

**SENATE HEARING SLIP**  
(Please Print Plainly)

DATE: Wednesday, May 19, 1999

BILL NO. \_\_\_\_\_  
or \_\_\_\_\_

SUBJECT: Gubernatorial Appointment

\_\_\_\_\_  
Susan M. Putra  
(Name)

\_\_\_\_\_  
131 Hall Street  
(Street Address or Route Number)

\_\_\_\_\_  
Watertown, WI 53094  
(City and Zip Code)

\_\_\_\_\_  
Self  
(Representing)

Speaking in Favor:  XXXXXX

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: 9/23/99  
Moved by: Roessler Seconded by: Rosenzweig  
Clearinghouse Rule: \_\_\_\_\_  
Appointment: Susan Putra, 7/1/99 term  
Other: \_\_\_\_\_

AB: \_\_\_\_\_ SB: \_\_\_\_\_  
AJR: \_\_\_\_\_ SJR: \_\_\_\_\_  
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 Amdt: \_\_\_\_\_

- Be recommended for:
- Passage
  - Introduction
  - Adoption
  - Rejection
  - Indefinite Postponement
  - Tabling
  - Concurrence
  - Nonconcurrence
  - Confirmation

Committee Member	Aye	No	Absent	Not Voting
Sen. Judy Robson, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gwendolynne Moore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Robert Wirch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Carol Roessler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Peggy Rosenzweig	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:	<u>5</u>	_____	_____	_____

# Vote Record

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Moved by: Roessler Seconded by: Rosenzweig  
Clearinghouse Rule: \_\_\_\_\_  
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AJR: \_\_\_\_\_ SJR: \_\_\_\_\_  
AR: \_\_\_\_\_ SR: \_\_\_\_\_

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
- Introduction
- Adoption
- Rejection

- Indefinite Postponement
- Tabling
- Concurrence
- Nonconcurrence
- Confirmation

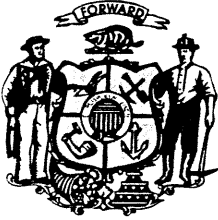
### Committee Member

- Sen. Judy Robson, Chair
- Sen. Gwendolynne Moore
- Sen. Robert Wirch
- Sen. Carol Roessler
- Sen. Peggy Rosenzweig

	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Sen. Judy Robson, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gwendolynne Moore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Robert Wirch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Carol Roessler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Peggy Rosenzweig	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Motion Carried       Motion Failed



**TOMMY G. THOMPSON**

**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 Susan M. Putra 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.

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

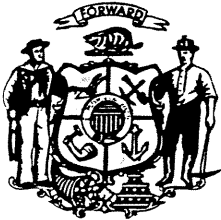
Respectfully submitted,

A handwritten signature in cursive script that reads "Tommy G. Thompson".

TOMMY G. THOMPSON  
Governor

TGT/tld





**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**

**GOVERNOR'S APPOINTMENT**

**NAME/MAILING ADDRESS:** Susan M. Putra  
Watertown Unified School District  
131 Hall Street  
Watertown, WI 53094

**E-MAIL ADDRESS:** putras@watertown.k12.wi.us

**RESIDES IN:** Watertown

**TELEPHONE:** 920/262-1480 (W)  
920/261-8245 (H)

**OCCUPATION:** School Guidance Counselor  
Watertown Unified School District

**APPOINTED TO:** Examining Board of Social Workers, Marriage and  
Family Therapists and Professional Counselors  
(professional counselor)

**TERM:** a term to expire July 1, 1999

**SUCCEEDS:** Vacancy (Stella Young)

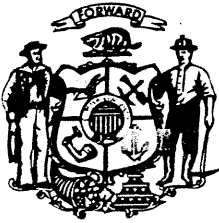
**SENATE CONFIRMATION:** required

**DATE OF APPOINTMENT:** June 18, 1998

**DATE OF NOMINATION:** June 18, 1998

**COMPENSATION:** \$25 per diem, plus expenses





**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**

June 18, 1998

Susan M. Putra  
Watertown Unified School District  
131 Hall Street  
Watertown, WI 53094

Dear Ms. Putra:

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,

A large, stylized handwritten signature in black ink, appearing to read "Tommy G. Thompson".

