



# STATE OF WISCONSIN ***ETHICS BOARD***

James R. Morgan  
Chairman  
Paul M. Holzem  
David L. McRoberts  
Joanne R. Orr  
Dorothy C. Johnson  
Gordon B. Baldwin

On the capitol square at:  
44 EAST MIFFLIN STREET, STE 601  
MADISON, WISCONSIN 53703-2800  
phone: 608/266-8123  
fax: 608/264-9319  
ethics@ethics.state.wi.us  
http://ethics.state.wi.us

Roth Judd  
Director

**Nominee:** Lisa Stewart-Boettcher

**Position:** Domestic Abuse, Council on, Member  
Health & Family Services, Dept. of  
*(domestic abuse knowledge)*

**Statutory Reference:**

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

**(16) COUNCIL ON DOMESTIC ABUSE.**

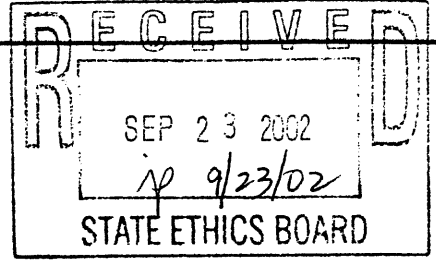
\* \* \* The council shall consist of 13 members  
\* \* \* Persons appointed shall have a recognized interest in  
and knowledge of the problems and treatment of victims of  
domestic abuse.

9/26/02

**SENATE COMMITTEE ON HUMAN SERVICES AND AGING: Senators Robson  
(Chair), Moore, Wirch, Hansen, Kanavas, Roessler, and Welch.**

# Statement of Economic Interests

Filed in 2002 for calendar year 2001



Name: Stewart-Boettcher, Lisa

State position: Health & Family Services, Dept. of  
(held or sought) Domestic Abuse, Council on  
Member

SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS.

•Questions about completing this form? Call (608) 266-8115 •Other inquiries (608) 266-8123 •Attach additional pages as needed

## Part A

As of September 12, 2002

1. List STOCKS, BONDS, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$5,000).

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
NA	/	/	/	/	/	/	/

2. List BUSINESSES and INCOME-PRODUCING REAL ESTATE in which you or your family had a 10% or greater ownership interest.

Name of business (if any) or business activity, or address of real estate	Municipality	State	If real estate, list County	Describe nature of business
NA	/	/	/	/

- a) For each general partnership or non-Wisconsin entity you listed in Item #2, list the GENERAL PARTNERS or the OFFICERS and DIRECTORS.

Business	Partners, or officers and directors	City	State
NA	/	/	/

- b) For each enterprise you listed in Item #2 that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or income-producing real estate, list BUSINESSES, ORGANIZATIONS, and any LOBBYISTS that were CUSTOMERS, CLIENTS, or TENANTS that paid the enterprise \$1,000 or more in calendar year 2001.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State
NA	/	/

3. List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you listed in item 2).

LOCATION OF PROPERTY			NATURE OF INTEREST (own, lease, option, easement, land contract)
Street address or fire number	Municipality	County	
NA	/	/	/

4. List ORGANIZATIONS of which you or a family member was an OFFICER or DIRECTOR.

Business or organization	City	State	Position
NA	NA	/	/

5. List ORGANIZATIONS THAT AUTHORIZED YOU OR A FAMILY MEMBER TO REPRESENT THEM in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless listed in item 4 or 7).

Business or organization	City	State
NA	/	/

6. List CREDITORS to which you or your family owed \$5,000 or more.

Creditor	City	State	"✓" one	
			\$50,000 or less	More than \$50,000
Chase Mortgage	Louisville, Ky.	Wc		✓
Home Savings Bank	Madison, Wi	Wi	✓	
Peoples Bank	Stamford	CT	✓	
Citibank Mastercard	The Lakes	NY	✓	

Part B

For calendar year 2001

7. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2001.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
City of Madison	Madison	Wi	Municipal Government
-	-	-	-
-	-	-	-
-	-	-	-

8. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2001.

