



4

**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

---

March 10, 2003

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint J C Frazier to be a funeral dir-embalmer of the Funeral Director's Examining Board to serve a term expiring July 1, 2006.

Mr. Frazier 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 "Jim Doyle".

Jim Doyle  
Governor

JED:AW



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

---

March 10, 2003

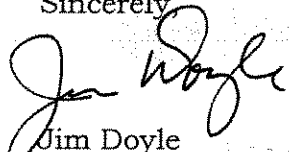
Mr. J C Frazier  
3749 N. 56th Street  
Milwaukee, WI 53216

Dear Mr. Frazier:

I am pleased to appoint you to the Funeral Director's Examining Board, effective March 10, 2003. Your experience, knowledge, and dedication will be a true asset to my administration and a great benefit to the people of Wisconsin.

It is a new day for Wisconsin! I look forward to working with you to find creative ways of delivering services and implementing positive change for the citizens of our state.

Sincerely,

  
Jim Doyle  
Governor

JED:AW



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

---

**GOVERNOR'S APPOINTMENT**

**NAME:** J C Frazier

**MAILING ADDRESS:** 3749 N. 56th Street  
Milwaukee, WI 53216

**E-MAIL ADDRESS:** frazvcj8@msn.com

**RESIDES IN:** Milwaukee, WI

**TELEPHONE:** (414) 462-6020 (w)  
(414) 871-5853 (h)

**OCCUPATION:** Funeral Director & Corporate Officer  
Northwest Funeral Chapel

**APPOINTED TO:** Funeral Director's Examining Board  
funeral dir-embalmer

**TERM:** A term to expire July 1, 2006

**SUCCEEDS:** William Cress

**SENATE CONFIRMATION:** Yes

**DATE OF APPOINTMENT:** March 10, 2003

**DATE OF NOMINATION:** March 10, 2003

J C Frazier  
3749 N, 56<sup>th</sup> Street  
Milwaukee, WI 53216

**OBJECTIVE:** Position on Funeral Director's Examining Board

**SUMMARY:** Established and currently operate a funeral establishment that serves over four hundred families each year. Serve on the Milwaukee Area Technical College Funeral Service Advisory Board; serve with the Milwaukee County, Wisconsin and National Funeral Directors' Associations; served on Apprenticeship Standards Committee for the Funeral Director's Examining Board.

**EXPERIENCE:**

1993 - Present Licensed Funeral Director and Corporate Officer of Northwest Funeral Chapel

Provide Pre-Need, At-Need and After-Care services primarily for African-American families in greater Milwaukee and surrounding areas.

Provide training opportunities for Funeral Director Apprentices

1990- 1993 Funeral Director, O'Bee Funeral Home

1970-1990 Officer, United States Army, Infantry

**EDUCATION:** Master's Degree, Business Administration  
Associate Degree Funeral Service  
Graduate Studies in Adult and Continuing Education

**SKILLS:** Funeral Directing and Embalming  
Project Management  
Facilitating Group Discussions / Activities

**VOLUNTEER ACTIVITIES:** Provide Biblical based training for adult and youth learners.

**INTERESTS, HOBBIES:**  
Chess, jogging, crossword puzzles



STATE OF WISCONSIN  
***ETHICS BOARD***

James R. Morgan  
Chairman  
Paul M. Holzem  
David L. McRoberts  
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: 608/264-9319  
ethics@ethics.state.wi.us  
<http://ethics.state.wi.us>

Roth Judd  
Director

Senate Committee Members:

The attached Statement of Economic Interests is provided with respect to the individual's nomination to a State Public Office by Governor Jim Doyle.

Sincerely,  
STATE OF WISCONSIN ETHICS BOARD

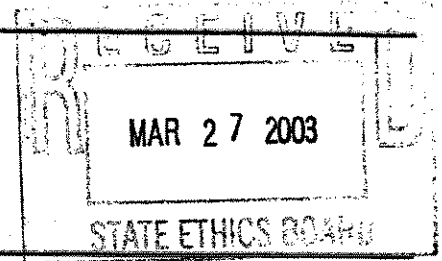
Nominee: J. C. Frazier  
Date: 3/27/03

# Statement of Economic Interests

Filed in 2003 for calendar year 2002

Name: Frazier, J. C.