TOMMY G. THOMPSON  
Governor

TGT/tld



Susan M. Putra Resume, Page 2

Presenter at:

UW Whitewater Fall Counseling Conference 1985  
College Student Personnel conference 1987  
CESA UW Whitewater "Fast Forward" 1987 Summer Class  
WI School Principals Conference 1989  
Education for Employment Teacher Inservice  
Co-Presenter - Facilitating Student Groups 1989  
WSCA Conference 1996, 1997

Education for Employment - Pilot Project, Watertown, WI Consortium  
Member 1985-1989

SAP/EAP Co-Trainer Watertown Unified 1990-present conducted CORE training  
and group facilitation workshops for staff  
Watertown Women's Center: Founding board Member 1987-1994  
- President 2 years, Treasurer 3 years  
Task force Member for the development Watertown middle school 1988

Active Parenting - Certified Leader 1989 Taught Active Parenting course at  
Watertown's Women's Center in cooperation with  
another counselor, taught Active Parenting of Teens in  
public schools

ELCA Confirmation Program Co-Leader 1986-1990 Planned and taught evening  
sessions for confirmands and parents dealing with  
issues such as :Self-esteem, communications, Death and  
Dying, Sexuality, Drug and Alcohol Education.  
Currently teaching human sexuality  
Organizer/presenter - part time 1995-98

JUL 30 1998



# 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: Susan M. Putra  
  
POSITION: Member, Examining Board of Social Workers, Marriage  
and Family Therapists and Professional Counselors  
(*professional counselor*)

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 . . .*

7/28/98 CW  
SENATE COMMITTEE ON BUSINESS, ECONOMIC DEVELOPMENT AND  
URBAN AFFAIRS: Senators Drzewiecki, (Chair), Roessler, Darling,  
Moore and Plache.

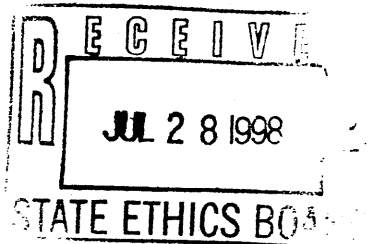


**15.405 Department of regulation and licensing; attached boards and examining boards. \* \* \***

**(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



Information must be current as of this  
Appointment/Nomination date:

**JUN 18 1998**

Print legibly in black ink or type

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## Statement of Economic Interests

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NAME: Putra, Susan M.  
STATE POSITION: Regulation & Licensing, Dept. of  
HELD OR SOUGHT: Exam. Bd. of Social Workers,  
Marriage & Family Therapists &

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**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.

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 None or Not Applicable

Name of employer (If State of Wisconsin, identify agency or institution)	City and state	General nature of business
Watertown Unified School District	Watertown WI	school counselor
Wisconsin DNR	Hobicon WI	hydrogeologist
Family Dental Practice	Watertown WI	dentist (assistant)

## Part 2. Ownership interests in businesses.

List each partnership (general, limited or limited liability), corporation (regardless of tax status and including service corporations), proprietorship, limited liability company, firm, franchise, or other business or enterprise in which you or an immediate family member, directly or indirectly, separately or together, owned or controlled at least a 10% interest on the Appointment Date. Businesses can include farms, manufacturing companies, sales and service operations, real estate rental, and professional practices. If you or an immediate family member was self-employed, but did not operate under a business name, merely list the business's customers and clients in Part 4. If you or an immediate family member was engaged in renting real estate, but did not operate under a business name, merely list, in Part 3, the address of the real estate and, in Part 4, the commercial tenants.

Check (✓) if None or Not Applicable

Name of business	City and state	General nature of business	Form of business organization (service corporation, subchapter S or C corporation, partnership, proprietorship, etc.)

For the businesses listed above, your identification must be sufficient to enable a person to identify: (a) for a corporation, its officers and directors; (b) for a limited liability company, its managers or members; and (c) for any other business, its owners. Because limited partnerships, limited liability companies, and corporations created or registered to do business in Wisconsin file this information with the Department of Financial Institutions as a matter of public record, no further information is required about them. For other types of businesses, identify the owners and partners below, or explain where such information is available as a public record.

Check (✓) if None or Not Applicable

Business	Name of owners or partners	City and state

Name Susan M. Putra

### 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 the Appointment Date. 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 Applicable

Location of property (street address or fire number, municipality, and county)	Type of property (e.g., farm, recreational, commercial, rental)	Nature of interest (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

## Part 5. Business entertainment and other gifts.

List all individuals and organizations from which you 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.

