SENATE HEARING SLIP (Please Print Plainly)	DATE: 1-18-00	SUBJECT SUBJECT FOR SUBJECT FOR COUNCIL	WANTESHA COUNTY D.A.	(Street Address or Route Number)	(City and Zip Code)	(Representing)	Speaking in Favor:	Speaking Against:	Registering in Favor: but <u>not</u> speaking:	Registering Against: but <u>not</u> speaking:	Speaking for information only; Neither for nor against:	Please return this slip to a messenger PROMPTLY. Senate Sergeant-At-Arms State Capitol - B35 South P.O.Box 7882 Madison, WI 53707-7882
SENATE HEARING SLIP (Please Print Plainly)	DATE: Ja. 18, 2000	BILL NO. OF SUBJECT Appointment of	Paul Bucker to Domestiz Abrese Courses Joone Huelsman State (NAME)	(Street Address or Route Number)	(City and Zip Code)	(Representing)	Speaking in Favor:	Speaking Against:	Registering in Favor: but not speaking:	Registering Against: but not speaking:	Speaking for information only; Neither for nor against:	Please return this slip to a messenger PROMPTLY. Senate Sergeant-At-Arms State Capitol - B35 South P.O.Box 7882 Madison, WI 53707-7882

Vote Record

Senate - Committee on Human Services and Aging

Date: 1/8/00 Moved by: ! Roessler AB: SB: AJR: SJR: AR: SR:		Seconded by: Clearinghouse F Appointment: Other:		OSENZU Paul Buc	Ch, Council on Domestic A
A/S Amdt: A/S Amdt: A/S Sub Amdt: A/S Amdt: A/S Amdt: Be recommended for:	to A/S Amdt: to A/S Sub Amdt: to A/S Amdt:	Indefinite I	to Postponement	A/S Sub Amo	dt:
Passage Introduction Adoption Rejection		Concurren Nonconcu Confirmati	rrence		
Committee Member Sen. Judy Robson, Chair Sen. Gwendolynne Moore Sen. Robert Wirch Sen. Carol Roessler Sen. Peggy Rosenzweig	Totals:	Aye Aye Aye	No A	Absent	Not Voting
	10tais	5 (<u> </u>		

Motion Failed

Motion Carried

District Attorney
Paul E. Bucher

Deputy District Attorneys Michael L. Bundy Stephen J. Centinario, Jr.

Victim/Witness Program Jennifer S. Miller, Coord.

Office Services Coordinator **Dani M. Danielski**

Secretary Supervisor Julie A. Delain

Waukesha county

OFFICE OF DISTRICT ATTORNEY

Assistant District Attorneys Timothy F. Westphal Ralph M. Ramirez Barbara A. Michaels Dennis R. Krueger Debra L. Blasius Kevin M. Osborne William J. Roach Margaret A. Schauer Lloyd V. Carter Pablo Galaviz, Jr. **Brad D. Schimel** Susan L. Opper Ted S. Szczupakiewicz Lesli S. Kasten Michele W. Hulgaard Robert J. Fletcher Mark A. Langholz

October 27, 1999

Honorable Judith B. Robson Wisconsin State Senator State Capitol 15 South Post Office Box 7882 Madison, WI 53707-7882

Dear Senator Robson:

I am contacting you concerning my confirmation hearing, which was set for Thursday, October 21, 1999, at 10 a.m. First, let me apologize, of course, for my inability to attend. Hopefully, you were able to get the information that I was in a multi day jury trial and the Judge would not allow me to leave the courtroom in order to attend the hearing in Madison. I assure you it was not a lack of interest, but simply my inability to leave due to a conflict I had on my trial scheduled.

I understand the matter will be rescheduled at a future date. If I could ask that the committee clerk contact my office, specifically my secretary, Julie Delain, at (414) 548-7083 to arrive at a mutually agreeable date in advance of scheduling this confirmation, that would be much appreciated. I am frequently in trial and if I am not in trial I assure you that I am at various meetings and committees from throughout the State. It definitely would be of great assistance if we could arrange a mutually agreeable date ahead of time.

Once again, I do apologize and please extend my apologies to all of the members of the committee.

ry ruly yours,

Paul E. Bucher District Attorney Waukesha County

jad

District Attorney Paul E. Bucher

Deputy District Attorneys Michael L. Bundy Stephen J. Centinario, Jr.

Victim/Witness Program Jennifer S. Miller, Coord.

Office Services Coordinator Dani M. Danielski

Secretary Supervisor
Julie A. Delain

Waukesha county

OFFICE OF DISTRICT ATTORNEY Assistant District Attorneys
Timothy F. Westphal

Barbara A. Michaels
Dennis R. Krueger
Debra L. Blasius
Kevin M. Osborne
William J. Roach
Margaret A. Schauer
Lloyd V. Carter
Pablo Galaviz, Jr.
Brad D. Schimel
Susan L. Opper
Ted S. Szczupakiewicz
Lesli S. Kasten
Michele W. Hulgaard
Robert J. Fletcher
Mark A. Langholz

September 28, 1999

Honorable Judith B. Robson
Wisconsin State Sentator
State Capitol
15 South
Post Office Box 7882
Madison, WI 53707-7882

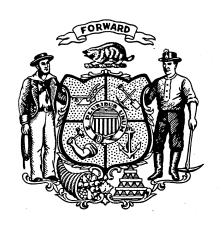
Dear Senator Robson:

I am contacting you in your capacity as Chairperson of the Senate Committee on Human Services and Aging. I have recently been nominated by Governor Thompson for an appointment to the counsel on domestic abuse. My nomination has been referred to your Committee for Senate approval. Although I have been involved in Wisconsin politics for some period of time, this is the first time I have been nominated for a position that requires Senate confirmation. Because of that, I am not sure how much information you require on nominees prior to confirmation. Recognizing that you are no doubt extremely busy, as I am, I don't want to waste your valuable time. On the other hand, I certainly want to do everything I possibly can to make this a very smooth process. I am willing to meet with you and any other committee member prior to the date of my confirmation being discussed. I would be happy to come to Madison to meet with you and/or other members of the committee so you have some idea of my background and my philosophical views. That, of course, I will leave up to you since your schedule no doubt is extremely busy. I am sure that during the confirmation process you will receive my brief biographical listing of my education as well as my professional involvement. I assure you, I am extremely involved not only in issues of domestic violence, but in basically every aspect of the criminal justice system.

Once again, I will defer to your desire as to whether or not to meet with myself or for me to address the committee members prior to the confirmation hearing. I would be happy to discuss any issue of domestic violence or my views on the criminal justice system in any regard at any time. Thank you for your consideration.