State position: Regulation & Licensing, Dept. of  
(held or sought) Member  
Funeral Directors 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 March 10, 2003

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/<br>option/<br>futures | bond | limited<br>partnership | Wisconsin<br>governmental<br>security | mutual or<br>money<br>mkt fund | \$50,000 or<br>less | More than<br>\$50,000 |
| AMERICAN EXPRESS PRIVILEGE ASSETS |                              |      |                        |                                       | ✓                              | ✓                   |                       |
|                                   |                              |      |                        |                                       |                                |                     |                       |
|                                   |                              |      |                        |                                       |                                |                     |                       |
|                                   |                              |      |                        |                                       |                                |                     |                       |

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 |
|---|--------------|-------|-----------------------------|-----------------------------|
| NORTHWEST FUNERAL CHAPEL  | MILWAUKEE    | WI    | MILWAUKEE                   | FUNERAL SERVICE             |
|   |              |       |                             |                             |
|   |              |       |                             |                             |

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 |
|----------|-------------------------------------|------|-------|
| N/A      |                                     |      |       |
|          |                                     |      |       |
|          |                                     |      |       |

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 2002.

| Businesses, organizations, lobbyists that were customers, clients, or tenants | City | State |
|---|------|-------|
| N/A   |      |       |
|   |      |       |
|   |      |       |

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<br>(own, lease, option,<br>easement, land contract) |
|-------------------------------|--------------|--------|--|
| Street address or fire number | Municipality | County |  |
| N/A                           |              |        |  |
|                               |              |        |  |
|                               |              |        |  |

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

| Business or organization | City      | State | Position            |
|--------------------------|-----------|-------|---------------------|
| NORTHWEST FUNERAL CHAPEL | MILWAUKEE | WI    | CORPORATE SECRETARY |
|                          |           |       |                     |

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 |
|--------------------------|------|-------|
| N/A                      |      |       |

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 |
| WELLS FARGO MORTGAGE            | DES MOINES  | IA    |                  | ✓                  |
| UNITED SERVICES AUTOMOBILE ASSN | SAN ANTONIO | TX    | ✓                |                    |
| GENERAL MOTORS ACCEPTANCE CORP  | BROOKFIELD  | WI    | ✓                |                    |
| NORTH MILWAUKEE STATE BANK      | MILWAUKEE   | WI    | ✓                |                    |

**Part B** For calendar year 2002

7. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.

| Name of employer<br>(If State of Wisconsin, identify agency or institution) | City      | State | Nature of employer's business |
|---|-----------|-------|-------------------------------|
| NORTHWEST FUNERAL CHAPEL  | MILWAUKEE | WI    | FUNERAL SERVICE               |
|   |           |       |                               |

8. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.

| Source of income       | City | State |
|------------------------|------|-------|
| US ARMY RETIREMENT PAY |      |       |

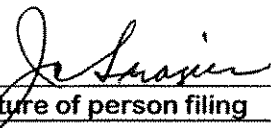
9. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) in 2002.

| Name of provider | City | State |
|------------------|------|-------|
| N/A              |      |       |

10. List, for 2002, 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 |
|-------|-------------------------------|----------------------|--------------------------|
| N/A   |                               |                      |                          |

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 # (414) 462-6020  
 Signature of person filing Date 3/25/03 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.

MAY 18 2001

SJ

FAMILY FOOT CLINIC, S.C.

IAN C. FURNESS, D.P.M.  
THOMAS M. SHERIDAN, D.P.M.  
STEVEN L. WOLFINGTON, D.P.M.  
JONATHAN K. STROEBEL, D.P.M.

21 SOUTH MARR STREET  
FOND DU LAC, WISCONSIN 54935  
TELEPHONE (920) 921-1669  
FAX (920) 921-7950

May 16, 2001

Senator  
Committee on Health, Utilities,  
Veterans and Military Affairs  
P. O. 7882  
Madison, WI 53707-7882

Dear Senator :

I am writing to you because I have been appointed by Governor Scott McCallum to serve on the Podiatrists Affiliated Credentialing Board. My nomination has been referred to the Committee on Health, Utilities, Veterans and Military Affairs on which you serve.

I currently practice in Fond du Lac, Wisconsin, and I have practiced there for the past 17 years. I have 21 years of practice experience as a podiatrist having served in the military prior to my returning to Wisconsin. I am a Wisconsin native and a graduate of Marquette University in Milwaukee. I have been told that you should have a copy of my resume as well as necessary appointment documents.

I am more than willing to meet with you should you have any questions about my qualifications to serve in this position. I would be happy to discuss with you any aspects of the appointment. I can be contacted during the daytime at the listed telephone number. My home phone number on evenings is 920-921-2838. I look forward to meeting you at the hearing. Please again feel free to contact me prior to that time if you have any questions at all.

Sincerely,

Ian C. Furness, D.P.M.