Check (✓) if None or Not Applicable

Name of giver	City and state

## Part 6. Honoraria and payment of expenses.

List each individual or organization from which you received, in 1997, lodging, transportation, meals, expenses, or honoraria having a total value of more than \$50, for attendance at a conference, presentation of a talk, participation in a meeting, or for a published work about issues initiated by or affecting state government or state agencies. Honoraria you or an immediate family member received that were unrelated to state issues should be accounted for in Part 7.

You do not have to list information about lodging, transportation, meals, money or any other thing of pecuniary value: (1) if you returned it within 30 days; (2) if you received it from the agency of which your state public office is a part; (3) if you received it from a source listed in Part 1 or Part 4; or (4) if you already reported the payment to the Ethics Board as a matter of public record.

Check (✓) if None or Not Applicable

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
Watertown Unified Schools	*200		reimbursement for conference attendance - ie registrations, meals etc as part of my job as guidance counselor

## Part 7. Other sources of income.

Identify any other sources, not previously identified, from which you or an immediate family member received income (other than dividends or interest) of \$1,000 or more in 1997. Include honoraria not elsewhere reported, Social Security payments, retirement benefits, directors' fees, commissions, proceeds from the sale of real estate, and the like. You do not have to list insurance benefits, inheritances, scholarships (if no teaching or services were required in return), or Wisconsin Retirement Fund benefits. You do not have to list proceeds from the sale of securities unless you know the purchaser's identity. You do not have to list individuals, unless the individual was a lobbyist.

Check (✓) if None or Not Applicable

Source of income	City and state

Name Susan M. Putra

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

List securities, as explained below, that you and your immediate family owned on the Appointment Date 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 the Appointment Date
- 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 the Appointment Date.

Check (✓) if None or Not Applicable

Name of security	Type of security	Value \$50,000 or less	Value More than \$50,000
only have IDS Wfc Flexible Annuity			
NML variable annuity			
State Retirement Fund			

### 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 the Appointment Date, 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 the Appointment Date, 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.

Check (✓) if None or Not Applicable

Business or organization	City and state

## Part 11. Creditors.

List each creditor to whom you or immediate family members, individually or together, owed \$5,000 or more on the Appointment Date. For each creditor listed, place a check in one of the columns at the right to indicate the amount owed. Include business creditors if you or an immediate family member was personally liable for the debt. Include your portion of any partnership debts.

Check (✓) if None or Not Applicable

Creditor	City and state	Amount \$50,000 or less	Amount More than \$50,000
Associated Mortgage			X
Ixonia State Bank	Waterdown WI	X	

Before signing, please review your Statement to be sure that for each part, you have listed the required information or checked the box for "None or Not Applicable."

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.

Lucan M. Putra                      7/26/98                      920-261-8245  
 Signature of person filing                      Date                      Daytime telephone number

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

Failure to file a completed form may result in a forfeiture of up to \$500.

Office Review

ip 7/28/98



TOMMY G. THOMPSON

NOV 19 1998

Governor  
State of Wisconsin

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 Susan M. Putra 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.

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

Respectfully submitted,

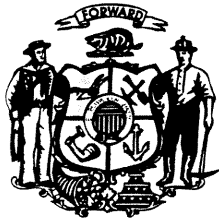
A handwritten signature in cursive script, appearing to read "Tommy G. Thompson".

TOMMY G. THOMPSON  
Governor

TGT/tld







**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**

**GOVERNOR'S APPOINTMENT**

**NAME/MAILING ADDRESS:** Susan M. Putra  
Watertown Unified School District  
131 Hall Street  
Watertown, WI 53094

**E-MAIL ADDRESS:** putras@watertown.k12.wi.us

**RESIDES IN:** Watertown

**TELEPHONE:** 920/261-8245 (H)  
920/262-1480 (W)

**OCCUPATION:** School Guidance Counselor  
Watertown Unified School District

**APPOINTED TO:** Examining Board of Social Workers, Marriage and  
Family Therapists and Professional Counselors  
(professional counselor)

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

**SUCCEEDS:** herself

**SENATE CONFIRMATION:** required

**DATE OF APPOINTMENT:** July 1, 1999

**DATE OF NOMINATION:** November 17, 1998

**COMPENSATION:** \$25 per diem, plus expenses





**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**

November 17, 1998

Susan M. Putra  
Watertown Unified School District  
131 Hall Street  
Watertown, WI 53094

Dear Ms. Putra:

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,

A large, stylized handwritten signature in black ink, appearing to read "Tommy".

