

# 09hr\_SC-PHSILTCJC\_Appt\_Ronk\_pt01



Details: Earlene Ronk

(FORM UPDATED: 08/11/2010)

## WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

### 2009-10

(session year)

### Senate

(Assembly, Senate or Joint)

### Committee on ... Public Health, Senior Issues, Long-Term Care, and Job Creation (SC-PHSILTCJC)

### COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

### INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)  
(**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)  
(**sb** = Senate Bill)                              (**sr** = Senate Resolution)                              (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

\* Contents organized for archiving by: Gigi Godwin (LRB) (November/2011)

## Senate

### Record of Committee Proceedings

#### **Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation**

**Ronk, Earlene**, of Jefferson, as a member of the Nursing Home Administrator Examining Board, to serve for the term ending July 1, 2010.

September 30, 2009 Referred to Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation.

January 27, 2010 **PUBLIC HEARING HELD**

Present: (5) Senators Carpenter, Coggs, Vinehout, Schultz and Kapanke.

Absent: (0) None.

#### Appearances For

- Earlene Ronk, Jefferson

#### Appearances Against

- None.

#### Appearances for Information Only

- None.

#### Registrations For

- Tom Ramsey, Madison — WI. Assoc. of Homes and Services for the Aging

#### Registrations Against

- None.

#### Registrations for Information Only

- None.

January 28, 2010 **EXECUTIVE SESSION HELD**

Present: (5) Senators Carpenter, Coggs, Vinehout, Schultz and Kapanke.

Absent: (0) None.

Moved by Senator Schultz, seconded by Senator Vinehout that **Ronk, Earlene** be recommended for confirmation.

Ayes: (5) Senators Carpenter, Coggs, Vinehout,  
Schultz and Kapanke.

Noes: (0) None.

CONFIRMATION RECOMMENDED, Ayes 5, Noes 0

A handwritten signature in black ink, appearing to read 'Russell DeLong', is written over a horizontal line.

Russell DeLong  
Committee Clerk



April 6, 2010

**EXECUTIVE SESSION HELD**

Present: (5) Senators Carpenter, Coggs, Vinehout, Schultz  
and Kapanke.

Absent: (0) None.

Moved by Senator Vinehout, seconded by Senator Carpenter that  
**Ronk, Earlene** be recommended for confirmation.

Ayes: (5) Senators Carpenter, Coggs, Vinehout,  
Schultz and Kapanke.

Noes: (0) None.

CONFIRMATION RECOMMENDED, Ayes 5, Noes 0

A handwritten signature in black ink, appearing to read 'Russell DeLong', is written over a horizontal line. The signature is stylized and somewhat cursive.

Russell DeLong  
Committee Clerk

# Vote Record

## Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation

Date: 1/28/10

Moved by: Schultz      Seconded by: Vinehout

AB \_\_\_\_\_ SB \_\_\_\_\_ Clearinghouse Rule \_\_\_\_\_  
 AJR \_\_\_\_\_ SJR \_\_\_\_\_ Appointment Earlene Ronk  
 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       Nonconcurrency

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
<b>Senator Tim Carpenter, Chair</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Spencer Coggs</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Kathleen Vinehout</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Dale Schultz</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Dan Kapanke</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Totals:</b>	<u>5</u>	<u>0</u>	_____	_____

Motion Carried       Motion Failed

# Vote Record

## Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation

Date: 4/6/10

Moved by: Vinehout

Seconded by: Carpenter

AB \_\_\_\_\_

SB \_\_\_\_\_

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

AJR \_\_\_\_\_

SJR \_\_\_\_\_

Appointment Bonk, Earlene

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**

Aye

No

Absent

Not Voting

**Senator Spencer Coggs**

**Senator Kathleen Vinehout**

**Senator Dale Schultz**

**Senator Dan Kapanke**

Totals:

5

0

\_\_\_\_\_

\_\_\_\_\_

Motion Carried

Motion Failed



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

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September 16, 2009

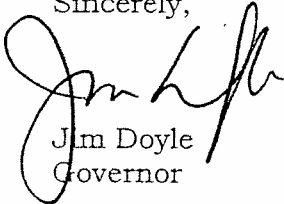
Ms. Earlene Ronk  
Countryside Home  
1130 Collins Road  
Jefferson, WI 53549

Dear Ms. Ronk:

I am pleased to appoint you to the Nursing Home Administrator Examining Board, effective September 16, 2009. Your experience, knowledge, and dedication will 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





**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

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GOVERNOR'S APPOINTMENT

**NAME:** Earlene Ronk

**MAILING ADDRESS:** 1130 Collins Road  
Jefferson, WI 53549

**E-MAIL ADDRESS:** earlener@co.jefferson.wi.us

**RESIDES IN:** Jefferson, WI

**TELEPHONE:** (920) 674-5901 (w)

**APPOINTED TO:** Nursing Home Administrator Examining  
Board  
Nursing Home Administrator 4

**TERM:** A term to expire July 1, 2010

**SUCCEEDS:** Mr. Jerry J Schallock

**SENATE CONFIRMATION:** YES

**DATE OF APPOINTMENT:** September 16, 2009

**DATE OF NOMINATION:** September 16, 2009

**APPLICATION FOR A GUBERNATORIAL APPOINTMENT**  
**Nursing Home Administrator vacancy on the**  
**Nursing Home Administrator Examining Board**

**Earlene Ronk**  
**551 Fairway Circle**  
**Jefferson WI 53549**

**Cell Phone: 920 265-6308**  
**Office Phone: 920 674-5901**

**Employment History**

**October 2003 to present**

Nursing Home Administrator at Countryside Home, a skilled care nursing home owned and operated by Jefferson County and is a Medicare and Medicaid facility licensed for 120 residents. The facility is five years old, all private rooms and well along the path of culture change to person-centered care.

**October 1995 to October 2003**

Hospital and Nursing Home Administrator, Brown County Mental Health Center. The facility had approximately 200 beds and three distinct licenses including nursing home, ICF-MR and In Patient Psychiatric Hospital. Total full time equivalent employees was 279.

In this position, I exercised the management responsibilities of planning, organizing, leading, staffing and controlling. I had experience in setting and managing a \$22,000,000 budget. I directly supervised a 15 member department management team including psychiatry, psychology, social work, dietary (Including a jail kitchen), housekeeping, laundry, maintenance, health information management, lab, pharmacy, education, scheduling and nurse managers. I had indirect responsibilities for accounting, billing, finance and payroll.

**1978 to 1995**

Alternate Care Supervisor, Brown County Human Service Department. Responsibilities included supervision of specialized alternate care services for children in treatment foster care, group homes, residential treatment and

corrections. I also set up and supervised Family Court Mediation. I supervised Access Services to the whole Human Services Department. I supervised the activities of approximately 12 staff in these areas. I also contracted with approximately 25 vendors for service and managed budgets assigned to me.

### **1969 to 1978**

Foster care social worker, Brown County Social Service Department. Responsibilities included services to children in alternate care, their families and foster families and group homes. Work included court services, counseling, reunification and placement management.

### **1967 to 1969**

Adult Services Social Worker, Brown County Public Welfare Department. Responsibilities included providing services to adults at the Mental Health Center by creating resources for them to return to the community. I also supervised a generic population of adults needing assistance to live in the community.

### **Education**

1996 Certificate in Public Management, University of Wisconsin, Madison

1987 MS in Management, Cardinal Stritch University, Milwaukee WI. 4.0 GPA

1967 BS in Psychology, St Norbert College, De Pere, WI.

For the past 40 years, I also have attended many seminars and training sessions to keep abreast of my fields of interest. I am an active learner.