PAUL E. BUCHER
District Attorney

PEB:mm



END

SENATE HEARING SLIP

(Please Print Plainly)

BILL NO. or SUBJECT: G	Jennifer J (Name)	9871 Ima (Street Addre	Sparta, W (City and Zip	Self (Representing	Speaking in Favor:	Speaking Against: Registering in Favo	but <u>not</u> sp Registering Agains but <u>not</u> sp	Speaking for information Neither for	Senate Serges P. O. Box 78 State Capitol Madison, WI
DATE: 5/14/98 BILL NO. OT SUBJECT Jemshy, Carade	Sh Bui Rud	(Street Address or Route Number)	(City and Zip Code)	(Representing) Speaking in Favor:	Speaking Against:	Registering in Favor: but not speaking:	Registering Against:	Speaking for information only: Neither for nor against:	Please return this slip to a messenger PROMPTLY Senate Sergeant-At-Arms State Capitol - B35 South P.O.Box 7882 Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: Wednesday, May 19, 1999

sbernatorial Appointment

J. Clements

ige Avenue

ess or Route Number)

WI 54656 ip Code)

XXXXX

or: Jeaking:

eaking:

r nor against: mation only;

slip to a messenger PROMPTLY

eant At Arms 882

53707-7882

Vote Record

Senate - Committee on Human Services and Aging

Date: 9/23/49 Moved by: Royss	ler	Seconded by	-	Rosens	BURIG
AB: SB:		Appointment	_	Jennifer 11	ements
AJR: SJR:		Other:	-	sennag (1	emems
AR: SR:					
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 Am	ndt:
Be recommended for: Passage Introduction Adoption Rejection		Tabling Concu	rrence ncurrence	nent	
Committee Member		Aye	No	<u>Absent</u>	Not Voting
Sen. Judy Robson, Chair					
Sen. Gwendolynne Moore			$\overline{\Box}$		
Sen. Robert Wirch			ᆸ	一	Ħ
			님	님	
Sen. Carol Roessler			닏		
Sen. Peggy Rosenzweig					
	Totals:	5	0		
	-				

X	Motion	Carried

Motion	Failed

Dear Senator Robson,

Thank you for your letter of 5-5-99 informing me of the public hearing before your committee for my nomination to the Board on Aging and Long Term Care. I have served on the Board since 1987 and have long had a particular affection for and interest in the older among us and in aging issues. I was a volunteer driver for La Crosse County Social Services in the 1970's, and since moving to Sparta, became a volunteer at Morrow Memorial Home. I was a part-time home care

Jennifer J. & Byron P. Clements

provider for 8 years when my client passed away. Most recently I was a volunteer reader at Rolling Hills in Sparta. If you require further information prior to my hearing, please feel free to call me at 608 269-5054, or I could meet with you on May 18 when I will be in Madison for a Board meeting and the CWAG annual convention.

I thank you in advance for your consideratio of my nomination and I look forward to seeing you on May 19.

Sincerely,



Governor State of Wisconsin

January 29, 1999

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do reappoint Jennifer J. Clements to the Board on Aging and Long Term Care effective May 1, 1999, pursuant to the statute governing, to serve a five year term to expire May 1, 2004.

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

Respectfully submitted,

TOMMY G. THOMPSON

Governor

TGT/nkw



Governor State of Wisconsin

GOVERNOR'S APPOINTMENT

NAME/MAILING ADDRESS: Jennifer J. Clements

9871 Image Avenue

Sparta, WI 54656

E-MAIL ADDRESS: not available

RESIDES IN: Sparta

TELEPHONE: 608/269-5054 (W)

608/269-5550 (H)

OCCUPATION: Administrative Assistant

Foxxy Publications

APPOINTED TO: Board on Aging and Long Term Care

(public)

TERM: a five year term to expire May 1, 2004

SUCCEEDS: herself

SENATE CONFIRMATION: required

DATE OF APPOINTMENT: May 1, 1999

DATE OF NOMINATION: January 29, 1999

COMPENSATION: reimbursement of expenses





Governor State of Wisconsin

January 29, 1999

Jennifer J. Clements 9871 Image Avenue

Sparta, WI 54656

Dear Mrs. Clements

This letter is to confirm your nomination to the Board on Aging and Long Term Care effective May 1, 1999 to serve a five year term to expire May 1, 2004.

This nomination requires Senate confirmation and I have forwarded the necessary information to the Senate Chief Clerk so a hearing can be scheduled.

I am pleased you have agreed to take on this task, with your proven skills and dedication, I know you will do a superb job.

Sincerely.

TOMMY G. THOMPSON

Governor

TGT/nkw



RESUME - JENNIFER J. CLEMENTS

PERSONAL DATA: Born November 29, 1948, Sparta, WI.

Married Peter G. Hurtgen, 1972. Deceased 1995.

Married Byron P. Clements, 1997.

EDUCATION:

Melrose High School Graduate, 1966, Melrose, WI.

University of WI - La Crosse Graduate, 1971. Bachelor of Science Degree in

Political Science with a Minor in History. Kennedy Polling School Graduate, 1986.

EMPLOYMENT RECORD:

1967 - 1970	Sign printer and part time sales clerk, Herberger's Department Store,
	La Crosse, WI.
1970 - 1975	Bookkeeper for the Sate Room, La Crosse.
1979 - 1980	Bookkeeper and Western Union Agent for the Hotel Stoddard, La Crosse.
1983 - 1985	Home care provider for Sparta Home & Elder Care.
1985 - 1991	Home care provider for La Crosse Visiting Nurses Association.
1996 - Present	Administrative Assistant, Proof Reader, Human Resources Manager,
	Foxxy Publications, Sparta.

COMMUNITY ACTIVITIES:

1976 - 1979	Volunteer for La Crosse County Social Services, assisting in transportation
	of the elderly and disabled.
1982 - 1985	Volunteer at Morrow Memorial Home, Sparta.
1982 - Present	Member of Monroe County Humane Society.
1987	Appointed to the WI Board on Aging and Long Term Care.
1994 - Present	Member of Associated Society / Animal Protection.
1995	Appointed to the Mississippi River Regional Planning Commission.
****	**



END

SENATE HEARING SLIP (Please Print Plainly)

Wednesday, May 19, 1999	: Gubernatorial Appointment	larr J. Franklin	6920 N. Beech Tree Drive (Street Address or Route Number)	ndale, WI 53209	nting)	Favor: XXXXX ainst:	n Favor: lot speaking: kgainst: lot speaking:	Speaking for information only; Neither for nor against: Please return this slip to a messenger PROMPTLY	Sergeant At Arms OX 7882 pitol 1, WI 53707-7882
DATE: Wednesday	BILL NO. or SUBJECT: Gubert	LaMarr J. Fra (Name)	6920 N. Beech (Street Address or	Glendale, WI 53 (City and Zip Code)	Self (Representing)	Speaking in Favor: Speaking Against:	Registering in Favor: but not speaking: Registering Against: but not speaking:	Speaking for information only; Neither for nor against Please return this slip to a mess	Senate Sergeant At Arms P. O. Box 7882 State Capitol Madison, WI 53707-7882

Vote Record

Senate - Committee on Human Services and Aging

Date: 4/2	3/49	9			0 -		
Moved by:	3/99 Roese	sler	Seconded b		Rosenz		Lac
			Clearinghou Appointmer		La Mars Han	1K/11/19 1/1/99	<u> 121</u> 1
AB:	SB: _ SJR:		Other:	IL.			
AJR: AR:	SR: _						
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 Am	ıdt:	
Be recommended for: Passage Introduction Adoption Rejection			Tablir Conc	nite Postpone ng urrence oncurrence rmation	ment		
Committee Memb	er		Aye	No	Absent	Not Voting	
			X	Ħ			
Sen. Judy Robso							
Sen. Gwendolynr						닐	
Sen. Robert Wirc	h		\mathbf{X}				
Sen. Carol Roess	sler		\checkmark				
			沅	П			
Sen. Peggy Rose	a izveig		W		<u> </u>		
		Totals:	5				

Motion Failed

Motion Carried

Vote Record

Senate - Committee on Human Services and Aging

Date: 9/23/99 Moved by: Rote	ssler	Seconded by:	Rosen	Zweig
AB: SB: AJR: SJR: AR: SR:		Clearinghouse Rule: Appointment: Other:	LaMass Fra	
A/S Amdt: A/S Amdt: A/S Sub Amdt: A/S Amdt: A/S Amdt:	to A/S Amdt: to A/S Sub Amdt: to A/S Amdt:		to A/S Sub An	ndt:
Be recommended for: Passage Introduction Adoption Rejection		Indefinite Postpo		
Committee Member Sen. Judy Robson, Chair Sen. Gwendolynne Moore Sen. Robert Wirch Sen. Carol Roessler Sen. Peggy Rosenzweig		Aye No	Absent	Not Voting
	Totals: -		<u> </u>	

Motion Failed

Motion Carried



Governor State of Wisconsin

June 18, 1998

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint LaMarr J. Franklin to the Examining Board Of Social Workers, Marriage And Family Therapists And Professional Counselors effective June 18, 1998, pursuant to the statute governing, to serve a term to expire July 1, 1999.