**TOMMY G. THOMPSON**  
Governor

TGT/tld



**Susan M. Putra**  
 548 Mary Knoll Ln.  
 Watertown, WI 53098  
 (414) 261-8245

**Guidance Counselor**  
 Riverside Middle School  
 131 Hall St.  
 Watertown, WI 53098

### **Education:**

1974 University of Wisconsin, Stout, Menomonie, WI  
 B.S. Home Economics Minor Psychology  
 1985 University of Wisconsin Whitewater, Whitewater,  
 M.S. Guidance and Counseling

Graduate Coursework 30+ post graduate credits

### **Work Experience:**

1985-present Riverside Middle School Watertown, WI  
 Guidance Counselor  
 1990-present Aurora University Instructor  
 1978-1985 Riverside Middle School Watertown, WI  
 FACE Teacher Grades 7-9  
 1974-1978 Wilson Junior High, Manitowoc, WI  
 FACE Teacher Grades 7-9  
 1977 Silver Lake College, Manitowoc, WI  
 Instructor Family Relations Class  
 1975-1978 Lake Shore Technical College, Cleveland, WI  
 Adult Educator  
 1979-1981 Moraine Park Technical College, Fond du Lac, WI  
 Adult Educator

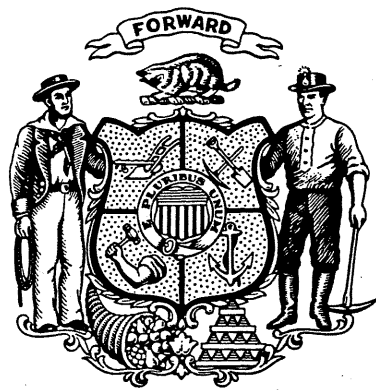
### **Professional Development:**

Professional Recognition: WSCA Middle School Counselor of the Year 1996  
 Kohl Award Educational Achievement Award 1990  
 AAUW Woman of Merit Award 1989

### **Professional Membership:**

WSCA 1983-Present; Board of Directors 1995-present  
 WACD 1987-Present  
 WAMLE 1989-present  
 ASCD 1989-present  
 Phi Omicron Upsilon Honorary Home Econ. Fraternity  
 Life membership

*END*



*END*

**SENATE HEARING SLIP**

(Please Print Plainly)

DATE: Sept 23

BILL NO. \_\_\_\_\_

OR

SUBJECT: Appointment of Gerald

Wilkie

(NAME) Senator Joanne Huelswan

(Street Address or Route Number) \_\_\_\_\_

(City and Zip Code) \_\_\_\_\_

(Representing) self

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

**SENATE HEARING SLIP**

(Please Print Plainly)

DATE: Thursday, September 23, 1999

BILL NO. \_\_\_\_\_

OR

SUBJECT: Gubernatorial Appointment

(Name) Gerald L. Wilkie

(Street Address or Route Number) 3114 Colman Lane

(City and Zip Code) Eau Claire, WI 54701

(Representing) Self

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  
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: Moose      Seconded by: Rosenzweig  
Clearinghouse Rule: \_\_\_\_\_  
Appointment: Gr. Wilkie - domestic abuse  
Other: \_\_\_\_\_  
AB: \_\_\_\_\_ SB: \_\_\_\_\_  
AJR: \_\_\_\_\_ SJR: \_\_\_\_\_  
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 Amdt: \_\_\_\_\_

Be recommended for:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Passage      | <input type="checkbox"/> Indefinite Postponement |
| <input type="checkbox"/> Introduction | <input type="checkbox"/> Tabling                 |
| <input type="checkbox"/> Adoption     | <input type="checkbox"/> Concurrence             |
| <input type="checkbox"/> Rejection    | <input type="checkbox"/> Nonconcurrence          |
|                                       | <input checked="" type="checkbox"/> Confirmation |

### Committee Member

Sen. Judy Robson, Chair  
Sen. Gwendolynne Moore  
Sen. Robert Wirch  
Sen. Carol Roessler  
Sen. Peggy Rosenzweig

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

Totals: 5      0      0      0

Motion Carried

Motion Failed



WISCONSIN STATE SENATE

**RODNEY C. MOEN**

SENATOR - 31ST DISTRICT

*file's  
Committee*

State Capitol, P.O. Box 7882, Madison, Wisconsin 53707-7882 Phone: (608) 266-8546 Toll-free Hotline: 1-800-362-9472

July 23, 1999

The Honorable Judy Robson, Chair  
Senate Committee on Human Services and Aging  
Room 15 South, State Capitol  
Madison, WI 53707

Dear Judy,

I am writing to express my support for the re-appointment of Gerald Wilkie as a public member of the Governor's Council on Domestic Abuse.