ICF/js

F.Y.I. -

DEAR CAROL:

HERE IS A COPY OF  
THE LETTER I SENT TO  
THE MEMBERS OF THE  
COMMITTEE ON HEALTH, UTILITIES,  
VETERANS AND MILITARY AFFAIRS,  
REGARDING MY APPOINTMENT TO  
THE PODIATRISTS AFFILIATED  
CREDENTIALING BOARD.

THANKS,  
Ian.



Terrence Greenleaf

**TERRENCE M. GREENLEAF**

**Beltone Hearing Aid Center**

**607 E. Walworth Ave.**

**Delavan, WI 53115**

**(262) 728-8010**

**Residence: 1231 Yoder Lane**

**Whitewater, WI 53190**

**(262) 473-4975**

**EXPERIENCE:**

**1982-Present Beltone Hearing Aid Center, Delavan, WI 53115**

- Hearing Instrument Specialist, 1983-Present
- Business owner since January 1988

**PROFESSIONAL CREDENTIALS:**

- Licensed by State of Wisconsin as Hearing Instrument Specialist, License #502, 1983-Present
- Member of International Hearing Society, 1985-Present
- Board Certified by National Board for Certification in Hearing Instrument Sciences, 1995-Present
- Member of Wisconsin Alliance of Hearing Professionals. Current Board Member.
- Examiner, The Hearing and Speech Examining Board

**COMMUNITY SERVICE:**

- Whitewater Breakfast Kiwanis, 1979-Present
  - Past President
  - Currently Financial Secretary and Board Member
- Knights of Columbus, 1975-Present
  - Past Grand Knight

**EDUCATION:**

- Graduate of Dollar Bay (MI) High School
- Completed Accounting Course by Correspondence
- Completed Numerous CEU's via Beltone Electronics Corporation

**REFERENCES:**

- Douglas Johnson, Executive Director and General Counsel, Wisconsin Alliance of Hearing Professionals
- Lynn Binnie, Asst. Administrator, Fairhaven Retirement Community



STATE OF WISCONSIN  
**ETHICS BOARD**

James R. Morgan  
Chairman  
Paul M. Holzem  
David L. McRoberts  
Dorothy C. Johnson

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

Roth Judd  
Director

Senate Committee Members:

The attached Statement of Economic Interests is provided with regard to the individual's nomination to a State Public Office by Governor Jim Doyle.

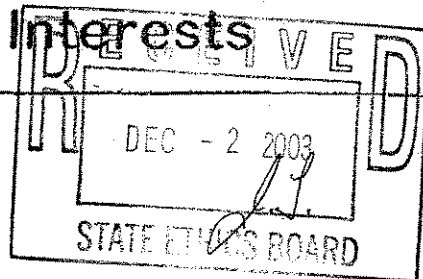
Sincerely,  
STATE OF WISCONSIN ETHICS BOARD

Nominee: Terrence M. Greenleaf  
Date: 12/3/03

Mail or fax to: Wisconsin Ethics Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2800; Fax: (608) 264-9319

# Statement of Economic Interests

Filed in 2003 for calendar year 2002



Name: GREENLEAF, Terrence M.  
(last name, first name & initial)

State position: Hearing & Speech LICENSING Board  
(held or sought) (include agency, division, branch or district, if applicable)

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 Information current as of 11-15-03

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/<br>option/<br>futures | bond | limited<br>partnership | Wisconsin<br>governmental<br>security | mutual or<br>money<br>mkt fund | \$50,000 or<br>less | More than<br>\$50,000 |
| <u>NONE</u>      |                              |      |                        |                                       |                                |                     |                       |
|                  |                              |      |                        |                                       |                                |                     |                       |
|                  |                              |      |                        |                                       |                                |                     |                       |

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 |
|---|--------------|-------|-----------------------------|-----------------------------|
| <u>NONE</u>   |              |       |                             |                             |
|   |              |       |                             |                             |
|   |              |       |                             |                             |

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 |
|-------------|-------------------------------------|------|-------|
| <u>NONE</u> |                                     |      |       |
|             |                                     |      |       |
|             |                                     |      |       |

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 2002.

| Businesses, organizations, lobbyists that were customers, clients, or tenants | City | State |
|---|------|-------|
| <u>NONE</u>   |      |       |
|   |      |       |
|   |      |       |

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<br>(own, lease, option,<br>easement, land contract) |
|-------------------------------|--------------|--------|--|
| Street address or fire number | Municipality | County |  |
| <u>NONE</u>                   |              |        |  |
|                               |              |        |  |
|                               |              |        |  |

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

| Business or organization | City | State | Position |
|--------------------------|------|-------|----------|
| NONE                     |      |       |          |

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 |
|--------------------------|------|-------|
| NONE                     |      |       |