### **Licenses and Certifications**

Licensed Nursing Home Administrator,  
State of Wisconsin License Number 2869-065  
Certified Social Worker,  
State of Wisconsin License Number 3944-120

### Current Activities

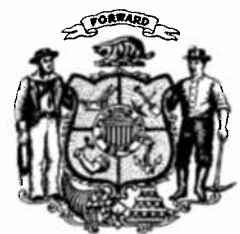
Participant in Strategic Planning for the Jefferson/North Walworth County United Way. Participated in allocation process every year since 2005.  
Involved in Tomorrow's Hope in the area of accountability by grant recipients.  
Board Member: Dodge/Jefferson Healthy Communities Partnership  
Board Member: Watertown Area Cares Clinic  
On the Planning Committee for the 2005 Family Impact Seminar  
Involved with the Jefferson County Safety Network  
A member of the Long Term Care Committee of the Human Service Department  
Active member of the Wisconsin Association of County Homes  
Active member of the Wisconsin Association of Homes and Services for the Aging  
Participating member representing the Wisconsin Association of County Homes on a Department of Quality Assurance Committee of Advocates, Providers and Regulators.

### Past Activities of Applicable Interest

Much involvement at efforts for community collaboration including work with Brown County United Way, Green Bay School District, Wisconsin Inter-disciplinary Committee on Divorce, Northeast Wisconsin Private Industry Council and later Workforce Development Board, Northeast Wisconsin Technical College Health Care Advisory Committee and Nursing Services Advisory Committee.  
I was also a trainer for Priority Management Systems and Athenium Strategic Visioning.



# WISCONSIN STATE LEGISLATURE



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## State of Wisconsin\Government Accountability Board

Ethics & Accountability Division  
44 East Millin, 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

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9/29/2009

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: **Ronk, Earlene**

Nomination Date: 9/16/2009

# Statement of Economic Interests

Filed in 2009 for calendar year 2008

**RECEIVED**

Name: BONK, EARLENE M.  
(last name, first name & initial)

State position: NURSING HOME EXAMINER  
(held or sought) (include agency, division, branch or district, if applicable)

SEP 25 2009  
Wisconsin Government Accountability Board  
Ethics & Accountability Division

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT [ethics.ethics.state.wi.us](http://ethics.ethics.state.wi.us); otherwise leave a detailed message at (608) 266-8123.

**\*\*Attach additional pages as needed/Please See Instructions.\*\***

**Part A** Information current as of 09/04/2009  
Insert nomination/appointment date here

**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.

	"✓" one			"✓" one			"✓" one	
	\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000
<b>Profile Series</b>			<b>Small Cap</b>			<b>Bond</b>		
Vanguard Retirement 2045			BGI Russell 2000 Index			BGI US Debt Index		
Vanguard Retirement 2035			DFA US Micro Cap			Federated US Government Securities 2-5 Yr.		
Vanguard Retirement 2025			<b>Mid Cap</b>			Vanguard Long-Term Investment Grade Adm		
Vanguard Retirement 2015			BGI Mid Cap Equity Index			<b>Money Market</b>		
Vanguard Retirement 2015			T. Rowe Price Mid Cap Growth			Vanguard Admiral Treasury Money Market		
Vanguard Target Retirement Income			<b>Large Cap</b>			<b>Fixed Returns for the Quarter</b>		
			Calvert Social Investment Equity			Stable Value Fund		
<b>International</b>			Fidelity Contrafund	X		FDIC Bank Option		
American Euro Pacific Growth			Vanguard Institutional Index Fund Plus					
BGI EAFE Equity Index			Vanguard Wellington – Admiral Shares					

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.

Name of security	Type of security - "✓" one					Amount - "✓" one	
	Stock/option/futures	Bond	Limited partnership	Wisconsin governmental security	Mutual or money market fund	\$5,000 to \$50,000	More than \$50,000
<del>MORGAN STANLEY</del>					X		X
<del>NATIONWIDE RETIREMENT</del>					X		X
<del>MUTUAL OF AMERICA</del>					X		X
<del>AT&amp;T 401K</del>					X		X

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
NONE				

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
NONE				

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 2008.

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	"✓"
NONE			

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
NONE			

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).