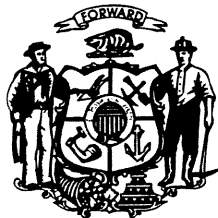
Jerry is a well-known advocate for the victims of domestic violence. For the past twelve years, he has served as the Executive Director of Bolton Refuge House, a shelter and counseling center for victims of domestic violence. An active member of the Eau Claire community, Jerry is a licensed advanced practice social worker who also serves on the Eau Claire County Board and the Eau Claire County Coordinated Community Response for victims of domestic violence.

Jerry's breadth of knowledge about domestic violence issues and his dedication to victims' rights make him an excellent choice for the Council on Domestic Abuse.

Sincerely,

*Rod*

Rodney C. Moen



**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**

**GOVERNOR'S APPOINTMENT**

**NAME/MAILING ADDRESS:** Gerald L. Wilkie  
3114 Coltman Lane  
Eau Claire, WI 54701

**E-MAIL ADDRESS:** GRWilk@discover-Net.Net

**RESIDES IN:** Eau Claire

**TELEPHONE:** 715/834-0628 (W)  
715/834-1495 (H)

**OCCUPATION:** Executive Director/Victim Advocate  
Bolton Refuge House

**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



# GERALD L. WILKIE

*Reality Therapist Certified*

*Licensed Advanced Practical Social Worker*

3114 Coltman Lane • Eau Claire, WI 54701 • Home (715) 834-9524 • Work (715) 834-0628

## PROFESSIONAL EXPERIENCE

- 1987 - present      Bolton Refuge House  
**Executive Director/Counselor:** Responsible to oversee all program operations for Shelter and Counseling Center for victims of domestic and sexual abuse. This includes providing and supervising victim and abuser services (NOVUS), community relations, public education, fiscal management, training programs and staff and program development.
- 1986 - present      Eau Claire County Board Supervisor: Committee assignments; Judiciary and Law Enforcement, Budget and Finance Committee.
- 1982 - 1987        Brotoloc Health Care System  
**Assistant Program Director:** Responsibilities included the development and directing of C.B.R.F.'s for mentally ill, chemically dependent, offenders and developmentally disabled. Under my administration and leadership, policies were developed, programs augmented and budgets formulated. Responsible for all program elements, treatment planning and staff supervision.
- 1970 - 1982        Eau Claire Academy, *Residential Treatment Center for Children and Adolescents-Clinicare Corporation*
- 1972-1982        **Therapist:** Responsibilities included developing and providing programming for juveniles involved in the justice system, such a individual, group and family therapy, developing and implementing treatment programs, group therapist for chemical dependency and public school adjustment group, hiring, training, evaluation and supervision of childcare staff, coordination between Academy and criminal justice system and providing backup coverage after hours.
- 1972-1974        **Core Staff Supervisor:** Responsible for supervising, evaluation, training and orientating childcare staff. Served as a liaison between childcare staff, medical staff and community resources. Required to make decisions affecting treatment, coping with upset children, helping childcare staff with problems, admission of children to the secure living unit; also responsible for implementing Academy policies and procedures.
- 1970-1972        **Psychiatric Nursing Assistant:** Responsibilities involved using skill acquired in my personal life and education to implement treatment programs initiated by a therapeutic team or individuals on the team. This was done on an intensive psychiatric unit for the care of children with definite clinical need for a closed setting.
- 1982 - 1973        **Social Work Field Placements:** Professor Curtis Legwold, A.C.S.W. University of Wisconsin-Eau Claire
- Baldwin Mental Health Clinic:** Worked with organized groups, children and adults. Provided consultative services to companions, clergy, homemaker services, etc.
- Eau Claire Police Department:** A project developed by the Division of Vocational Rehabilitation in cooperation with Eau Claire Police Department. Acted as liaison between social agencies and the community; aided in disposition of juvenile cases and family disturbances.

