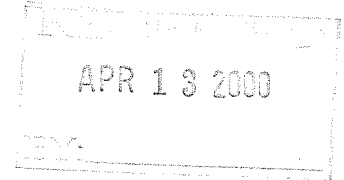


**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**



April 11, 2000

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do reappoint Elaine H. McGregor to the Veterinary Examining Board effective July 1, 2000, pursuant to the statute governing, to serve a four year term to expire July 1, 2004.

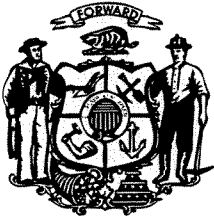
Mrs. McGregor will be available to the Senate for hearings and my staff will assist in any way they can.

Respectfully submitted,

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

TOMMY G. THOMPSON  
Governor

TGT/nkw



**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**

April 11, 2000

Elaine H. McGregor  
808 Oak Ridge Drive  
Waukesha, WI 53188

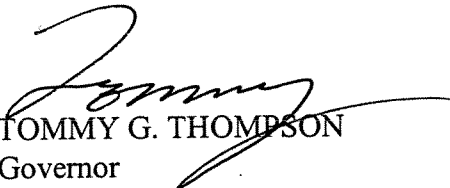
*Elaine!*  
Dear Mrs. McGregor:

This letter is to confirm your nomination to the Veterinary Examining Board effective July 1, 2000 to serve a four year term to expire July 1, 2004.

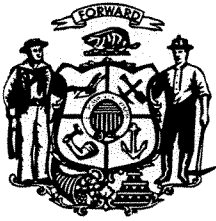
This nomination requires Senate confirmation and I have forwarded the necessary information to the Senate Chief Clerk so a hearing can be scheduled.

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

Sincerely,

  
TOMMY G. THOMPSON  
Governor

TGT/nkw



**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**

**GOVERNOR'S APPOINTMENT**

**NAME/MAILING ADDRESS:** Elaine H. McGregor  
808 Oak Ridge Drive  
Waukesha, WI 53188

**E-MAIL ADDRESS:** none

**RESIDES IN:** Waukesha

**TELEPHONE:** 262/542-7645 (H)

**OCCUPATION:** Homemaker

**APPOINTED TO:** Veterinary Examining Board  
(public member)

**TERM:** a four year term to expire July 1, 2004

**SUCCEEDS:** herself

**SENATE CONFIRMATION:** required

**DATE OF APPOINTMENT:** July 1, 2000

**DATE OF NOMINATION:** April 11, 2000

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

ELAINE H. MCGREGOR

Academic

1953 R.N.; Madison General Hospital  
1957-58 Post-graduate (Public Health); Marquette University  
1985-92 C.E. (Substance Abuse)

Employment

1954-56 Madison General Hospital (R.N.)  
1957-59 Milwaukee Public Health Dept.  
1976-1992 Waukesha Memorial Hospital  
-retired-

Community Service

1980-86 Drug Abuse Advisory Committee (Waukesha County)  
1992 Literacy Services  
1992-99 Prison Fellowship  
1996-99 Prison Fellowship State Council

Organizational Experience

1965 - 1974 Waukesha County Board of Supervisors



STATE OF WISCONSIN  
**ETHICS BOARD**

RECEIVED  
APR 21 2000  
BY: \_\_\_\_\_

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: 608/264-9309  
e-mail: ethics@ethics.state.wi.us  
web: http://ethics.state.wi.us

Roth Judd  
Director

NOMINEE: Elaine H. McGregor

POSITION: Member, Veterinary Examining Board  
(public member)

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, 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

*continues on next page . . .*

4/20/00 CW  
SENATE COMMITTEE ON AGRICULTURE, ENVIRONMENTAL RESOURCES AND CAMPAIGN FINANCE REFORM: Senators Clausing, (Chair), Baumgart, Wirsch, Schultz and A. Lasee.

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.

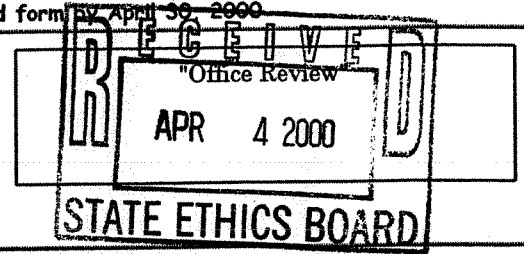
**15.405 Department of regulation and licensing; attached boards and examining boards. \* \* \***

**(12) Veterinary examining board. \* \* \*** The veterinary examining board shall consist of 8 members \* \* \* Five of the members shall be licensed veterinarians in this state. One member shall be a veterinary technician certified in this state. Two members shall be public members. No member of the examining board may in any way be financially interested in any school having a veterinary department or a course of study in veterinary or animal technology.

# Statement of Economic Interests

Filed in 2000 for calendar year 1999 • Return this completed form by April 30, 2000

Name: **McGregor, Elaine H.**  
 State position: **Dept. of Regulation & Licensing**  
 (held or sought) **Member**  
**Veterinary Examining Board**



→→→ SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS. ←←←

## Part A. Investments, creditors, and private positions on December 31, 1999.

1. List STOCKS, BONDS, mutual funds, and other investments you or your family held (minimum \$5,000).

Name of security	Type of security (stocks, bonds, mutual fund, money market, etc.)	"✓" one	
		\$50,000 or less	More than \$50,000
<i>Cisco, Lucent, Sprint, Harley Davidson</i>			✓
<i>Glaxo, Merck, Pfizer, Intel</i>			
<i>GTE, SBC, Microsoft</i>		✓	

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	City and state	General nature of business	Form of business organization (service corporation, subchapter S or C corporation, partnership, proprietorship, etc.)
<i>Mondak Plaza Pharmacy</i>	<i>Waukesha</i>	<i>Pharmacy</i>	<i>Corporation</i>

3. List the OFFICERS, DIRECTORS, and GENERAL PARTNERS (other than you and your family) of a partnership or non-Wisconsin entity listed in item 2.