Source of income	City	State
Social Security	Federal	-
Farm Produce (Cattle, eggs, grains)	Columbus	WI

9. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) in 2001.

Name of provider	City	State
NA	/	/

10. List, for 2001, sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to the Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
NA	/	/	/

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. If any part has been left blank, I have done so intentionally because there is nothing to report.

Daytime phone # 920-623-5410

Signature of person filing: Lisa M. Stewart-Battcher Date: September 20, 2002 E-mail address: lisa@internet.wis.com

The information sought in this form is required by §§19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), Wisconsin Statutes, the Ethics Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.



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Lisa Stewart-Boettcher  
N3401 Oxbow Road  
Columbus, WI 53925  
(920) 623-5610 (608) 575-4382 (Cell)  
[lisa@internetwis.com](mailto:lisa@internetwis.com)

October 8, 2002

Senator Judy Robson, Chair  
Committee on Human Services and Aging  
P.O. Box 7882  
Madison, WI 53707-7882

**RE:** *Governor's Board on Domestic Abuse*

Dear Senator Robson:

Through one of my most substantial moments in my personal quest to end domestic violence, I would like to introduce myself to you as a newly appointed member of the **Governor's Board on Domestic Abuse**.

My name is Lisa Stewart-Boettcher. My children, husband and I live on a small farm in Columbus, Wisconsin, Dodge County. I am the proud mother of two teenagers: a daughter – Amber, 16; and a son Aaron, 13. I work in a busy law firm as a paralegal and am studying Criminal Justice with my focus (of course) on Domestic Violence.

Whether it be my hands on activity with victims, knowledge of family law and the judicial system, lobbying in the legislature, or from hearing and feeling the outcry of what victims feel they need, I come to this board bringing much hope and enthusiasm to help encourage change that will ensure positive outcomes in our system and make Wisconsin a safer place.

Thank you for your time and please do not hesitate to contact me should you have any questions. I look forward to serving, as it is a great honor.

Very truly yours,

Lisa Stewart-Boettcher

## Sargent, Justin

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**From:** Flury, Kelley  
**Sent:** Monday, October 14, 2002 9:59 AM  
**To:** Sargent, Justin  
**Subject:** FW: Hearing before Human Service & Aging Committee Oct. 16, 2002

-----Original Message-----

**From:** Randy & Linda Stutz [mailto:rlkgfair@execpc.com]  
**Sent:** Sunday, October 13, 2002 9:24 PM  
**To:** Sen.Robson@legis.state.wi.us  
**Subject:** Hearing before Human Service & Aging Committee Oct. 16, 2002

Dear Senator Robson,

I am writing to you to introduce myself as I will be coming before your committee on Wednesday October 16, regarding my appointment to the Occupational Therapy Affiliated Credentialing Board. I graduated from Fox Valley Technical College in 1984 with an associate degree as an occupational therapy assistant. I have worked for the past 17 years for Fond du lac County in the mental health arena. I live in North Fond du lac with my husband and two daughters. I am a current member of the board and have been for the past one year. I have continued in that capacity regarding the rule writing and when asked if I would continue to serve seeking a second appointment I agreed. I have found the legislative process to be very interesting and I am very motivated to see the new rule document to it's completion. I have a new awareness of the role our board has in consumer protection and the importance of clarity in our document. If you have any further questions for me please feel free to contact me. I can be reached at work (920)929-3539 or home (920)923-5948. I look forward to meeting with you and the committee on Wednesday.