EDUCATION

- August 1980                   The Institute for Reality Therapy, Los Angeles, CA - Dr. William Glasser  
**Reality Therapist Certified:** Certified in the theoretical concepts of Reality Therapy. Qualified to apply these concepts within the specialized area of Mental Health, Alcohol and Substance Abuse and Marriage and Family Counseling.
- 1978 - 1979                   La Verne University, La Verne, CA  
 1979                            "*Reality Therapy in the Classroom*" - Two graduate credits.  
 1978                            "*Theory of Techniques in Reality Therapy*" - Two graduate credits.
- 1975                           University of Wisconsin-Madison Extension  
                                   "*Supervision and Consultation in Social Work*" - Two graduate credits.
- 1973                           University of Wisconsin-Eau Claire  
                                   **Bachelor of Science Degree in Social Work**
- Continuing  
 Inservice Training  
 and Workshops:             Gestalt Therapy, family systems, chemical dependency, multi-family therapy, psycho-drama, use of psychiatric medications, sexual abuse, domestic violence, abuser services and criminal justice systems.

PROFESSIONAL ACTIVITIES AND AFFILIATIONS

- Licensed Advanced Practice Social Worker - State of Wisconsin
- Served on Crime Victims' Council Task Force on Victims' Rights Constitutional Amendment
- Wisconsin Counties Association - Judicial and Safety Committee
- Governor's Council on Domestic Abuse - 1987-present
- Justice Committee - Governor's Council, Chairperson - Development and implementation of abuser standards for the State of Wisconsin
- Chair for Eau Claire Housing Authority - 10 years
- Budget Committee - Governor's Council
- Chippewa Valley F.E.M.A. Board
- Regional Hmong Family Strengthening Advisory Committee
- Member of Eau Claire County Coordinated Community Response for victims of Domestic Violence and Sexual Assault
- U.W.E.C. Social Work advisory board



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: Gerald L. Wilkie

POSITION: Member, Council on Domestic Abuse  
*(domestic abuse knowledge)*

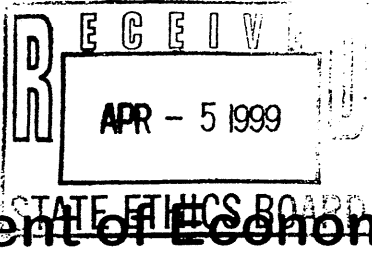
STATUTORY  
REFERENCE:

**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.

7/13/99 CW

SENATE COMMITTEE ON HUMAN SERVICES AND AGING: Senators Robson  
(Chair), Moore, Plache, Wirch, Roessler, Rosenzweig, and Darling.

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

# Statement of Economic Interests

**Name** Wilkie, Gerald L.  
**State position held or sought:** Member  
 Domestic Abuse, Council on  
 Dept. of Health & Family Services

**Part 1. Employers.**

Check (✓) if None or Not Applicable

Name of employer (If State of Wisconsin, identify agency or institution)	City and state	General nature of business
Bolton Refuge House	Eau Claire W.	Domestic Abuse Program
Eau Claire County	Eau Claire, W.	County Board Supervisor

**Part 2. Ownership interests in businesses.**

Check (✓) if None or Not Applicable

2a.

Name of business	City and state	General nature of business	Form of business organization (service corporation, subchapter S or C corporation, partnership, proprietorship, etc.)

2b. For the businesses listed above, report below

Business	Name of owners or partners	City and state

**Part 3. Real estate.**

Check (✓) if None or Not Applicable

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

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

Check (✓) if None or Not Applicable

Customer, client, or tenant	City and state

**Part 5. Business entertainment and other gifts.**

Check (✓) if None or Not Applicable

Name of giver	City and state

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

\*Attach additional pages as needed

**Part 6. Honoraria and payment of expenses.**

Check (✓) if None or Not Applicable

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

**Part 7. Other sources of income.**

Check (✓) if None or Not Applicable

Source of income	City and state

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

Check (✓) if None or Not Applicable

Name of security	Type of security	Value	Value
		\$50,000 or less	More than \$50,000

**Part 9. Offices and directorships.**

Check (✓) if None or Not Applicable

Business or organization	City and state	Position

**Part 10. Representation of organizations.**

Check (✓) if None or Not Applicable

Business or organization	City and state

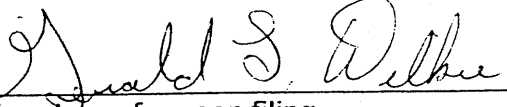
**Part 11. Creditors.**

Check (✓) if None or Not Applicable

Creditor	City and state	Amount	Amount
		\$50,000 or less	More than \$50,000

Before signing, please review each part to be sure that you have listed the required information or checked the box for "None or Not Applicable."