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

| Creditor                  | City       | State | Amount                              |                          |
|---------------------------|------------|-------|-------------------------------------|--------------------------|
|                           |            |       | \$50,000 or less                    | More than \$50,000       |
| First Citizens State Bank | Whitewater | WI    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Part B For calendar year 2002**

7. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.

| Name of employer<br>(If State of Wisconsin, identify agency or institution) | City | State | Nature of employer's business |
|---|------|-------|-------------------------------|
| Self-Employed   |      |       |                               |

8. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.

| Source of income | City       | State |
|------------------|------------|-------|
| Social Security  | Whitewater | WI    |

9. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) in 2002.

| Name of provider | City | State |
|------------------|------|-------|
| NONE             |      |       |

10. List, for 2002, 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 certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. In the event this Statement of Economic Interests is filed prior my nomination or appointment, I certify that I will amend it within ten days of my nomination or appointment date if amendment is necessary to bring it into conformity with the true statement of my economic interests as of the date of my nomination or appointment. If any part has been left blank, I have done so intentionally because there is nothing to report.

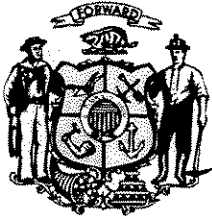
Daytime phone # 262-728-8010

*Terence M. Greenleaf*  
Signature of person filing

11-15-03  
Date

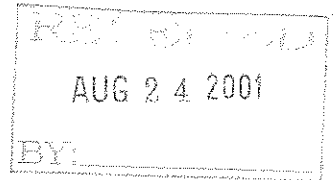
E-mail address

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.



SCOTT McCALLUM

Governor  
State of Wisconsin



August 21, 2001

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Yvonne D. Greer to the Dietitians Affiliated Credentialing Board effective August 21, 2001, pursuant to the statute governing, to serve an interim term to expire July 1, 2002 and a full four year term to expire July 1, 2006.

Ms. Greer 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**

August 21, 2001

Yvonne D. Greer  
3418 N. 50th Street  
Milwaukee, WI 53216

Dear Ms. Greer:

This letter is to confirm your nomination to the Dietitians Affiliated Credentialing Board effective August 21, 2001 to serve an interim term to expire July 1, 2002 and a full four year term to expire July 1, 2006.

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

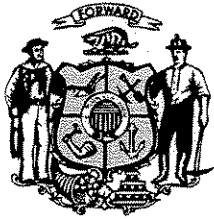
I am pleased you have agreed to take on this task, with your proven skills and dedication, I know you will do a superb job.

Sincerely,

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

Scott McCallum  
Governor

SM/nkw



**SCOTT McCALLUM**

**Governor  
State of Wisconsin**

**GOVERNOR'S APPOINTMENT**

**NAME/MAILING ADDRESS:** Yvonne D. Greer  
3418 N. 50th Street  
Milwaukee, WI 53216

**E-MAIL ADDRESS:** ygreer@ci.mil.wi.us

**RESIDES IN:** Milwaukee

**TELEPHONE:** 414/286-3619 (W)  
414/442-7460 (H)

**OCCUPATION:** Nutritionist Coordinator  
City of Milwaukee Health Department

**APPOINTED TO:** Dietitians Affiliated Credentialing Board  
(dietitian)

**TERM:** an interim term to expire July 1, 2002  
and a full four year term to expire July 1, 2006

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

**SENATE CONFIRMATION:** required

**DATE OF APPOINTMENT:** August 21, 2001

**DATE OF NOMINATION:** August 21, 2001

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

Yvonne D. Greer, MPH., RD., CD.  
3418 North 50<sup>th</sup> Street  
Milwaukee, Wisconsin 53216  
Home Phone - (414) 442-7460  
Work Phone - (414) 286-3619  
Work E-mail: ygreer@ci.mil.wi.us  
Fax # - (414) 286-8174

### Curriculum Vitae

**Education:** University of Wisconsin-Stevens Point, Stevens Point, WI, 1972-1976.  
Majors - Dietetics and Experimental Foods, BS Degree - 1976.

Howard University Hospital, Washington D.C., 1976-1977.  
Dietetic Internship Program, Completion - July, 1977.

University of Iowa, Iowa City, Iowa, June, 1992  
Fomon's Post Graduate Course on Pediatric Nutrition, Completion, June, 1992

University of Minnesota-Twin Cities, Minneapolis, Minn., 1993-2000  
REACH Program, School of Public Health  
Major - Public Health Nutrition, MPH Degree - May, 2000.