Linda Roos-Stutz

# Vote Record

## Senate - Committee on Human Services and Aging

Date: 1/23/02  
Moved by: Kanavas      Seconded by: Hansen  
Clearinghouse Rule: \_\_\_\_\_  
Appointment: Margaret Tollaksen  
Other: \_\_\_\_\_

AB: \_\_\_\_\_ SB: \_\_\_\_\_  
AJR: \_\_\_\_\_ SJR: \_\_\_\_\_  
AR: \_\_\_\_\_ SR: \_\_\_\_\_

A/S Amdt: \_\_\_\_\_ to A/S Amdt: \_\_\_\_\_  
A/S Sub 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. Judith Robson, Chair  
Sen. Gwendolynne Moore  
Sen. Robert Wirch  
Sen. David Hansen  
Sen. Carol Roessler  
Sen. Robert Welch  
Sen. Ted Kanavas

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

Motion Carried

Motion Failed

# Vote Record

## Senate - Committee on Human Services and Aging

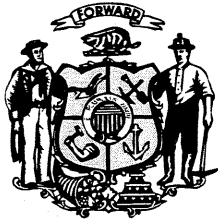
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Date: 1/31/02  
Bill Number: Mai Zong Vela  
Moved by: Robson      Seconded by: Welch  
Motion: recommend confirmation

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<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Sen. Judith 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. David Hansen	<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. Robert Welch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Ted Kanavas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



SCOTT McCALLUM

Governor  
State of Wisconsin

September 12, 2002

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint **Mary Jo Walsh** to the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board effective September 12, 2002, pursuant to the statute governing, to serve an interim term to expire July 1, 2003. — djo

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

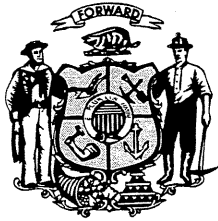
Respectfully submitted,

A handwritten signature in cursive script that reads "Scott McCallum".

Scott McCallum  
Governor

SM/nkw





**SCOTT McCALLUM**

**Governor  
State of Wisconsin**

September 12, 2002

Mary Jo Walsh  
Stowell Associates and SelectStaff, Inc.  
3970 N. Oakland Avenue  
Shorewood, WI 53211

Dear Ms. Walsh:

This letter is to confirm your nomination to the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board effective September 12, 2002 to serve an interim 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 handwritten signature in black ink that reads "Scott McCallum".

Scott McCallum  
Governor

SM/nkw



**SCOTT McCALLUM**

**Governor  
State of Wisconsin**

**GOVERNOR'S APPOINTMENT**

**NAME/MAILING ADDRESS:** Mary Jo Walsh  
Stowell Associates and SelectStaff, Inc.  
3970 N. Oakland Avenue  
Shorewood, WI 53211

**E-MAIL ADDRESS:** [maryjo@eldersselectstaff.com](mailto:maryjo@eldersselectstaff.com)

**RESIDES IN:** Mukwonago

**TELEPHONE:** 414/963-2600 (W)  
262/363-4221 (H)

**OCCUPATION:** Care Manager  
Stowell Associates and SelectStaff, Inc.

**APPOINTED TO:** Marriage and Family Therapy, Professional Counseling, and Social  
Work Examining Board  
(social worker – advanced practice)

**TERM:** an interim term to expire July 1, 2003

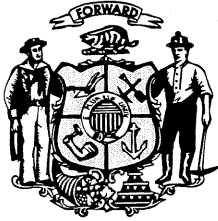
**SUCCEEDS:** vacancy (M. Harper)

**SENATE CONFIRMATION:** required

**DATE OF APPOINTMENT:** September 12, 2002

**DATE OF NOMINATION:** September 12, 2002

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



**SCOTT McCALLUM**

**Governor  
State of Wisconsin**

**GOVERNOR'S APPOINTMENT**

**AMENDED NOTICE**

**NAME/MAILING ADDRESS:** Mary Jo Walsh  
Stowell Associates and SelectStaff, Inc.  
3970 N. Oakland Avenue  
Shorewood, WI 53211