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

Respectfully submitted,

TOMMY G. THOMPSON

Governor

TGT/tld





Governor State of Wisconsin

GOVERNOR'S APPOINTMENT

NAME/MAILING ADDRESS: LaMarr J. Franklin

6920 N. Beech Tree Drive

Glendale, WI 53209

E-MAIL ADDRESS:

not available

RESIDES IN:

Glendale

TELEPHONE:

414/226-2096 (W)

414/228-6954 (H)

OCCUPATION:

Sales Manager/Owner

Marrs Systems

APPOINTED TO:

Examining Board of Social Workers, Marriage and

Family Therapists and Professional Counselors

(public)

TERM:

a term to expire July 1, 1999

SUCCEEDS:

Vacancy (Mark Ladd)

SENATE CONFIRMATION:

required

DATE OF APPOINTMENT:

June 18, 1998

DATE OF NOMINATION:

June 18, 1998

COMPENSATION:

\$25 per diem, plus expenses



Governor
State of Wisconsin

June 18, 1998

LaMarr J. Franklin

6920 N. Beech Tree Drive

Glendale W1 53209

Dear Mr. Franklin:

This letter is to confirm your nomination to the Examining Board Of Social Workers, Marriage And Family Therapists And Professional Counselors effective June 18, 1998 to serve a term to expire July 1, 1999.

This nomination requires Senate confirmation and I have forwarded the necessary information to the Senate Chief Clerk so a hearing can be scheduled.

I am pleased you have agreed to take on this task, with your proven skills and dedication, I know you will do a superb job.

Sincerely,

TOMMY G. THOMPSON

Governor

TGT/fld



LaMarr Franklin 6920 North Beech Tree Drive Glendale, Wisconsin 53209

Objective: Political liaison, capital assessments, and consulting.

Professional Accomplishments: Board member Milwaukee Health Services Inc., Milwaukee Immediate Care Center, Neighborhood Family Iniative, Martin Luther King Economic Development - Loan Fund Chairperson, Chairperson Lavarnway Boys & Girls Club, African American Art Acquisition Committee for the Milwaukee Art Museum, Scholarship Committee Boys & Girls Club, Past Chairperson Board of Directors North Central YMCA, Board member General Operating Committee Metropolitan YMCA, Board Member NAACP, Urban League Finance Committee, President of the Milwaukee Boosters Inc., Task force on Battered Women, First Chairperson YMCA Black Achievers Program.

Experience:

Marrs Systems, Milwaukee, Wisconsin October 1993 to Present Position: National Sales Manager/Owner

Informer Computer Systems, Inc. Milwaukee, Wisconsin January 1986 to September 1993

Position: Regional Sales Manager

Responsibilities: Work with reps in my region, sell to existing and new accounts, prepare proposals and price quotations, run territory as if it were my own company.

Accomplishments: Regional sales leader numerous times.

Xerox Corporation, Milwaukee, Wisconsin

July 1983 to December 1985 Position: Account Manager

Responsibilities: Sell to existing Xerox users, Sell to new accounts, prepare proposals and price quotes. Run territory as if it were my own company.

Accomplishments: Made Mid-Year Club 1984 number 18 in sells in the country, Presidents' Club October 1984 at 172% of Quota. Penetrated and sold to numerous new accounts.

Franklin, Madison & Associates, Milwaukee, Wisconsin October 1982 to July 1983

Position: President

100% of annual quota.

Responsibilities: Run the Employment Agency, recruit applicants, solicit job orders from various companies.

IBM Corporation, Milwaukee, Wisconsin June 1972 to October 1982 Position: Account Manager Responsibilities: Sell to existing IBM users, sell to new accounts, upgrade old equipment, prepare proposals and price quotes. Accomplishments: President of sales school training class 1972, top achiever in advance sales school 1973, promoted to Marketing Representative 1973, Regional sales leader August 1974. Designated Sales leader of the month numerous times, always exceeded being

Texaco Inc. St Louis, Missouri April 1969 to October 1982 Position: Sales Representative Responsibilities: Sell to Service Stations, Dealers Distributors.

Education:

1985 -Xerox Management Studies Xerox Professional Selling Skills 1984 -

Xerox Marketing School , Cobol Programming Course 1983 -

1982._ Basic Programming Course

1980 _ IBM Advanced Systems Marketing

1974 -BA Sociology

1973 -IBM Advance Sales Training School

1972 -IBM Sales Training School 1966 -U.S. Army Finance School 1963-65 Arkansas AM & N College

References will be furnished upon request



STATE OF WISCONSIN **ETHICS BOARD**



James R. Morgan Chairman Paul M. Holzem David L. McRoberts Robert G. Borgwardt Joanne R. Orr Dorothy C. Johnson On the capitol square at: 44 EAST MIFFLIN STREET, STE 601 MADISON, WISCONSIN 53703-2800 phone: 608/266-8123 fax: 608/264-9309 ethics@mail.state.wi.us

> Roth Judd Director

NOMINEE:

LaMarr J. Franklin

POSITION:

Member, Examining Board of Social Workers, Marriage

and Family Therapists and Professional Counselors

(public)

STATUTORY

REFERENCE:

15.08 Examining boards and councils. (1) SELECTION OF MEMBERS. All members of examining boards shall be residents of this state

* * No member may serve more than 2 consecutive terms. No member of an examining board may be an officer, director or employe of a private organization which promotes or furthers the profession or occupation regulated by that board.

(1m)(am) Public members appointed under s. 15.405 or 15.407 shall not be, nor ever have been, licensed, certified, registered or engaged in any profession or occupation licensed or otherwise regulated by the board, examining board or examining council to which they are appointed, shall not be married to any person so licensed, certified, registered or engaged, and shall not employ, be employed by or be professionally associated with any

person so licensed, certified, registered or engaged.

(b) The public members of the chiropractic examining board, the dentistry examining board, the hearing and speech examining board, the medical examining board, podiatry examining council, occupational therapy examining council, respiratory care practitioners examining council, and council on physician assistants, the board of nursing, the nursing home administrator examining board, the veterinary examining board, the optometry examining board, the pharmacy examining board, the examining board of social workers, marriage and family therapists and professional counselors and the psychology examining board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

Continues on next page . . .

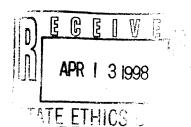
SENATE COMMITTEE ON BUSINESS, ECONOMIC DEVELOPMENT AND URBAN AFFAIRS: Senators Drzewiecki, (Chair), Roessler, Darling, Moore and Plache.

15.405 Department of regulation and licensing; attached boards and examining boards. * * *

(7c) EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS. (a) There is created an examining board of social workers, marriage and family therapists and professional counselors in the department of regulation and licensing. The members of the examining board shall be appointed for 4-year terms. Four members shall be certified under ch. 457 as social workers. Three members shall be certified under ch. 457 as marriage and family therapists. Three members shall be certified under ch. 457 as professional counselors. Three members shall be public members. Of the 4 certified social worker members. one shall be certified under ch. 457 as an advanced practice social worker, one shall be certified under ch. 457 as an independent social worker, one shall be certified under ch. 457 as an independent clinical social worker and at least one shall be employed as a social worker by a federal, state or local governmental agency.