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.

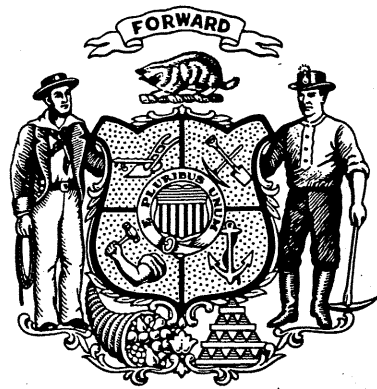

1/2/99
Daytime phone #: 715 8340628  
 Signature of person filing Date Fax # (optional):

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

Failure to file a completed form may result in a forfeiture of up to \$500.

Office Review: AP 4/8/99

END



END

**SENATE HEARING SLIP**  
(Please Print Plainly)

**SENATE HEARING SLIP**  
(Please Print Plainly)

DATE: Thursday, September 23, 1999

DATE: Wednesday, May 19, 1999

BILL NO. \_\_\_\_\_

BILL NO. \_\_\_\_\_

or

or

SUBJECT: Gubernatorial Appointments

SUBJECT: Gubernatorial Appointments

Nora K. Weber

Nora K. Weber

(Name)

(Name)

125 South - State Capitol

115 East - State Capitol

(Street Address or Route Number)

(Street Address or Route Number)

Madison, WI 53702

Madison, WI 53702

(City and Zip Code)

(City and Zip Code)

Governor's Office

Governor's Office

(Representing)

(Representing)

Speaking in Favor:

Speaking in Favor:

Speaking Against:

Speaking Against:

Registering in Favor:

Registering in Favor:

but not speaking:

but not speaking:

Registering in Favor:

Registering in Favor:

but not speaking:

but not speaking:

Speaking for information only; Neither for nor against:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger **PROMPTLY**

Please return this slip to a messenger **PROMPTLY**

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

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

**Virginia Scott Heinemann**

**1319 McIndoe Street, Wausau, WI 54403**

*File  
Committee  
of Jurisdiction*

February 2, 1999

Senator Judy Robson,  
State Capitol  
P. O. Box 7882  
Madison, WI 53707-7882

Dear Senator Robson,

Governor Thompson has recently appointed me to serve as the public member of the Medical Examining Board.

I am extremely honored to be asked to serve on this board and I will try my best to look out for the best interests of the consumer.

I bring to this position my 40 years of experience in the retail business and service to the state and to my community. I am enclosing a copy of my resume for your review. If you have any questions or would like to meet with me, please feel free to contact me at (715)842-4241.

I look forward to serving the citizens of Wisconsin in this important role.

Sincerely,

*Virginia S. Heinemann*



# Virginia Scott Heinemann

1319 McIndoe Street, Wausau, WI 54403

## RESUME

JANUARY 1999

Education	B. A. , Lawrence University, 1950
Occupation	Retired from retail management and sales
Activities	Member, Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors, Wisconsin Department of Regulation and Licensing, 1992 to 2000;  Vice-chairperson, North Central Wisconsin Regional Planning Commission, 1982 to present;  Member and past Chairperson, Wisconsin Council of Regional Planning Organizations (CORPO), 1984 to present;  Trustee and past President, Marathon County Library Board of Trustee, 1964 to 1994;  Member, Legislative and Local Issues Committees of the Wausau Area Chamber of Commerce.
Miscellany	Wisconsin Library Trustee of the Year, 1980;  Wisconsin Planning Committee, White House Conference on Libraries and Information Services, 1990;  State Superintendent of Public Instruction's Task Force on Public Library Legislation and Funding, 1988;  Past President, Friends of Wisconsin Libraries.
Other	Married with four adult children.  Phone: (715)842-4241



# NATIONAL FINANCIAL CORPORATION

---

The Astor  
924 E. Juneau Avenue  
Suite 100  
Milwaukee, WI 53202-2748

Tel: (414) 289-9140  
Fax: (414) 289-7694

March 22, 1999

Senator Judy Robson  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Senator Robson,

I would like to take this opportunity to introduce myself to you. I have recently been appointed to serve on the Wisconsin Technical College System Board. I am scheduled for my hearing before the Committee on Education on Wednesday, March 24.

Attached please find a summary of my personal accomplishments for your review.

I am very excited about this opportunity to serve as a member of this board. Please feel free to contact me at any time if I can ever be of assistance.