**Employment:** City of Milwaukee Health Department, Milwaukee, WI, Oct. 1999  
Present; Position - Nutritionist Coordinator, Community Nutrition Services

City of Milwaukee Health Department, Milwaukee, WI, Nov. 1994 - Sept. 1999;  
Position - Nutritionist Coordinator, Community Nutrition Services/WIC Project

City of Milwaukee Health Department, Milwaukee, WI, Nov. 1989 - Oct. 1994;  
Position - Community/WIC Nutritionist

Y-EAT Right....Nutritional Consultant for Healthy Living (Private Practice),  
Milwaukee, WI, 1997-present; Position - Nutrition Consultant/Presenter

New Concepts Self Development Prenatal Care Coordination Program,  
Milwaukee, WI., 1990-1993; Position - Nutrition Consultant, Private Practice

MATC Health Occupations Program Presenter, Milwaukee, WI., 1993; Position -  
Nutrition Consultant/Presenter, Private Practice

St. Lukes Medical Center Nutrition Services, Milwaukee, WI., June 1980-  
Oct. 1989; Position - Cardiac Surgery/Cardiac Intensive Care Dietitian

Parkview Memorial Hospital, Fort Wayne, Indiana, Sept. 1977 - July, 1979;  
Position - Clinical Dietitian, Cardiac/ Intensive Care Units

**Associations:** American Dietetic Association, 1977-present; ADA 's Public Health Nutrition  
Practice Group, 1991-present (Nominating Committee Member, 2001-2002),  
Indiana Dietetic Association, 1977-1979; Wisconsin Dietetic Association, 1980-  
present (Board Member, 2000-01); WDA Liaison, Wisconsin Turning Point



Initiative - Implementation Committee and SE Wisconsin Community Review Team (1999-present); Milwaukee Dietetic Assoc. 1980-present (Current MDA President for 2000-2001); Wisconsin Public Health Association, 1998-present; American Heart Association Northland Affiliate's Community Heart Information Program (CHIP), 1993-present (Chairperson of CHIP Committee, 1999-2002); March of Dimes Birth Defects Prevention, Community Services Program Committee (member), 1995-present, and Folic Acid Council (Chairperson), 1999-2002; American Diabetes Association, Partners in Prevention Diabetic Screening Project (member), 1998-2001; Wisconsin Diabetes Control Program (WDCP) Wisconsin Diabetes Advisory Group (member), 1998 - present; WDCP Minority Populations Workgroup - African American (Chairperson), 1999-2001; Hunger Task Force of Milwaukee, Health Advisory Committee, 1997-1999; National Association of Blacks in Dietetics and Nutrition (Nobidan), 2001-2002; Wisconsin Association of Blacks in Public Sector Employment, 1999-present.

**Awards:** Junior Achievement Scholarship, 1972;  
1994 Outstanding Alumna Award, School of Human Development and Nutritional Sciences, University of Wisconsin-Stevens Point;  
1999 Outstanding Volunteer Award For Community Partnerships, American Heart Association\Community Heart Information Program;  
2000 Ross Award in Women's Health, American Dietetic Association Foundation and Ross Products Division-Abott Laboratories

**Abstracts:** *About Better Choices (ABC's): Development of Nutrition Education Resources for Pregnant Adolescents to Promote Positive Eating Behavioral Change, American Dietetic Association Poster Session, 1993. (Wilford, L and Greer, Y)*

*Eat Right, Traditionally and Healthy - African American, Hmong, and Hispanic Displays and Educational Materials promoting Healthy Eating and Cooking, Maternal and Child Health Conference Poster Session, 1996. (Greer, Y., Mil. Health Dept.)*

*Comprehensive Assessment of the Nutrition Interventions and Resources Available to People with HIV/AIDS in Milwaukee, Wisconsin, and Surrounding Areas, Wisconsin Public Health Association Conference Poster Session, 1997. (Linek, M. and Greer, Y., Mil. Health Dept.)*

**Invited Papers/Presentations:** *Cultural Diversity - The African American Diet (workshop), Cultural Extensions '91, National Association of College and University Food Services (NACUES) Conference, University of Wisconsin - Milwaukee, 1991.*

*Nutrition and Cancer Prevention (presenter), 2<sup>nd</sup> and 3<sup>rd</sup> Annual Cancer Awareness and the Community Conference, House of Peace Community Center, November, 1990 and 1991.*

*Educating Nursing Students About Cultural Variations in Dietary Practices to Promote Health (teaching video and workbook on African American Dietary Practices), University of Wisconsin School of Nursing, 1993. (Wierenga, M., Millon-Underwood, S., and Meade, C.; Greer, Y. - Nutritional Consultant to project, 1992-1993)*