**E-MAIL ADDRESS:** maryjo@eldersselectstaff.com

**RESIDES IN:** Mukwonago

**TELEPHONE:** 414/963-2600 (W)  
262/363-4221 (H)

**OCCUPATION:** Care Manager  
Stowell Associates and SelectStaff, Inc.

**APPOINTED TO:** **Examining Board of Social Workers, Marriage and Family  
Therapists and Professional Counselors**  
(social worker – advanced practice)

**TERM:** an interim term to expire July 1, 2003

**SUCCEEDS:** vacancy (M. Harper)

**SENATE CONFIRMATION:** required

**DATE OF APPOINTMENT:** September 12, 2002

**DATE OF NOMINATION:** September 12, 2002

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

**AMENDED: 09/18/02**

Mary Jo Walsh M.S.W.  
103 Baron Road  
Mukwonago, WI 53149  
(262)-363-4221

---

**Employment:**

**Stowell Associates SelectStaff, Inc.**

**Care Manager**

**9/01 to present**

Assess needs of clients including financial, legal and medical; make recommendations; create and implement careplans; supervise caregivers providing hands-on care; monitor needs of client; initiate appropriate referrals when necessary

**Froedtert Hospital**

**Staff Social Worker**

**1995-1998; 4/01-8/01**

Discharge planning. Contributed to revision of policies/ procedures for Social Services Department; participated in Case Management Task Force. Started and facilitated both the Froedtert Stroke and Amputee Support Groups together with the Crohns and Colitis Support Group. Initiated the Critical Incident Debriefing Team. Integral member of the Bereavement CoordinationTeam.

**Supervisor Social Services**

**1998-2001**

Interview/hire social work staff, daily interaction with staff regarding discharge issues, evaluations, disciplinary action when appropriate provided staff education relative to numerous issues, i.e. BBA, PPS, Family Care, licensure, ethics in practice. Analysis of staffing patterns and outline of staff coverage, monitor/prepare department budget (excess of \$1,000,000). Revision of department policies working toward clearly defined standards of practice, revision of guidelines for student/mentoring program. Lead department customer service initiatives, member of numerous multidisciplinary hospital-wide committees, on call 24 hours a day as a means of providing support to staff, developed nursing education program for clarification of legal issues such as Chapter 51/55, member of Horizon Long Term Care Steering Committee

**Malm & LaFave, Attorneys at Law**  
**Legal Assistant**

**1993-1995**

**Education:**

**MSW**

**UW-Milwaukee**

**May, 1995**

**Bachelor of Arts**

**Alverno College**

**December, 1991**

**Volunteerism:**

**Crohns and Colitis Foundation of America**

**Board of Trustees/Past Chapter President**

**1997-Present**

**CCFA support group facilitator**

**1995-Present**

**Professional Affiliations:**

**NASW, member at large**

**1995-Present**

**SSWLHC, current Chapter President**

**1997-Present**

**REFERENCES AVAILABLE ON REQUEST**



## STATE OF WISCONSIN *ETHICS BOARD*

James R. Morgan  
Chairman  
Paul M. Holzem  
David L. McRoberts  
Joanne R. Orr  
Dorothy C. Johnson  
Gordon B. Baldwin

On the capitol square at:  
44 EAST MIFFLIN STREET, STE 601  
MADISON, WISCONSIN 53703-2800  
phone: 608/266-8123  
fax: 608/264-9319  
ethics@ethics.state.wi.us  
<http://ethics.state.wi.us>

Roth Judd  
Director

**Nominee:** Mary Jo Walsh  
**Position:** Member, Marriage and Family Therapy, Professional  
Counseling, and Social Work Examining Board  
Regulation & Licensing, Dept. of

### Statutory Reference:

15.405 Department of regulation and licensing; attached boards  
and examining boards. \* \* \*  
(7c) MARRIAGE AND FAMILY THERAPY, PROFESSIONAL  
COUNSELING, AND SOCIAL WORK EXAMINING BOARD. (a)  
There is created a marriage and family therapy, professional  
counseling, and social work examining board in the department of  
regulation and licensing consisting of the following members  
appointed for 4-year terms:

1. Four social worker members who are certified or licensed under  
ch. 457.
2. Three marriage and family therapist members who are licensed  
under ch. 457.
3. Three professional counselor members who are licensed under  
ch. 457.
4. Three public members who represent groups that promote the  
interests of consumers of services provided by persons who are  
certified or licensed under ch. 457.