As an employer for the last 17 years, I recognize the need for an effective Technical College System that provides the educational resources for the state to achieve its full potential.

Please feel free to contact me before the hearing if you have any questions.

Sincerely,

NATIONAL FINANCIAL CORPORATION

George Franco  
President & CEO

**George Franco**  
**924 East Juneau Avenue, Suite 100**  
**Milwaukee, WI 53202**  
**Phone: (414) 289-9140**  
**Fax: (414) 289-7694**

## **PROFILE**

- Owner, President & CEO of National Financial Corporation; established to meet the Management Information Systems (MIS), data processing and point of service needs of licensed financial service centers throughout the United States. Provided consultation to other small business owners in Chicago, Illinois; Atlanta, Georgia; Boston, Massachusetts; and El Paso, Texas to develop and design software that efficiently meets the financial service needs of the low-income consumer.
- Principal organizer of De Novo Bank Project. This De Novo Bank is now in the pre-charter stage and will focus on consumer development within the low-income consumer market. The De Novo Bank will be the first Hispanic owned bank in the state of Wisconsin.
- An entrepreneur with over 19 years experience; established MCC, Inc. Financial Service Centers, which provides financial services to consumers who are of low income. A successful business owner with four branches located in the central city of Milwaukee, Wisconsin, processing hundreds of thousands of consumer transactions annually.
- Active member of the Board of Directors for the Hispanic Chamber of Commerce of Wisconsin.
- Chaired the Interim Social Development Commission as representative of the Hispanic Chamber of Commerce of Wisconsin; SDC is an intergovernmental non-profit agency that is Wisconsin's largest anti-poverty agency with over 50 programs, 35 delegate agencies and over 300 employees. Provided leadership for the organization and consultation to the board of directors to re-examine and re-design the mission of the Social Development Commission. These recommendations were accepted and implemented earlier this year.
- Active Member of the Board of Directors for Nativity Jesuit Middle School.
- Strong advocate for a valued, Christian education for young Hispanic boys and girls. Financial contributor to neighborhood schools in the Hispanic community of Milwaukee, Wisconsin. These schools focus on the development of future Hispanic leaders: Nativity Jesuit Middle School for boys and Notre Dame Middle School for girls.
- Active member of the Board of Directors for Walker's Point Youth and Family Center. This center provides crisis intervention for run-away, homeless and other troubled youth and their families.
- Nominated for the 1997 Hispanic Man of the Year by the United Migrant Opportunity Services. Nominees of this award are individuals who have made outstanding contributions to the Hispanic community in Wisconsin.
- Presentations given to the Chairman and staff of the Federal Trade Commission and to senior officials of the U.S. Department of the Treasury based on personal expertise in reference to the delivery of financial services to low income consumers and the unbanked population.
- Hispanic Chamber of Commerce of Wisconsin 1999 Entrepreneur of the year.
- Hispanic of Mexican descent, born and raised in the Pilsen area of Chicago, Illinois. This community has predominately Mexican and Puerto Rican residents.

December 10, 1999

Committee on Human Services and Aging  
Wisconsin State Senate  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Senators:

I would like to take this opportunity to introduce myself as a recent nominee for the Board of Nursing. I have served on the Nursing Board in the past and feel this prior experience could only be an asset. I fully understand the "charge" of the Board and would again enjoy the challenge.

I understand that a copy of my resume has been forwarded to your attention and I feel that this is a good summary of my qualifications for the position.

I would appreciate your support of my nomination and through the hearing process. If you have any questions regarding my nomination, please feel free to contact me at 414-805-2601.

Sincerely,



Pamela Maxson-Cooper, RN, BSN, MSHA  
Vice-President Patient Care Services

PMC/ekh

**FROEDTERT**

Memorial Lutheran Hospital

9200 W. Wisconsin Avenue  
P.O. Box 26099  
Milwaukee, WI 53226-3596

6010

COMPLETE HEARING AID SERVICE

# Better Hearing Aid Service

---

August 4, 1999

State Senator Robson  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Senator Robson:

I would like to say how pleased I am at being nominated to the board for Speech & Hearing by Governor Thompson.

I have been devoted to serving the hearing impaired for 32 years and hopefully have helped them improve their quality of life with a degree of success.

Being a member of the board will allow me to be of greater service to the hearing impaired.

Sincerely,

  
Raymond G. Rattner, H.I.S.  
Owner/Proprietor