Mail or Fax to:

Wisconsin Ethics Board 44 E. Mifflin St., Suite 601 Madison, WI 53703-2800 Fax: (608) 264-9309



Filed in 1998 for calendar year 1997

Print legibly in black ink or type

Statement of Economic Interests

NAME:

Franklin, LaMarr J.

Membe

STATE POSITION HELD OR SOUGHT:

Real Estate Appraisers Board Dept. of Regulation & Licensing

Please return this completed form to the Wisconsin Ethics Board by April 30, 1998.

ABOUT THIS FORM: This Statement of Economic Interests has been prescribed by the Wisconsin Ethics Board pursuant to §19.44, Wisconsin Statutes. The Statement is divided into several parts. Most parts ask for information about you as well as immediate family members. The information requested concerns the previous calendar year and, for some items, requires a snapshot of economic interests held on a specified date.

Part 1 of this Statement asks you to identify your family's employers. Part 2 asks for information about your family's ownership interests in businesses and enterprises. Part 3 asks you to identify your family's real estate holdings. Part 4 asks you to identify certain of the clients, customers, and tenants of the businesses and real estate you listed in Parts 2 and 3. Part 5 asks you to identify sources from which you received business entertainment and other gifts. Part 6 asks you to identify sources from which you received honoraria or payment of expenses. Part 7 asks you to identify all other sources from which you or your family received income. Part 8 asks you to identify securities which your family owned either directly or indirectly. Part 9 asks you to identify certain organizations in which you or an immediate family member was an officer or director. Part 10 asks you to identify certain organizations of which you or your family was an authorized representative or legal agent. Finally, Part 11 asks you to identify certain of your family's creditors.

Complete each part of this Statement. If any item does not apply, check (✓) the box marked "None or Not Applicable."

Attach additional pages if necessary.

Definitions: "Income" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest. "Immediate family member" means your spouse, and any child, step-child, parent, or parent-in-law who receives more than one-half of his or her support from you or from whom you receive more than one-half of your support. A "lobbyist" is an individual whose duties include trying to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employee on another's behalf for pay.

- Questions about completing this form? Call (608) 266-8115.
- Other inquiries (608) 266-8123.

Part 1. Employers.

Business

Marrs Systems

List each employer from which you or an immediate family member received income of \$1,000 or more in 1997. You do not have to identify any source of income from which you or an immediate family member received less than \$1,000. You do not have to identify any employer who is an individual unless the income you or your family received came from the individual's operation of a business or the individual was a lobbyist.

☐Check (✓) if Non-	e or Not Applicable		•
Name of emp		City and state	General nature of business
	dentify agency or institution		General nature of business
M&I Data Ser		Milwaukee, Wi	Banking
		market, wi	Danking
Part 2. Owner	rship interests	in businesses.	
manufacturing companion immediate family members and clients in Paoperate under a busines tenants.	es, sales and service oper er was self-employed, but ert 4. If you or an immed s name, merely list, in Pa	rations, real estate rental, a did not operate under a busin liate family member was eng	d, 1997. Businesses can include farm and professional practices. If you or a ess name, merely list the business's custaged in renting real estate, but did not estate and, in Part 4, the commercial
Check (✓) if None			•
Name of business	City and state	General nature of business	Form of business organization (service corporation, subchapter S or C corporation, partnership,
Marrs Systems	Milwaukee	Office Supplies	proprietorship, etc.) Sole proprietorship
orporation, its officers an ousiness, its owners. Bec o do business in Wiscons ecord, no further informa	d directors; (b) for a limite ause limited partnerships sin file this information w	ed liability company, its mans s, limited liability companies, with the Department of Finar em. For other types of busine	nable a person to identify: (a) for a agers or members; and (c) for any other and corporations created or registered acial Institutions as a matter of public esses, identify the owners and partners
Check (🗸) if None o	r Not Applicable	•	

·	-		

Name of owners or partners

LaMarr Franklin

City and state

Milwaukee, Wi

Part 3. Real estate.

Identify all real estate located in Wisconsin in which you or an immediate family member held at least a 10% interest valued at \$5,000 on December 31, 1997. Include real estate you or your family owned directly or through: (a) a partnership; (b) a corporation; (c) a trust; or (d) other enterprise. Do not list your principal residence unless you used it for the conduct of a business or for rental purposes.

Check (🗸) if	None or	Not Appli	cable
---------------	---------	-----------	-------

Location of property	Type of property	Nature of interest
(street address or fire number, municipality, and county)	(e.g., farm, recreational, commercial, rental)	(own, lease, option, easement, land contract)
	· · · · · · · · · · · · · · · · · · ·	

Part 4. Customers, clients, and tenants (other than individuals*).

Identify every source of income of \$1,000 or more in 1997 of every business that you listed in Part 2, except a C corporation, and for every property listed in Part 3. This means identify each customer, client, tenant, and other source of income.

*Do not identify an individual unless the individual was a lobbyist.

If your business received income from a third-party payer (such as a fee, commission, or insurance payment received by a realtor, travel agent, or medical practice), list the third-party payer as well as the customer, client, or tenant.

You do not have to list:

- a corporation's sources of income if the corporation was not a service corporation or an "S" corporation under the Internal Revenue Code
- sources of income of a business in Part 2 or property in Part 3 from which you or an immediate family member received less than \$1,000.
- an individual who was not a lobbyist
- · a decedent's estate.

☐Check (✓) if None or Not Applicable

Customer, client, or tenant	City and state
ATC Leasing Customer	Kenosha, Wi
Guaranty Bank "	Milwaukee, Wi
Social Development Commission	Milwaukee, Wi

Part 5. Business entertainment and other gifts.

List all individuals and organizations from which <u>you</u> received, in 1997, entertainment or gifts having a total value of more than \$50. Include tickets to sporting or theatrical events, golfing fees, prizes, samples and promotional items, items from sales representatives or as part of business promotions, and similar items. You do not have to report gifts received by immediate family members if they were not intended for you. A "gift" includes any money, property, favor, service, entertainment, travel, or payment furnished without valuable consideration. A "gift" does not include political contributions reported to the Elections Board, or meals, beverages, or lodging that an individual offers as hospitality at his or her own expense, and not as a business expense, for reasons unrelated to your holding state public office. You do not have to report gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiancé(e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law.