(am) The 4 members appointed under par. (a) 1. Shall consist of  
the following:

1. One member who is certified under ch. 457 as an advanced  
practice social worker.
2. One member who is certified under ch. 457 as an independent  
social worker.
3. One member who is licensed under ch. 457 as a clinical social  
worker.
4. At least one member who is employed as a social worker by a

10/9/02  
SENATE COMMITTEE ON HUMAN SERVICES AND AGING: Senators Robson  
(Chair), Moore, Wirch, Hansen, Kanavas, Roessler, and Welch.

federal, state or local governmental agency.

**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 employee 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.

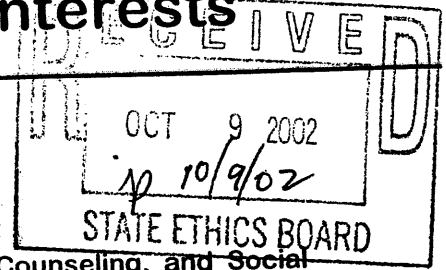
(b) The public members of the chiropractic examining board, the dentistry examining board, the hearing and speech examining board, the medical examining board, perfusionists examining council, respiratory care practitioners examining council and council on physician assistants, the board of nursing,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

# Statement of Economic Interests

Filed in 2002 for calendar year 2001

Name: Walsh, Mary Jo

State position: Regulation & Licensing, Dept. of Member  
(held or sought) Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board



SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS.

•Questions about completing this form? Call (608) 266-8115 •Other inquiries (608) 266-8123 •Attach additional pages as needed

**As of September 12, 2002**

## Part A

1. List STOCKS, BONDS, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$5,000).

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
NATIONAL DEFERRED COMPENSATION					✓	✓	
TIAA-CREF					✓	✓	
WACHOVIA SECURITIES					✓	✓	

2. List BUSINESSES and INCOME-PRODUCING REAL ESTATE in which you or your family had a 10% or greater ownership interest.

Name of business (if any) or business activity, or address of real estate	Municipality	State	If real estate, list County	Describe nature of business
NA				

- a) For each general partnership or non-Wisconsin entity you listed in Item #2, list the GENERAL PARTNERS or the OFFICERS and DIRECTORS.

Business	Partners, or officers and directors	City	State
NA			

- b) For each enterprise you listed in Item #2 that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or income-producing real estate, list BUSINESSES, ORGANIZATIONS, and any LOBBYISTS that were CUSTOMERS, CLIENTS, or TENANTS that paid the enterprise \$1,000 or more in calendar year 2001.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State
NA		

3. List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you listed in item 2).

LOCATION OF PROPERTY			NATURE OF INTEREST (own, lease, option, easement, land contract)
Street address or fire number	Municipality	County	
NA			

4. List ORGANIZATIONS of which you or a family member was an OFFICER or DIRECTOR.

Business or organization	City	State	Position
CCFA	MILWAUKEE	WI	BD PRES/PAST PRESIDENT
SOC. FOR SOCIAL WORK LEADERSHIP IN HEALTH CARE	MILWAUKEE	WI	PRES ELECT

5. List ORGANIZATIONS THAT AUTHORIZED YOU OR A FAMILY MEMBER TO REPRESENT THEM in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless listed in item 4 or 7).