*Nutrition and Diabetes (presenter), C-Ross Home Health Care Community Seminar, June 1992. (Also acted as nutrition consultant in the formulation of a healthy breakfast and lunch menu and guide for participant meal selection at various calorie levels).*

*Cultural Sensitivity in Counseling the African American Client (two workshops), Nutrition for Mothers and Infants At-Risk, March of Dimes Conference - Milwaukee, Sept. 1992.*

*Living with Lupus (presenter), Lupus Society of Wisconsin's Annual Symposium for the Public, October, 1992.*

*Nutritional Care for the Person with Lupus (presenter), Lupus Society's Annual Nursing Seminar, October, 1992.*

*Promoting Eating Behavioral Change in the African American Elderly (workshop), Wisconsin Geriatric Education Center, Marquette University, Nov. 1992.*

*Interpersonal and Multicultural Solutions to Malnutrition in the Elderly (presenter in live national teleconference for health professionals), Milwaukee Area Technical College and the Midwest Geriatric Education Center, Marquette University, May 1993. (Broadcasted in 20 US locations and the Island of Bermuda)*

*You Eat What You Are: Traditional Foods of African American Culture (presenter), Milwaukee Dietetic Association Professional Education Program, Nov. 1995.*

*From Africa to America, Foods that Sustained a Nation (Keynote Presenter), Cultural Foods Project - Recipe Contest, University of Wisconsin-Milwaukee Student Union, Feb. 1997. ( A collaborative effort of the Medical College of Wisconsin, Isaac Coggs Health Connection, UWM School of Nursing, UWM Student Union Multicultural Program, and the City of Milwaukee Health Department Community Nutrition Program)*

*Nutrition and Cognitive Brain Development of African American Children (Presenter), 3<sup>rd</sup> Annual African Americans in Education Conference, University of Wisconsin-Milwaukee, Feb. 1997.*

*Community and Hospital Resources for Minority Populations- The African American Population (Presenter), (ETN) Diabetes Educators Initiative, sponsored by the University of Wisconsin - Madison School of Nursing, May, 1999. (Statewide educational teleconferencing network; as a result, a nurse from Beloit, Wisconsin was provided a mentorship experience to assist her in the development of a more culturally competent service delivery.)*

*Access to Nutrition Professionals and Medical Nutrition Therapy Services to Reduce Health Disparities in Chronic Diseases in Minority Populations (Provided testimony and a white paper), Chronic Disease in Minority Populations Forum.*

sponsored by the State Department of Health and Family Services, Aug. 1999.

*Combating Food Insecurity (presenter), OIC-GM's Opportunities Food Services Dedication*, which also include presentations by State Senator, Gary George, State Superintendent of Public Instruction, John T. Benson, and City of Milwaukee Mayor, John O. Norquist, November, 1999.

*Nutrition and Diabetes (presenter), Community Diabetes Awareness Workshop, Family Health Ministry, New Covenant Baptist Church.* Also worked with Food Service Director on a diabetic menu for breakfast and lunch to be served to conference participants, March, 2000.

*Soulful and Healthy Food (food demonstration with presentation), 17th Annual WABPSE Training Conference, April, 2000.*

*Family Nutrition: Where Do We Stand in the Year 2000? (presented two workshops), Fifth annual Spring Kindergarten Inservice, Milwaukee Public Schools, March, 2000.*

*Empowering the African American Client to Diabetes Self Management (presenter), Diverse Issues in Diabetes Care, Diabetes Educators Conference, March, 2001.*

*Fitting Nutrition into a Busy Lifestyle (presenter), Discovering the Healthy, Beautiful You, 4th Annual Women's Health Conference.* Presented by the Wisconsin Women's Health Foundation in partnership with the Wisconsin Department of Health and Family Services and Boston Store, April, 2001

#### **Nutrition Education/Inservice Training:**

Conducted nutrition classes at Alternative middle and high schools serving at risk teens (i.e., SER Jobs for Progress, Spectrum). At Lady Pitts Alternative School for Pregnant Teen, all health classes participated in a 3-part nutrition class series that featured role playing and interactive activities, patterned after the ABC's project curriculum. (1990-1994)

Conducted a series of class presentations at Milwaukee Public Middle and High Schools (i.e. MPS Parkman MS, Madison HS, Marshall HS) in collaboration with the American Heart Association's Community Heart Information Program (CHIP). After each session students established their own personal eating improvement goals. (1993-1995)

Working with the Parent Empowerment Program at the Milwaukee Area Technical College, provided the workshops *Nutrition for Health, Infant and Toddler Feeding*, and *Kids in the Kitchen*. (1994-1996)