individual offers as hospital holding state public office.	lity at his or her own expense, a You do not have to report gifts	and not as a business ex	pense, for reasons unrelated to parent, brother, sister, grand
grandparent, aunt, uncle, n	iece, nephew, fiancé(e), parent-i	n-law, grandparent-in-la	w, brother-in-law, or sister-in-la
Check (1) if None or			
Name of g			City and state
			_
	-		
Part 6. Honorar	ia and payment of	expenses.	
expenses, or honoraria har of a talk, participation in	organization from which your aving a total value of more to a meeting, or for a publishing cies. Honoraria you or an immor in Part 7.	han \$50, for attendand ned work about issues	ce at a conference, presentates initiated by or affecting st
(1) if you returned it within 3	mation about lodging, transport 30 days; (2) if you received it fro ce listed in Part 1 or Part 4; or Not Applicable	m the agency of which yo	our state public office is a part:
Payer	Approximate	Amount of	Circumstances
м	value of expenses	honorarium	of receipt
Part 7. Other sou	rces of income.		
received income (other that reported, Social Security pays estate, and the like. You do swere required in return), or Viscourities unless you know the lobbyist.	s, not previously identified, in dividends or interest) of \$ ments, retirement benefits, dir not have to list insurance bene Wisconsin Retirement Fund benefits, You do	1,000 or more in 1997. rectors' fees, commission efits, inheritances, scholanefits. You do not have	Include honoraria not elsewhers, proceeds from the sale of rearships (if no teaching or service to list proceeds from the sale
Identify any other sources received income (other that reported, Social Security pays estate, and the like. You do securities unless you know the obbyist.	s, not previously identified, in dividends or interest) of \$ ments, retirement benefits, dir not have to list insurance bene Wisconsin Retirement Fund benefits, You do	1,000 or more in 1997. rectors' fees, commission efits, inheritances, scholanefits. You do not have	Include honoraria not elsewhers, proceeds from the sale of rearships (if no teaching or service to list proceeds from the sale
Identify any other sources received income (other that reported, Social Security pays estate, and the like. You do were required in return), or V securities unless you know the	s, not previously identified, in dividends or interest) of \$ ments, retirement benefits, dir not have to list insurance bene Wisconsin Retirement Fund bene purchaser's identity. You do not Applicable	et,000 or more in 1997. rectors' fees, commission fits, inheritances, schola nefits. You do not have not have to list individ	Include honoraria not elsewhers, proceeds from the sale of rearships (if no teaching or service to list proceeds from the sale
Identify any other sources received income (other that reported, Social Security pays estate, and the like. You do swere required in return), or vecurities unless you know the lobby ist. Check (/) if None or No	s, not previously identified, in dividends or interest) of \$ ments, retirement benefits, dir not have to list insurance bene Wisconsin Retirement Fund bene purchaser's identity. You do not Applicable	et,000 or more in 1997. rectors' fees, commission fits, inheritances, schola nefits. You do not have not have to list individ	Include honoraria not elsewhers, proceeds from the sale of rearships (if no teaching or service to list proceeds from the sale uals, unless the individual was
Identify any other sources received income (other that reported, Social Security pays estate, and the like. You do securities unless you know the obbyist. Check (/) if None or No	s, not previously identified, in dividends or interest) of \$ ments, retirement benefits, dir not have to list insurance bene Wisconsin Retirement Fund bene purchaser's identity. You do not Applicable	ectors' fees, commission of the fits, inheritances, scholarefits. You do not have not have to list individuals.	Include honoraria not elsewhers, proceeds from the sale of rearships (if no teaching or service to list proceeds from the sale uals, unless the individual was

Part 8. Stocks, bonds, mutual funds, and the like.

List securities, as explained below, that you and your immediate family owned on December 31, 1997 whose value was \$5,000 or more on that date.

List the following types of securities:

- stocks
- bonds
- · mutual funds
- money market funds
- securities issued by the State of Wisconsin
- securities issued by governmental entities within Wisconsin
- · limited partnerships
- · commodity futures contracts

Do not list:

- any security in which your family's interest was less than \$5,000 on December 31, 1997
- · savings accounts
- · checking accounts
- · certificates of deposit
- · annuities
- · insurance contracts
- any security issued by the federal government or a government outside Wisconsin
- any security issued by an organization that does not do business in Wisconsin

Be sure to include securities held for you or your family in:

- · a deferred compensation plan, profit-sharing plan, or pension plan whose investments you or your family directs
- · an individual retirement account (IRA)
- · a corporation, partnership, or other entity which you or your family controls.

List the security by name. Be specific. For example, list "Fidelity Puritan Fund -- mutual fund" and "IBM Corporation -- stock." Do **not** list "deferred compensation plan" or "IRA" or "Merrill Lynch account," since these terms do not identify the actual underlying securities.

For each security you list, place a check in one of the columns at the right to indicate the value of your family's interest in the security on December 31, 1997.

Check (✓) if None or Not Applicable

Name of security	Type of security	Value \$50,000 or less	Value More than \$50,000
J.C. Penney	Stocks	i	
J.C. Penney New YORK LiFe	Stock & MUTUAL FUNC	75	V
•			
			- Tomas many

Part 9. Offices and directorships.

List each business, labor union, association, cooperative, or other organization of which you or an immediate family member was, on December 31, 1997, an officer or director. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purpose is to influence voting); non-profit social or community service organizations; trusts; or federal, state, or local governments or governmental agencies.

Check (✓) if None or Not Applicable

Business or organization	City and state	Position	

Part 10. Representation of organizations.

List each business, labor union, association, cooperative, partnership, or other organization of which you or an immediate family member was, on December 31, 1997, an authorized representative or legal agent. List any organization which you or an immediate family member represented in the organization's dealings with others or on whose behalf you or an immediate family member was authorized to speak. Include business clients for which you or an immediate family member provided legal representation in dealings with other parties, organizations on whose behalf you or an immediate family member publicly appeared, and partnerships in which you or an immediate family member was a general partner. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purpose is to influence voting); non-profit social or community service organizations; trusts; federal, state, or local governments or governmental agencies; or organizations for which your efforts did not include representation to third parties. You do not have to list organizations already identified in Parts 1, 2, or 9.

		-		
_				
art 11. Creditors.	•			
ore on December 31, 1997. For each cred dicate the amount owed. Include business the debt. Include your portion of any partners Check (1) if None or Not Applicable	creditors if you or an immediat	one of the e family me	e columns a ember was po	t the rightersonally lia
Creditor	City and state		Amount	Amount
			\$50,000 or less	More tha \$50,000
		:	:	
			1	
			!	
Fore signing, please review your Statement formation or checked the box for "None or	Not Applicable."			
ertify that the information containe	d in this Statement of E	conomic	Interests	is true,
nplete, and correct to the best of my	knowledge, information	n, and be	lief.	
fa Man 7 rantunature of person filing	4-9-98 Date	4/9	1-226-	2096
nature of person filing	Date	Dayti	ime telephoi	ne number
ements of Economic Interests are open for pub on who examines your Statement. In accord no personally identifiable information is likely	ance with §15.04(1)(m). Wiscon	d will notify sin Statute:	you of the id the Ethics	dentity of a

6

Office Review





Governor State of Wisconsin

NOV 1 9 1998

November 17, 1998

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do reappoint LaMarr Franklin to the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors effective July 1, 1999, pursuant to the statute governing, to serve a four year term to expire July 1, 2003.

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

Respectfully submitted,

TOMMY G. THOMPSON

Governor

TGT/tld





Governor State of Wisconsin

GOVERNOR'S APPOINTMENT

NAME/MAILING ADDRESS: LaMarr Franklin

6920 N. Beech Tree Drive

Glendale, WI 53209

E-MAIL ADDRESS: not available

RESIDES IN: Glendale

TELEPHONE: 414/226-2096 (W)

414/228-6954 (H)

OCCUPATION: Sales Manager/Owner

Marrs Systems

APPOINTED TO: Examining Board of Social Workers, Marriage and

Family Therapists and Professional Counselors

(public-professional counselor section)

TERM: a four year term to expire July 1, 2003

SUCCEEDS: himself

SENATE CONFIRMATION: required

DATE OF APPOINTMENT: July 1, 1999

DATE OF NOMINATION: November 17, 1998

COMPENSATION: \$25 per diem, plus expenses





Governor State of Wisconsin

November 17, 1998

LaMarr Franklin 6920 N. Beech Tree Drive Glendale, WI 53209

Dear Mr. Franklin:

This letter is to confirm your nomination to the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors effective July 1, 1999 to serve a four year term to expire July 1, 2003.

This nomination requires Senate confirmation and I have forwarded the necessary information to the Senate Chief Clerk so a hearing can be scheduled.

I am pleased you have agreed to take on this task, with your proven skills and dedication, I know you will do a superb job.