Business or organization	City	State
NA		

6. List CREDITORS to which you or your family owed \$5,000 or more.

Creditor	City	State	"√" one	
			\$50,000 or less	More than \$50,000
SEE ATTACHED DOCUMENT				
WASHINGTON MUTUAL MORTGAGE	MILWAUKEE	WI		✓
MILW MUNICIPAL CREDIT UNION	MILWAUKEE	WI	✓	
LANDMARK CREDIT UNION	HARTLAND	WI	✓	
USAA	SAN ANTONIO	TX	✓	

**Part B For calendar year 2001**

7. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2001.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
CITY OF MILW FIRE DEPT	MILW	WI	FIRE FIGHTING - MILWAUKEE
STOWELL ASSOCIATES SELECT STAFF	MILW	WI	GERIATRIC CARE MANAGEMENT

8. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2001.

Source of income	City	State
FROEDERT HOSPITAL	MILWAUKEE	WI

9. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) in 2001.

Name of provider	City	State
NA		

10. List, for 2001, sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to the Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
NA			

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. If any part has been left blank, I have done so intentionally because there is nothing to report.

Signature of person filing: Mary Jo Walsh Date: 10-04-02 Daytime phone #: 414-963-2600  
 E-mail address: maryjo@elderselectstaff.com

The information sought in this form is required by §§19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), Wisconsin Statutes, the Ethics Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.



**STATEMENT OF ECONOMIC INTERESTS, Continued**

Mary Jo Walsh

6.	Sallie Mae Servicing	Wilkes-Barres, PA	Less than \$50,000
	American Express	Ft. Lauderdale, FL	Less than \$50,000



**SCOTT McCALLUM**

**Governor  
State of Wisconsin**

September 12, 2002

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do reappoint **Gerald L. Wilkie** to the Council on Domestic Abuse effective September 12, 2002, pursuant to the statute governing, to serve a three year term to expire July 1, 2005.

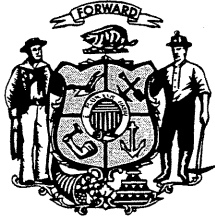
Mr. Wilkie will be available to the Senate for hearings and my staff will assist in any way they can.

Respectfully submitted,

A handwritten signature in cursive script that reads "Scott McCallum".

Scott McCallum  
Governor

SM/nkw



**SCOTT McCALLUM**

**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)  
715/834-9524 (H)

**OCCUPATION:** Executive Director  
Bolton Refuge House

**APPOINTED TO:** Council on Domestic Abuse  
(domestic abuse knowledge)

**TERM:** a three year term to expire July 1, 2005

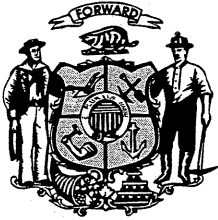
**SUCCEEDS:** himself

**SENATE CONFIRMATION:** required

**DATE OF APPOINTMENT:** September 12, 2002

**DATE OF NOMINATION:** September 12, 2002

**COMPENSATION:** reimbursement of expenses



**SCOTT McCALLUM**

**Governor  
State of Wisconsin**

September 12, 2002

Gerald L. Wilkie  
3114 Coltman Lane  
Eau Claire, WI 54701

Dear Mr. Wilkie:

This letter is to confirm your nomination to the Council on Domestic Abuse effective September 12, 2002 to serve a three year term to expire July 1, 2005.

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 handwritten signature in black ink that reads "Scott McCallum".

Scott McCallum  
Governor

SM/nkw

**GERALD L. WILKIE**  
Reality Therapist Certified  
Licensed Advanced Practice Social Worker

Eau Claire, Wisconsin 54701  
Home (715) 834-9524  
Work (715) 834-0628

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**PROFESSIONAL EXPERIENCE**

- 1987-Present**      **Executive Director/Counselor:** Bolton Refuge House. 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, and Housing Authority.
- 1982-1987**        **Assistant Program Director:** Protoloc Health Care System. Responsibilities included the development and directing of five 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:**
- Therapist:** 1972-1982. Responsibilities included developing and providing programming for juveniles involved in the justice system, such as individual, group and family therapy, developing and implementing treatment programs, group therapist for chemical dependency and public school adjustment group, hiring, training, evaluating and supervision of childcare staff, coordination between Academy and criminal justice system, and providing backup coverage after hours.
- Core Staff Supervisor:** 1971-1974. Supervising, evaluation, training and orientating childcare staff. A liaison between childcare staff, medical staff, and community resources. Required to make decisions affecting treatment, coping with upset children, helping childcare staff deal with problems, admission of children to the secure living unit and being responsible to see Academy policies and procedures were carried out.