Provide training and oversight to Public Health and Dietetic Interns and Dietetic Technician students annually from Mount Mary College, MATC, and other from around the US. (1994 and on-going)

Facilitated the Community Nutrition Program's involvement in the MPS School to

*Work Initiative* through participation in school health fairs, career days, and Teachers workshops and shadowing program. (1994-1998)

Planned and/or conducted two annual nutrition trainings for nurses and other MHD clinical staff as part of the *Educational Staff* scheduled each month through the Staff Development Unit (1990 - Present). Also, conduct the new staff orientation session entitled, "Nutrition Throughout the Lifecycle", which is presented to new staff three or more times per year. ( 1994 - present)

Plan, coordinate, and/or provide an annual "Nutrition Retreat" Training to MHD Nutrition Staff working in the WIC Program to assure accuracy in counseling and knowledge of clinical nutrition related advances in maternal and child nutrition as well as in medical nutrition therapy for chronic health conditions. (1994-present)

Conducted a series of nutrition classes/workshops at community based organizations working with families in crisis from domestic violence, drug and alcohol abuse, incarceration, living alone, in job training programs and the homeless. Some groups include: The Hunger Task Force of Milwaukee Emergency Food Pantry Network (2001); Goodwill Industries Technology Training Center (2000); Holton Street Correction Center (2000); Employment Solutions, Wisconsin Works (W2) Agency (1999-2000); Transitional Housing Program, Vel Phillips YWCA (1989-1995); Fresh Start - Women's Treatment Program, (1990-1995); and Wise Weight Minder (name later changed to the EAT RIGHT Club), Clinton Rose Senior Center (1990-1995).

#### **Leadership/Community Collaboration:**

As part of the \$11 Nutrition Challenge sponsored by the Hunger Task Force of Milwaukee, Second Harvest Food Bank of Wisconsin, and the University of Wisconsin Extension in conjunction with World Food Day 1995, participated in a supermarket shopping event by planning a menu and shopping for a family of four for under \$11. Also, at the World Food Day Videoconference, was a luncheon presenter and discussion leader. Demonstrated that although difficult, nutritional guidelines can be met on a food stamp level budget with careful planning and shopping. The project goal was to bring more awareness to issues of hunger in Milwaukee County. Generated substantial media coverage. (1995)

Directed the development of a nutrition education "starter" packet for the Adolescent School Health Program Nurses ("School Nurses") which consists of a variety of nutrition tools, assessment sheets, nutrition lesson plans, a nutrition trivia game, outreach materials, and samples of available nutrition pamphlets. Evaluations returned in 1997 revealed that the nurses found the materials useful to assess and intervene on nutritional issues. (1996-1997)

As a member of the Health Advisory Committee of the Milwaukee Hunger Task Force, planned and coordinated a study in conjunction with Mount Mary College that evaluated the nutritional adequacy of meals served and amount consumed at two local free meal site. Also, surveyed participants as to how many meals had been eaten that day to assess the extent of hunger. A report was generated and shared with local and State officials (1997-1998).

Was a key participant in the Wisconsin Association of Perinatal Care workshops

to revise and develop criteria sets on *Fertility and Nutritional Health and Nutrition for Optimal Reproductive Health*, for inclusion in the *Perinatal Nutrition I. Criteria for Quality Assurance and Workshop Manual*, which is used throughout the State of Wisconsin as a standard of care for all healthcare providers of perinatal care. (Participated in 1991; and again in 1997)

As Co-Chair of *Partners Link*, a coalition of stakeholders (e.g. MHD's Community Nutrition and Cardiovascular Risk Reduction Program, American Heart Association, Medical College of Wisconsin) dedicated to the promotion of cardiovascular risk reduction skill building, a series of four Community Health Seminars were conducted both on the north and south sides of Milwaukee to target the African American and Hispanic populations, respectively. Each seminar focused on a particular health theme and included a health screening (i.e. blood pressure measurements; body fat analysis) and a lecture with an interactive question and answer period. (Spring of both 1997 and 1998).

Quotations on the importance of fruit and vegetable intake for children were featured in the Hunger Task Force of Milwaukee's *Hunger Index* publication that was sent to all local public officials and various community agencies to raise awareness of the extent of hunger in our community (Spring, 1999).

Representing both the Milwaukee Health Department and the Wisconsin Dietetic Association, serves as member of the State of Wisconsin's Turning Point Initiative Community Review Team for Southeastern Wisconsin. The five regional Community Review Teams provide input in refining the products of the Turning Point Transformation Team, who are charged with the development of a New State Public Health Plan for 2010. Also, as part of the Turning Point Implementation Committee's Adequate and Appropriate Nutrition Workgroup, provides expertise, using the Logic Model, in the development of nutrition outcomes and activities to meet nutrition goals for 2010.