Business	Name of officers, directors, or partners	City and state
<i>None</i>		

4. List specific location of Wisconsin REAL ESTATE you or your family owned (unless listed in item 2).

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)
<i>809 Oak Ridge Dr. Waukesha, WI Waukesha Co.</i>	<i>Home</i>	<i>own</i>

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

Business or organization	City and state	Position
<i>Waukesha Republican Party</i>	<i>Waukesha</i>	<i>Secretary</i>

6. List ORGANIZATIONS THAT AUTHORIZED YOU OR A FAMILY MEMBER TO REPRESENT THEM in their dealings with others as an attorney-at-law, real estate agent, spokesperson, or representative (unless listed in item 2, 5 or 8).

Business or organization	City and state
<i>None</i>	

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

Creditor	City and state	"✓" one	
		\$50,000 or less	More than \$50,000
NONE			

**Part B. Your and your family's sources of income, gifts, and expense reimbursement in 1999.**

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

Name of employer (If State of Wisconsin, identify agency or institution)	City and state	Nature of employer's business
Moreland Plaza Pharmacy	Wauchesa	Pharmacy

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

Source of income	City and state
Soe. Security FICA	

10. List COMMERCIAL CUSTOMERS, CLIENTS, and TENANTS and lobbyists that paid \$1,000 or more to an enterprise (other than to a C Corporation) listed in item 2.

Customer, client, tenant, or lobbyist	City and state
NONE	

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

Name of provider	City and state
NONE	

12. List sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to 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.

*Ernie A. McPegar*                      4-1-00                      262-542-7645  
 Signature of person filing                      Date                      Daytime phone #

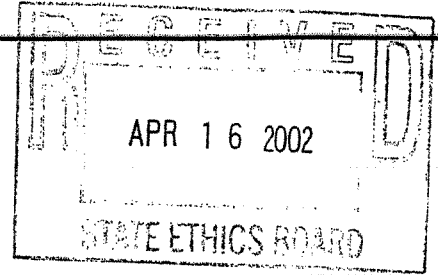
The information sought in this form is required by §§19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines 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

Filed in 2002 for calendar year 2001

Name: **McGregor, Elaine H.**  
 State position: **Dept. of Regulation & Licensing Member**  
 (held or sought) **Veterinary 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

**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	
		\$50,000 or less	More than \$50,000
<i>Coer Data Corping HFL</i>	stock/option/futures		
<i>Belden</i>	Wisconsin governmental security	✓	
<i>Blair</i>	Wisconsin governmental security	✓	
<i>Merck</i>	mutual or money mkt fund	✓	✓
<i>Pfizer</i>	mutual or money mkt fund	✓	✓
<i>Centennial Verizon</i>	mutual or money mkt 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
<i>none</i>				

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	
<i>none</i>			

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

Business or organization	City	State	Position
<i>none</i>			

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
<i>none</i>				

**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
<i>none</i>			

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

Source of income	City	State
<i>FICA</i>		

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

Name of provider	City	State
<i>none</i>		

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
<i>none</i>			

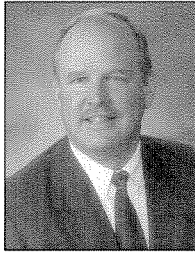
I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. If any part has been left blank, I have done so intentionally because there is nothing to report.

Daytime phone # *262-542-7645*

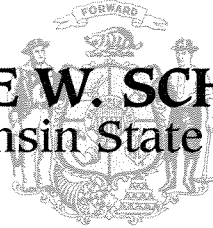
*Ernie A. McCreque* *1/12/02*  
Signature of person filing Date

E-mail address

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



**DALE W. SCHULTZ**  
Wisconsin State Senator



January 27, 2003

Elaine Mc Gregor  
808 Oak Ridge Dr  
Waukesha, WI 53188-2970

Dear Elaine,

I am writing in regard to your pending appointment to the Veterinary Examining Board. A hearing will be held on February 11, 2003. I realize that your situation may not allow for you to be in attendance.

If you still wish to serve, the committee would benefit in having some correspondence from you. Please send a letter to my office addressing the members of the Senate Committee on Agriculture, Financial Institutions, and Insurance explaining whether you wish to serve, why you are unable to attend, and any other pertinent information.

Your prompt response is appreciated. If you have any questions about your appointment, please do not hesitate to contact my office.

With kindest regards,

State Senator Dale Schultz  
17<sup>th</sup> Senate District

FEB 14 2003

Mrs. Elaine Mc Gregor  
808 Oak Ridge Dr.  
Waukesha, WI 53188-297

Senator Dale Schultz, Chairman  
Senate Committee on Agriculture,  
Financial Institutions and Insurance

Dear Senator Schultz,

I request your consideration of my reappointment to the Veterinary Examining Board. I have served since 1996 and have learned a great deal and I hope I have contributed to the Board as well.

I shall be in Florida until April and we meet every other month so I shall miss minimal meetings.

I want to thank you for your support and consideration. I look forward to continuing to serve on the Veterinary Board.

Sincerely,  
Elaine Mc Gregor