**Psychiatric Nursing Assistant:** 1970-1971. 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 a definite clinical need for a closed setting.

**1972-1973  
Semester**

**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 and aided in disposition of juvenile cases and family disturbances.

### EDUCATION

**Reality Therapist Certified:** August 1980-Certified in the theoretical concepts of Reality Therapy and qualified to apply these concepts within the specialized area of Mental Health, Alcohol and Substance Abuse, and Marriage and Family Counseling. The Institute for Reality Therapy, Los Angeles, California. Dr. William Glasser.

**Graduate Credits:** La Verne University: La Verne, California

"Reality Therapy in the Classroom," 1979. Two graduate credits

"Theory of Techniques in Reality Therapy," 1978. Two graduate credits.

**University of Wisconsin-Madison Extension, 1975**

"Supervision and Consultation in Social Work." Two graduate credits

**Undergraduate:** University of Wisconsin-Eau Claire - Bachelor of Science Degree in Social Work, 1973.

**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
- \* Crime Victim's Council Task Force on Victims Rights Constitutional Amendment
- \* Wisconsin Counties Association - Judicial and Safety Committee
- \* Governor's Council on Domestic Abuse
- \* Justice Committee - Governor's Council - Chairperson-Developing and implementation of abuser standards for the State of Wisconsin.
- \* Midwest Regional Registry of Reality Therapists
- \* National Registry of Reality Therapists
- \* Mental Health Association



STATE OF WISCONSIN  
***ETHICS BOARD***

James R. Morgan  
Chairman  
Paul M. Holzem  
David L. McRoberts  
Joanne R. Orr  
Dorothy C. Johnson  
Gordon B. Baldwin

On the capitol square at:  
44 EAST MIFFLIN STREET, STE 601  
MADISON, WISCONSIN 53703-2800  
phone: 608/266-8123  
fax: 608/264-9319  
ethics@ethics.state.wi.us  
<http://ethics.state.wi.us>

Roth Judd  
Director

**Nominee:** Gerald L. Wilkie  
**Position:** Domestic Abuse, Council on, Member  
Health & Family Services, Dept. of  
*(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.

9/26/02

SENATE COMMITTEE ON HUMAN SERVICES AND AGING: Senators Robson  
(Chair), Moore, Wirch, Hansen, Kanavas, Roessler, and Welch.

# Statement of Economic Interests

Filed in 2002 for calendar year 2001

Name: Wilkie, Gerald L.

State position:  
(held or sought)

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

APR 29 2002  
JF 5/20/02

**SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS.**

•Questions about completing this form? Call (608) 266-8115 •Other inquiries (608) 266-8123 •Attach additional pages as needed

**Part A As of December 31, 2001**

1. List STOCKS, BONDS, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$5,000).

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
Hutchinson Tech, K-Mart, Lucent Technologies	✓					✓	
Kmart Corp FIDVIP2 Contr Fnd Port IRA	✓				✓	✓	
Lucent Technologies OPP Agg Growth Fund IRA	✓				✓	✓	
Euro Pacific Growth FID Putman New					✓	✓	
New Perspective American Mutual Fund, New Perspective Small Cap World Fund					✓	✓	

2. List BUSINESSES and INCOME-PRODUCING REAL ESTATE in which you or your family had a 10% or greater ownership interest.

Name of business (if any) or business activity, or address of real estate	Municipality	State	If real estate, list County	Describe nature of business

a) For each general partnership or non-Wisconsin entity you listed in Item #2, list the GENERAL PARTNERS or the OFFICERS and DIRECTORS.