Street address or fire number	LOCATION OF PROPERTY		NATURE OF INTEREST (own, lease, option, easement, land contract)
	Municipality Or Town	County	
NONE			

6. **OFFICERS AND DIRECTORS.** List organizations of which you or a family member was an officer or director (unless listed in Item #2.)

Business or organization	City	State	Position
NONE			



**7. AGENT, REPRESENTATIVE OR SPOKESPERSON.** List each organization that authorized you or a family member to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless listed in item 2, 3, or 6.)

Business or organization	City	State
NONE		

**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
WELLS FARGO BANK	MINNEAPOLIS	MN		X
CITY-COUNTY CREDIT UNION	JEFFERSON	WI	X	
WACHOVIA DEALER SERVICES	SANTA ANA	CA	X	

**Part B**

**For calendar year 2008**

**9. EMPLOYERS.** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2008.

ERROR CR

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
JEFFERSON CO.	JEFFERSON	WI	NURSING HOME
WACHOVIA DEALER SERV.	SANTA ANA	CA	DISASTER TRANSPORTATION PLAN (SPOUSE)

**10. ADDITIONAL SOURCES OF INCOME.** List other sources from which you or your family received income of \$1,000 or more in 2008.

Source of Income	City	State
SOCIAL SECURITY (RETIRED SPOUSE)		

**11. ENTERTAINMENT AND GIFTS.** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2008.

Name of provider	City	State
NONE		

**12. HONORARIA AND EXPENSES.** List, for 2008, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Government Accountability Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
NONE			

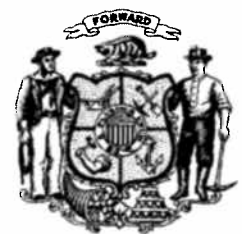
I certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. In the event this Statement of Economic Interests is filed prior my nomination or appointment, I certify that I will amend it within ten days of my nomination or appointment date if amendment is necessary to bring it into conformity with the true statement of my economic interests as of the date of my nomination or appointment. If any part has been left blank, I have done so intentionally because there is nothing to report.

Signature of person filing: Earlene R. Pank      Date: 9/4/09      Daytime phone #: 920 674-5901  
 E-mail address: earlene@co.jefferson.wi.us

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 Government Accountability Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), *Wisconsin Statutes*, the Government Accountability Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.



# WISCONSIN STATE LEGISLATURE





**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

---

March 10, 2010

Ms. Earlene Ronk  
Countryside Home  
1130 Collins Road  
Jefferson, Wisconsin 53549

Dear Ms. Ronk:

I am pleased to reappoint you to the Nursing Home Administrator Examining Board, effective July 1, 2010. 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

---

GOVERNOR'S APPOINTMENT

**NAME:** Earlene Ronk

**MAILING ADDRESS:** 1130 Collins Road  
Jefferson, WI 53549

**E-MAIL ADDRESS:** earlener@co.jefferson.wi.us

**RESIDES IN:** Jefferson, WI

**TELEPHONE:** (920) 674-5901 (w)

**APPOINTED TO:** Nursing Home Administrator Examining  
Board  
Nursing Home Administrator 4

**TERM:** A term to expire July 1, 2014

**SUCCEEDS:** Herself

**SENATE CONFIRMATION:** YES

**DATE OF APPOINTMENT:** July 1, 2010

**DATE OF NOMINATION:** March 10, 2010



*Long Term Care*

## State of Wisconsin\Government Accountability Board

Ethics & Accountability Division  
P.O. Box 7984  
212 E. Washington Ave, 3<sup>rd</sup> Floor  
Madison, WI 53707-7984  
Phone (608) 266-8005  
Fax (608) 264-9319  
E-mail: GABethics@wi.gov



KEVIN J. KENNEDY  
Director and General Counsel

3/16/2010

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: **Ronk, Earlene**  
Nomination Date: 3/10/2010

# Statement of Economic Interests

Filed in 2010 for calendar year 2009 by

**Ronk, Earlene**

Nursing Home Adm. Examining Board

Member

*Handwritten initials*

RECEIVED

10 MAR -5 AM 11:08

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: [GABEthics@wi.gov](mailto:GABEthics@wi.gov); otherwise leave a detailed message at (608) 261-2028.  
 ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

**Part A** **As of December 31, 2009**

**1. INVESTMENTS**

**a) WISCONSIN DEFERRED COMPENSATION PROGRAM** If you held an investment in a fund available within the Wisconsin Deferred Compensation Program, please place a checkmark next to each fund in which you held \$5,000 or more, whether held privately or through the Program.

