency on Aging Board to their Legislative Committee. Also serve on the Dane County Advocacy Network Education Subcommittee. This committee plans and implements three day workshops to inform people about county and local government.

2002-Present Chair, South Central Public Policy Committee.

2002-2003 Served on the Bureau of Aging and Long Term Care Dementia Outcomes Advisory Committee. The committee developed dementia specific outcomes and indicators, which are now being piloted.

Past Employment History

1967-1972 Co-director, half-day nursery school, Oak Lawn, Ill.

1974-1981 UW Hospital & Clinics as a clinic secretary. Prepped charts, prepared blood slips and x-ray requests, scheduled and coordinated appointments.

1981-1992 UW Hospital & Clinics/UW Medical School. Fiscal Manager for Department of Pediatrics. Retired to care for my husband.

Statement of Interest

My interest in the Nursing Home Examining Board would be as a family caregiver who has spent approximately four hours a day, seven days a week in a nursing home setting for the past six years. I have come to better understand the problems of facilities providing long term care. I would also welcome the opportunity to address and help solve existing problems in nursing homes that are of great concern to families as well as the facility administration.

Personal

Mother of four, grandmother of nine, great-grandmother of three.

References available upon request.



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

GOVERNOR'S APPOINTMENT

NAME: Mary Pike

MAILING ADDRESS: 53 Cherokee Circle, # 103
Madison, WI 53704

E-MAIL ADDRESS: MCPke@aol.com

RESIDES IN: Madison, WI

TELEPHONE: 608/231-1572

OCCUPATION: Retired

APPOINTED TO: Nursing Home Administrator Examining
Board

Public Member

TERM: A term to expire July 1, 2011

SUCCEEDS: Herself

SENATE CONFIRMATION: Yes

DATE OF APPOINTMENT: January 28, 2008

DATE OF NOMINATION: January 28, 2008



State of Wisconsin\Government Accountability Board

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



KEVIN J. KENNEDY
Director and General Counsel

1/30/2008

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: **Pike, Mary**
Nomination Date: 1/28/2008

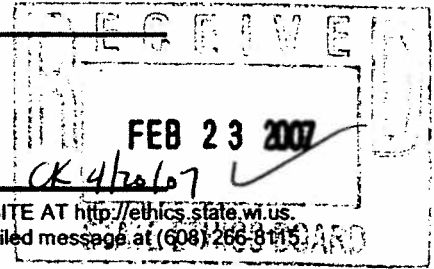
Statement of Economic Interests

Filed in 2007 for calendar year 2006 by

Pike, Mary

Nursing Home Adm. Examining Board

Member



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

Lincoln Equity Income	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lincoln Fixed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lincoln Growth & Income	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lincoln International	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lincoln Social Awareness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lincoln Special Opportunities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

STOCKS/OPTIONS/FUTURES

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

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

BONDS

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

	<input type="checkbox"/>	<input type="checkbox"/>
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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

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

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	"✓"
			<input type="checkbox"/>
			<input type="checkbox"/>

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-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)

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
Alzheimer's Association South Central	Madison	WI	Board Member/Treasurer

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
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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
			<input type="checkbox"/>	<input 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
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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
Social Security Administration	Washington	DC
Wisconsin Retirement System	Madison	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
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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.

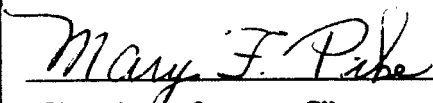
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
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FILING NOTES -or- COMMENTS

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.

	Daytime phone #	(608) 231-1572
_____	2/20/07	mcpke@aol.com
Signature of person filing	Date	E-mail address

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