Sincerely,

TOMMY G. THOMPSON

Governor,

TGT/tld



LaMarr Franklin 6920 North Beech Tree Drive Glendale, Wisconsin 53209

Objective: Political liaison, capital assessments, and consulting.

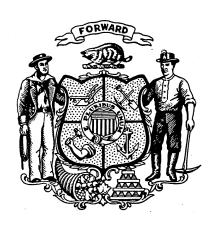
Professional Accomplishments: Board member Milwaukee Health Services Inc., Milwaukee Immediate Care Center, Neighborhood Family Iniative, Martin Luther King Economic Development - Loan Fund Chairperson, Chairperson Lavarnway Boys & Girls Club, African American Art Acquisition Committee for the Milwaukee Art Museum, Scholarship Committee Boys & Girls Club, Past Chairperson Board of Directors North Central YMCA, Board member General Operating Committee Metropolitan YMCA, Board Member NAACP, Urban League Finance Committee, President of the Milwaukee Boosters Inc., Task force on Battered Women, First Chairperson YMCA Black Achievers Program.

Experience:

Marrs Systems, Milwaukee, Wisconsin October 1993 to Present Position: National Sales Manager/Owner

Informer Computer Systems, Inc. Milwaukee, Wisconsin January 1986 to September 1993
Position: Regional Sales Manager
Responsibilities: Work with reps in my region, sell to existing and new accounts, prepare proposals and price quotations, run territory as if it were my own company.
Accomplishments: Regional sales leader numerous times.

Xerox Corporation, Milwaukee, Wisconsin
July 1983 to December 1985
Position: Account Manager
Responsibilities: Sell to existing Xerox users, Sell to new
accounts, prepare proposals and price quotes. Run territory as if
it were my own company.
Accomplishments: Made Mid-Year Club 1984 number 18 in sells in the
country, Presidents' Club Cctober 1984 at 172% of Quota. Penetrated
and sold to numerous new accounts.



END

Please return this slip to a messenger PROMPTLY. SENATE HEARING SLIP (Street Address or Route Number) only; Neither for nor against: (Please Print Plainly) Senate Sergeant-At-Arms State Capitol - B35 South Madison, WI 53707-7882 but not speaking: but not speaking: Speaking for information Keen Homberg en Μ Registering in Favor: Registering Against: N (City and Zip Code) Speaking in Favor: Speaking Against: P.O.Box 7882 (Representing) Self SUBIECT BILL NO. (NAME) DATE:_

SENATE HEARING SLIP

(Please Print Plainly)

DATE: Thursday, September 23, 1999

BILL NO.

יים

SUBJECT: Gubernatorial Appointment

Dr. Kevin Hamberger

(Name)

6695 W. Robinwood Lane

(Street Address or Route Number)

Franklin, WI 53132

(City and Zip Code)

Self

(Representing)

Speaking in Favor:

XXXXX

Speaking Against:

Registering in Favor:

but not speaking: Registering Against:

but not speaking:

Speaking for information only; Neither for nor against: Please return this slip to a messenger PROMPTLY

Senate Sergeant At Arms
P. O. Box 7882
State Capitol
Madison, WI 53707-7882

Vote Record

Senate - Committee on Human Services and Aging

Date: 10/7/99 Moved by: 5en. Ma	0082	Seconded by: Clearinghouse F	 Rule:	Bezer	Azi Rosenzu
AB: SB: AJR: SR:		Appointment: Other:	ζ.	Hamberge	s-domestic
A/S Amdt: A/S Amdt: A/S Sub Amdt: A/S Amdt: A/S Amdt:	to A/S Amdt: to A/S Sub Amdt: to A/S Amdt:			to A/S Sub An	ndt:
Be recommended for: Passage Introduction Adoption Rejection		Indefinite F Tabling Concurren Nonconcu Confirmati	rrence	ent	
Committee Member Sen. Judy Robson, Chair Sen. Gwendolynne Moore Sen. Robert Wirch Sen. Carol Roessler Sen. Peggy Rosenzweig		Aye	No	Absent	Not Voting
	Totals: _	5	0		<u> </u>

Motion Carried

Motion Failed

State Representative

Bonnie L. Ladwig

63rd Assembly District



Assistant Majority Leader

SEP 0 1 1999

SEP 0 1 REC'D

August 31, 1999

Senator Judy Robson Members of the Committee on Human Services and Aging 15 South State Capitol Madison, WI 53707

Dear Senator Robson and Committee Members:

Dr. Kevin Hamberger is currently eligible for reappointment to the Governor's Council on Domestic Abuse. Your committee will be considering his reappointment on September 9th 1999.

Dr. Hamberger has shown a tremendous amount of commitment to the prevention of domestic abuse. During the past 15 years he has worked on the application of treatment to domestically violent men. In addition, Dr. Hamberger has served on numerous boards and councils that investigate domestic abuse. His membership on the Board Directors of Women's Horizons, Chairman of the Society of Teachers of Family Medicine Group and work as a consultant to the National Institutes of Health and many other groups have provided him the crucial background required to serve successfully on the Council on Domestic Abuse.

I would appreciate your reappointment of Dr. Kevin Hamberger to the Council on Domestic Abuse. If you have any questions, please feel free to contact me.

Sincerely,

Bonnie L. Ladwig

State Representative 63rd Assembly District



TOMMY G. THOMPSON

Governor State of Wisconsin

GOVERNOR'S APPOINTMENT

NAME/MAILING ADDRESS: Dr. Kevin Hamberger

6695 W. Robinwood Lane

Franklin, WI 53132

E-MAIL ADDRÈSS: lkh@post.its.mcw.edu

RESIDES IN: Franklin.

TELEPHONE: 414/638-5600 (W)

414/425-8452 (H)

OCCUPATION: Professor, Department of Family and Community Medicine

Medical College of Wisconsin

APPOINTED TO: Council on Domestic Abuse

(domestic abuse knowledge)

TERM: a three year term to expire July 1, 2002

SUCCEEDS: himself

SENATE CONFIRMATION: required

DATE OF APPOINTMENT: July 1, 1999

DATE OF NOMINATION: July 1, 1999

COMPENSATION: reimbursement of expenses

CURRICULUM VITAE

November, 1998

L. KEVIN HAMBERGER, Ph.D.

Home Address:

6695 West Robinwood Lane

Franklin, Wisconsin 53132

(414) 425-8452

Office Address:

Family Practice Center

P.O. Box 548

Racine, Wisconsin 53401-0548

(414) 553-9500

Date of Birth:

June 4, 1953

Place of Birth:

Fond du Lac, Wisconsin

Marital Status:

Married to Nancy Jean, June 30, 1979, two children, Heidi Hamberger, born

May 25, 1986 and Alexander Hamberger, born February 21, 1990

Education:

1971-1973 (Transferred), University of Wisconsin Center -

Fond du Lac, WI

1975 B.S.

Psychology/Biology, University of Wisconsin

Oshkosh, WI

1979 M.A.

Clinical Psychology, University of Arkansas

Fayetteville, AR

1982 Ph.D.

Clinical Psychology, University of Arkansas

Fayetteville, AR

1981-1982

Clinical Psychology, Internship, Wood Veterans

Administration, Medical Center

Milwaukee, WI

1981-1982

Intern Representative (equivalent to chief resident)

L. Kevin Hamberger, Ph.I

CURRICULUM VITAE (cont'd)

1994-present

Faculty Appointments:

1989-1994	Associate Professor of Clinical Family Medicine, Department of Famil Medicine, Medical College of Wisconsin, Milwaukee, WI
1985-1989	Clinical Assistant Professor of Science, University of Wisconsin-Parkside Kenosha, WI
1983-1989	Assistant Professor, Department of Family Medicine, Medical College o Wisconsin, Milwaukee, WI
1982-1984	Adjunct Assistant Professor of Allied Health, University of Wisconsin Parkside, Kenosha, WI
1982-1983	Clinical Instructor, Department of Family Medicine, Medical College o Wisconsin, Milwaukee, WI

Medicine, Medical College of Wisconsin, Milwaukee, WI

Professor of Clinical Family and Community Medicine, Department of Family

Hospital and Administrative Appointments:

Administrativ	e Appointments:					
1987-1988	Acting Co-Director, Southeastern Family Practice Residency Program Medical College of Wisconsin, Milwaukee, WI					
1982-present	Director of Behavioral Science and Mental Health Services - direct patient care provided exclusively in the residency training center. This activity comprises 50% of total professional time.					
1984-present	Research Coordinator, Southeastern Family Practice Residency Training Program					
1993	Interim Co-Director, St. Catherine's Family Practice Residency Program, Medical College of Wisconsin, Milwaukee, WI					
1993-1997	Associate Program Director, St. Catherine's Family Practice Residency Program, Medical College of Wisconsin, Milwaukee, Wisconsin					

Medical College of Wisconsin, Milwaukee, WI

1997-present Associate Program Director, Racine Family Practice Residency Program,

CURRICULUM VITAE (cont'd)

L. Kevin Hamberger, Ph.D

Licensure: January 1983 #1004 Wisconsin License, Psychology

Awards, Honors:

1972	Scholar Athlete, University of Wisconsin Center-Fond du Lac, Fond du La Wisconsin
1974	Psi Chi National Honor Society in Psychology
1974	Who's Who Among American College and University Students
1974	Delta Tau Kappa International Honor Society for the Social Sciences
1975	B.S. Summa Cum Laude, University of Wisconsin-Oshkosh
1983	Writer of the Year, Department of Family Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin
1985-1992	Who's Who Among Human Service Professionals
1987	Who's Who in the Midwest
1988-1991	Who's Who of Emerging Leaders in America
1992	Who's Who in American Education
1993	Honorable Mention, Society of Teachers of Family Medicine Research Paper Award
1995	Clinical Researcher of the Year, Department of Family and Community Medicine, Medical College of Wisconsin
1995	Innovation in Clinical Teaching Award for the 16th Behavioral Science Forum
1996	Innovative Educational Project Award, Medical College of Wisconsin
1997	Community Involvement Recognition Award, Department of Family and Community Medicine, Medical College of Wisconsin
1998	Society of Teaching Scholars, Medical College of Wisconsin

L. Kevin Hamberger, Ph.D

CURRICULUM VITAE (cont'd)

Memberships in Professional and Honorary Societies:

American Psychological Association

Wisconsin Psychological Association

American Association for the Advancement of Science

Society of Teachers of Family Medicine

Association of Medical School Professors of Psychology

Association for the Advancement of Behavior Therapy

Editorial Boards and Guest Reviews:

Editorial Boards:

1991-present	Family Violence and Sexual Assault Bulletin
1994-present	Journal of Family Violence
1996-present	Journal of Interpersonal Violence
1997-present	Journal of Aggression, Maltreatment and Trauma
1997-present	Executive Advisory Board, Maltreatment and Trauma Press, an imprint of Haworth Press.
1988-1990	Journal of Consulting and Clinical Psychology
1988	Guest Case Consultant, Journal of Interpersonal Violence
1993	Guest Editor, Special issue of <u>Violence and Victims</u> , entitled: "Expanding paradigms for understanding and intervening into partner violence." Volume 9, Number 2, 1994.
1994	Series Editor, "Point/Counterpoint" Column, Violence Update, Sage Publications.
1997	Guest Editor, Special issue of Journal of Aggression, Maltreatment and

CURRICULUM VITAE (cont'd)

L. Kevin Hamberger, Ph.1

<u>Trauma</u> entitled "Violence issues for health care educators and providers." Volume 1, Number 2, 1997.

Guest Reviews:

Social Science Review Violence and Victims Book Proposal - Brooks/Cole Publishing Company Book Proposal - Springer Publishing Company Book Proposal - Guilford Publications Journal of Interpersonal Violence Journal of Family Practice Family Medicine Patient Care Grant Proposal - Hospital For Sick Children Foundation, Boston Archives of Family Medicine Journal of the American Medical Association Western Journal of Medicine Sex Roles: A Journal of Research Journal of Applied Social Psychology American Family Physician

Family Systems and Health Aggression and Violent Behavior Women and Criminal Justice Violence Against Women

Journal of Family Violence

Cognitive Therapy and Research

Clinical Psychology: Science and Practice

National Advisory Committees and/or Activities:

1989-1992	Society of Teachers of Family Medicine Task Force on Violence Education Steering Committee, Chair, subcommittee on publication and materials development							
1991	National Institute of Mental Health Special Grant review committee							
1992	National Institute of Mental Health Task Force on Domestic Violence							
1991-1992	Guggenheim Foundation Grant Reviewer							

L. Kevin Hamberger, Ph.D

CURRICULUM VITAE (cont'd)

a. Local

1990-present	American Academy of Family Physicians Foundation-American Academy of Family Physicians grant awards program review committee
1992-present	Society of Teachers of Family Medicine Chairperson, Group on Violence Education
1993	Chairperson, First National Violence Education Conference, sponsored by the Society of Teachers of Family Medicine, Albuquerque, NM, November 12-14, 1993
1994-present	National Institutes of Mental Health Behavioral Science Award for Rapid Transition (B/START) Program Reviewer
1994	Chairperson, Second National Violence Education Conference, sponsored by the Society of Teachers of Family Medicine, Albuquerque, NM, November 4-6, 1994.
1996	National Institute of Health Initial Review Group for Violence Against Women Initiative
1988	Kenosha County Medical Society Committee on Domestic Violence, Kenosha, WI
1983-present	Member, Kenosha Domestic Abuse Intervention Project Kenosha, WI
1987-1992	Chairperson and Coordinator, Kenosha Domestic Abuse Intervention Project Kenosha, WI
1991-present	Board of Directors, Women's Horizons, Inc. Kenosha, WI
1995-1997	President, Board of Directors, Women's Horizons, Inc., Kenosha, WI
1992-1994	Milwaukee Academy of Medicine Committee on Social Issues, Domestic Violence Training
1996-1997	Horizon Healthcare Practice Guidelines Committee Domestic Violence Work

CURRICULUM VITAE (cont'd)

L. Kevin Hamberger, Ph.1

Group

h	State	
.,	State	

1991-present Wisconsin Involuntary Services Committee, Wisconsin Psychological Association, Kenosha, WI

1994-present Governor's Council on Domestic Abuse

1994-1996 Chair, Governor's Council Subcommittee on treatment standards fo interventions with men who batter.

1996-present Chair, Governor's Council on Domestic Abuse Justice Committee

Member, State Funding Formula Committee for Domestic Violence Legislative Funding

Research Grants, Contracts, Awards:

1985-1996	Kenosha County Department of Social Services: "Treatment of domestic
	violence perpetrators." Supports the domestic violence research program -
	\$105,765 - 30% effort; Principal Investigator

- "A center for community-based education and prevention of family violence." Wisconsin AHEC System Grant--\$30,000--10% effort, consultant. Bruce Ambuel, Ph.D., Project Coordinator
- "Collaborative practice for healthcare to the homeless: A continuing project in health professions education in Kenosha." Wisconsin AHEC System Grant -- \$20,000 -- 10% effort, educational coordinator. Joan Wilk, R.N., Ph.D., Project Coordinator
- "Prevention/Reduction of meal-related heartburn: A placebo-controlled, multiple episode, at-home trial." Whitehall Laboratories Grant -- \$30,000 -- 5% effort, investigator. Charles Edmiston, Ph.D., Principal Investigator.
- "Educating medical students to identify, treat and prevent family violence."