Business	Partners, or officers and directors	City	State

b) For each enterprise you listed in Item #2 that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or income-producing real estate, list BUSINESSES, ORGANIZATIONS, and any LOBBYISTS that were CUSTOMERS, CLIENTS, or TENANTS that paid the enterprise \$1,000 or more in calendar year 2001.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State

3. List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you listed in item 2).

LOCATION OF PROPERTY			NATURE OF INTEREST (own, lease, option, easement, land contract)
Street address or fire number	Municipality	County	
Taviter Lake Cabin	Co. Fox	Dunn	Summer Cabin (own)



4. List ORGANIZATIONS of which you or a family member was an OFFICER or DIRECTOR.

Business or organization	City	State	Position
Bolton Refuge House	Eau Claire	Wi	Executive Director

5. List ORGANIZATIONS THAT AUTHORIZED YOU OR A FAMILY MEMBER TO REPRESENT THEM in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless listed in item 4 or 7).

Business or organization	City	State

6. List CREDITORS to which you or your family owed \$5,000 or more.

Creditor	City	State	"✓" one	
			\$50,000 or less	More than \$50,000
None				

**Part B**

For calendar year 2001

7. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2001.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Bolton Refuge House	Eau Claire	Wi	Domestic Abuse Shelter
Dr Robert Hume	Eau Claire	Wi	Foot Dr.
Eau Claire County	Eau Claire	Wi	elected County Board Supervisor

8. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2001.

Source of income	City	State
None		


9. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) in 2001.

Name of provider	City	State
None		

10. List, for 2001, sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to the Ethics Board.

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

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. If any part has been left blank, I have done so intentionally because there is nothing to report.


 Signature of person filing

4/22/02  
 Date

Daytime phone # 715 834 9524  
 E-mail address GRWilke@discover-net.net

The information sought in this form is required by §§19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), Wisconsin Statutes, the Ethics Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

**ROB KREIBICH**  
STATE REPRESENTATIVE  
NINETY THIRD ASSEMBLY DISTRICT

MADISON OFFICE  
(608) 266-0660



DISTRICT OFFICE  
(715) 839-1064

CHAIR: ASSEMBLY COMMITTEE ON COLLEGES AND UNIVERSITIES

October 1, 2002

Senate Committee on Human Services and Aging

Dear Committee Members:

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

Jerry is a well-known advocate for victims of domestic abuse. He is a licensed advanced practice social worker, and has been the executive Director of Bolton Refuge House, Inc since 1986. Jerry is an active member of the Eau Claire County Board of Supervisors since 1987 and currently services on the Judiciary and Law Committee and is the Vice-Chairperson on the Budget and Finance Sub-Committee for the County. He is also a member of the Eau Claire Coordinated Community Response Team (CCRT) to domestic violence and sexual assault.

Jerry's breadth and wealth of knowledge about domestic abuse issues, his dedication to victim's rights and services, and long-term voluntary services to the State of Wisconsin on various advisory committees, makes him an excellent choice for the Governor's Council on Domestic Abuse.

Sincerely,


A handwritten signature in black ink that reads "Rob Kreibich". The signature is fluid and cursive.

ROB KREIBICH  
State Assembly  
93<sup>rd</sup> Assembly District

RGK:bjh

**ROB KREIBICH**  
STATE REPRESENTATIVE  
NINETY THIRD ASSEMBLY DISTRICT

MADISON OFFICE  
(608) 266-0660



DISTRICT OFFICE  
(715) 839-1064

CHAIR: ASSEMBLY COMMITTEE ON COLLEGES AND UNIVERSITIES

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Sincerely,



ROB KREIBICH  
State Assembly  
93<sup>rd</sup> Assembly District

RGK:bjh