Profile Series	\$5,000 to	More	Small Cap	\$5,000 to	More	Bond	\$5,000 to	More
	\$50,000	than \$50,000		\$50,000	than \$50,000		\$50,000	\$50,000
Vanguard Retirement 2045	<input type="checkbox"/>	<input type="checkbox"/>	BGI Russell 2000 Index	<input type="checkbox"/>	<input type="checkbox"/>	BGI US Debt Index	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2035	<input type="checkbox"/>	<input type="checkbox"/>	DFA US Micro Cap	<input type="checkbox"/>	<input type="checkbox"/>	Federated US Government Securities 2-5yr	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2025	<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	<input type="checkbox"/>	<input type="checkbox"/>	BGI Mid Cap Equity Index	<input type="checkbox"/>	<input type="checkbox"/>	<b>Money Market</b>		
Vanguard Target Retirement Income	<input type="checkbox"/>	<input type="checkbox"/>	T Rowe Price Mid Cap Growth	<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 Euro Pacific Growth	<input type="checkbox"/>	<input type="checkbox"/>	Calvert Social Investment Equity	<input type="checkbox"/>	<input type="checkbox"/>	Stable Value	<input type="checkbox"/>	<input type="checkbox"/>
BGI EAFE Equity Index	<input type="checkbox"/>	<input type="checkbox"/>	Fidelity Contrafund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FDIC Bank Option	<input type="checkbox"/>	<input type="checkbox"/>
			Vanguard Institutional Index Plus	<input type="checkbox"/>	<input type="checkbox"/>			
			Vanguard Wellington-Admiral Shares	<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)	
	\$5,000 to \$50,000	More than \$50,000
AT&T 401k	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Morgan Stanley	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual of America	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nationwide Retirement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

STOCKS/OPTIONS/FUTURES	(check one)	
	\$5,000 to \$50,000	More than \$50,000
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

BONDS	(check one)	
	\$5,000 to \$50,000	More than \$50,000
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

LIMITED PARTNERSHIPS	(check one)	
	\$5,000 to \$50,000	More than \$50,000
	<input type="checkbox"/>	<input type="checkbox"/>

**WISCONSIN GOVERNMENTAL SECURITIES**

(check one) \$5,000 to \$50,000      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 2009.

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-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 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	\$5,000 to \$50,000	More than \$50,000
City-County Credit Union	Jefferson	WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wachovia Dealer Services	Santa Ana	CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wells Fargo Bank	Minneapolis	MN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part B** **For calendar year 2009**

**9. EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2009.

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's business
<del>Jefferson County</del> (none in 2009)	<del>Jefferson</del>	WI	<del>Disaster/Transportation Planning</del>
Jefferson County	Jefferson	WI	Nursing Home

**10. ADDITIONAL SOURCES OF INCOME** List other sources from which you or your family received income of \$1,000 or more in 2009.

Source of income	City	State
Social Security Administration	Washington	DC

**11. ENTERTAINMENT AND GIFTS** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2009.

Name of provider	City	State

**12. HONORARIA AND EXPENSES** List, for 2009, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Government Accountability Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
None.			

**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.

In Item 1, please provide specific names (not only fund family name, account name, or symbol) of individual securities valued at \$5,000 or over, and check whether the value is under \$50,000 or over \$50,000.

**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.



Signature of person filing

Daytime phone # (920) 674-5901

3/3/2010

Date

earlener@co.jefferson.wi.us

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 Government Accountability Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), *Wisconsin Statutes*, the Government Accountability 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 Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984; Fax: (608) 264-9319  
*Eth 1 Personalized. For use in 2010*