 Learning Resources Subcommittee grant -- \$5,000 -- L. Kevin Hamberger,

 Bruce Ambuel and Elizabeth Brownell, Principal Investigators.
- "Educating medical students to identify, treat, and prevent family violence." Learning Resources Subcommittee Grant -- \$5,000 -- L. Kevin Hamberger

L. Kevin Hamberger, Ph.

CURRICULUM VITAE (cont'd)

and Bruce Ambuel, Principal Investigators.

1996	"The Living Free Project: Social Behavioral Medicine Training in Jail Settings." Wisconsin AHEC System Grant \$12,000 13% effort, Instructo L. Kevin Hamberger, Project Coordinator.
1996	"Treatment outcome in a community-based batterer intervention program." United Way Venture Grant \$3,000 10% effort. L. Kevin Hamberger, Principal Investigator.
1998	"Teaching healthcare professionals to identify and help victims of partner violence." Eastern Wisconsin AHEC System Grant \$2,000—L. Kevin Hamberger, Project Director.
1998	"Enhancing education in partner violence identification intervention, and prevention at The Medical College of Wisconsin" \$30,000—L. Kevin Hamberger, and Bruce Ambuel, Co-Principal Investigators.



STATE OF WISCONSIN ETHICS BOARD

James R. Morgan Chairman Paul M. Holzem David L. McRoberts Robert G. Borgwardt Joanne R. Orr Dorothy C. Johnson On the capitol square at: 44 EAST MIFFLIN STREET, STE 601 MADISON, WISCONSIN 53703-2800 phone: 608/266-8123 fax: 608/264-9309

e-mail: ethics@ethics.state.wi.us web: http://ethics.state.wi.us

Roth Judd Director

NOMINEE:

Kevin Hamberger

POSITION:

Member, Council on Domestic Abuse

(domestic abuse knowledge)

STATUTORY

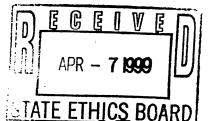
REFERENCE:

15.197 Department of health and family services; councils. * * *

(16) COUNCIL ON DOMESTIC ABUSE.

* * The council shall consist of 13
members * * * Persons appointed shall
have a recognized interest in and knowledge of the
problems and treatment of victims of domestic
abuse.

Mail or fax to: Wisconsin Ethics Board 44 E. Mifflin St., Suite 601 Madison, WI 53703-2800 Fax: (608) 264-9309



Filed in 1999 for calendar year 1998

Print legibly in dark ink or type Return this completed form by April 30, 1999

Attach additional pages as needed

Eth 851. For use in 1999 (Rev. 10/98)

Statement of Economic Interests

Name

Hamberger, L. Kevin

Member

State position held or sought:

•Questions about completing this form? Call (608) 266-8115

•Other inquiries (608) 266-8123

Domestic Abuse, Council on Dept. of Health & Family Services

Part 1. Employers.		☐Check (✓) if None or Not Applicable
Name of employer	City and state	General pature of business
(If State of Wisconsin identify agency or institution)	11/1/16	IN M Sa 16/1
10 you al allege of Wireaugin	[[] [] walk	all Mayla unas
Franklin Bablicy Chods	+ ronkin, h	I school teacher
Veltra Travel Hally	Backeye	of Travel Agency
Part 2. Ownership interests in businesses.		Check (1) if None or Not Applicable
2a. Name of business City and state	General nature	Form of business organization
	of business	(service corporation, subchapter S or C
C.C. K tondan Lacut	Property Real	corporation, partnership, proprietorship, etc.
2b. For the businesses listed above, report below		
	ers or partners	C: I
Covice Have	MODIALI	City and state
OPOL Has	Who has C	11 11 11
Karn H	an be cold	Franklin WIT
	united to	Tank // 'y w
Part 3. Real estate.		☐Check (✓) if None or Not Applicable
Location of property (street address' Type of pro	perty (e.g., farm, recrea	tional, Nature of interest (own, lease,
or fire number, municipality, and county) commercial, i	rental)	option, easement, land contract)
THE SOMPTON TO	in au la	- Philip
FORM an hac, With	Megg genta	7/ Oundy
Coming - Fond aura C		
Part 4. Customers, clients, and tenants (other	r than individuals*).	Check (/) if None or Not Applicable
Customer, client, or tenant		Lity and state
Country Curio	Fo	ind dy bal, let
OLBANA TOMETRUCKING	Fo	med du bac WI
AMITY Furniture Stranna	to	ma du las WI
	, , , , , , , , , , , , , , , , , , ,	
Part 5. Business entertainment and other gift	ts.	Check (🗸) if None or Not Applicable
Name of giver	L	City and state

Part 6. Honoraria and paym	ent of expenses.		Check (1)	if None or	Not Applicable
Payer	Approximate	Amount of			
	value of expenses	honorarium		of receipt	
	<u> </u>				
Part 7. Other sources of inc	ome.				Not Applicable
Source of income		Si	Accident	nd state	
V.V. con ference	10	20	wer golf	1/15 (/	8
Jeff Jey bulou, Ph			15/16/20	V 10 11	
Della Conference			maaa	see our	
Part 8. Stocks, bonds, mutu	al funds, and the like) <u>. </u>	☐Check (✓)		Not Applicable
Name of security	Typ	e of security	1- 0	Value \$50,000	Value More than
1 for most and WI Tax	Fre Mari Borg	& Mutu	a tuna	or less	\$50,000
Medition of the		* //		} /	
Dodge & Cax Bolance	ed Fred Mu	was fee	nd		
-500					
				·	
Part 9. Offices and directors	ships.		Check (1)	if None or	Not Applicable
Business or organization	City and s	ate	Position	on	
Dustiness 11 1-g-	<u> </u>				
-					
n 140 Remainstation of o	rganizations		ACheck (/)	if None or	Not Applicable
Part 10. Representation of o	gamzadono.	City an			
Dusiness of organia					
			Check (/)	if None or	Not Applicable
Part 11. Creditors.	City and	state		Amount	Amount
Creditor				\$50,000 or less	More than \$50,000
Mutual France Bras	k (r coanda	ILWI		or less	350,000
juliana in julia	V V V V V V V V V V V V V V V V V V V	1 1			
					·
		1 1:	d the meanine	d informatio	on or checked the
Before signing, please review ea	ch part to be sure that	you nave uste	a the require	u imormane	on or checked the
box for "None or Not Applicable." I have read the accompanying in	structions and certify th	at the inform	ation containe	ed in this St	atement of
Economic Interests is true, comp	lete, and correct to the	est of my kno	wledge, infor	mation, and	belief.
	-				
1 Million Attendadon	1 9-71	1-69 -	autima mban-	#. HH4 W	38-51,00
1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/		D	aytime phone ax # (optional	`# <i>+[[</i>	1000
Statements of Economic Interests a	vo anon for public increase	tion The Ethi	cs Board will i	notify you of	the identity of any
/ 1 Statement	st in accordance With Qi	0.U4(1)(III), YY LSO	consin Siaiuies.	, the Bulles b	oaid States that its
- 11- identifiable information i	s likely to be used for pur	oses otner thai	n those for wind	II It is coneco	ed.
Failure to	file a completed form ma	y result in a for	teiture of up to	\$500.	

Office Review: 4/8/99



 \mathcal{END}