Represents the Milwaukee Health Department on the *Wisconsin Diabetes Advisory Group of the Wisconsin Diabetes Control Program (WDCCP)* - a statewide coalition of stakeholder from all healthcare disciplines, consumers, vendors, service organizations, public health agencies, academia, and alike, to promote implementation and evaluation of the "Wisconsin Essential Diabetes Mellitus Care Guidelines" throughout the State of Wisconsin (1998-present).

As a member of the Medical Society's Community Collaboration for Healthcare Quality (CCHQ) - Diabetes Work Group, assisted in the planning and implementation of the *Southeast Wisconsin Diabetes Leadership Forum*, which brought together top leaders from the private business sector, healthcare providers, local and state health officials, and social service directors to examine and facilitate a dialogue on issues related to optimizing diabetes care and treatment from a public health prospective, including review of the *Wisconsin Diabetes Mellitus Care Guidelines* (Aug. 1999).

As part of the American Diabetes Association's "Partners in Prevention" Community Screening Initiative, conducted a series of community diabetes

health screenings (Holton YMCA; Church site; others TBA). The goal was to identify, provide education, and referral services to undiagnosed diabetics to avert costly complications and hospitalizations. A "complete health risk screening", which includes a diet and weight assessment, was offered to the targeted community (1999 - 2001)

As a member of the Wisconsin 5 A Day Coalition, assisted in the dissemination of 5 A Day materials through community based organization and fairs, provided workshops on nutrition and fitness, and participated in staffing the 5 A Day booth at the Wisconsin State Fair, promoting the intake of 5 fruits and vegetables a day for better health and the reduction of chronic disease risk factors (1997 - present).

Joining with the State Nutrition Consultants, Women's Health Nutrition Workgroup, developed the *Women's Health Nutrition Education Card Series*, a group of 8 single concept nutrition education cards to be used throughout the State of Wisconsin (completed June 2000).

As Chairperson of the WDCP's Minority Populations Workgroup - African Americans, lead the workgroup in the implementation of *Diabetes Sundays*, a four week diabetes awareness series which was conducted in April and May, 2000, within 17 churches located in the cities of Milwaukee, Racine, Kenosha, and Madison. Each week showcased a health theme related to diabetic care and treatment: 1) early detection, screening, and appropriate care; 2) Diabetes and Heart Disease; 3) Diabetes and Kidney Disease; and 4) Nutrition and Diabetes: Getting Your 5 A Day. Each church was provided educational materials for distribution along with inserts for church bulletins, posters for display boards, and referral numbers for follow-up purposes. This initiative was considered of great benefit by the Parish Nurses/Church Representatives and was repeated in Spring of 2001 (evaluation results are pending).

Provided advice and guidance to MetaStar in the development of focus groups and possible outreach initiatives, as well as educating new staff on the problems and barriers that exist within the African American community that may affect access to care for diabetes management. MetaStar, through special funding from the Health Care Financing Administration, is looking at ways to increase the levels of care and treatment of diabetes within the minority populations related to blood lipid and eye care, monitoring, and treatment to eliminate disparities. (2000 and on-going). Review and edited focus group questionnaires related to cultural appropriateness and project goals.

As a member of the Milwaukee Public Schools Healthy Hearts Project - Family and Community Connections Workgroup, provided technical assistance in the coordination of nutrition interventions that links the school with community nutrition resources such as supermarket tours and health walks, as well as provide expertise on cultural variations in nutrition education and cultural materials for curriculum development (2000 and on-going).

### Articles, Publications, Media, and other Creative Work:

- 1990-1993 Wrote a weekly nutrition column in a local community newspaper titled *Eat Better/Feel Better*.
- 1990 Through participation on the Clinical Dietetics and Research Committee of the Milwaukee Dietetic Association, made significant contributions towards the *Fat Restricted* and the *Appendix* sections (*Dietary Fiber, Glossary of Cardiovascular Terms, and References*) of the *Milwaukee Area Diet Manual - 3<sup>rd</sup> Revised Edition, 1991*
- 1991&1995 Co-edited the "Infant Needs Pantry Training Manual", utilized by the Hunger Task Force of Milwaukee and was a presenter at the pantry workers inservice trainings, both years.
- 1991 Conducted radio interviews with Ella Smith's Sunday Forum (WLUM) and with the weekly morning broadcasters for WTMJ on the topic *Nutrition and Cancer*, in conjunction with the American Cancer Society Food Fight Campaign.
- 1992 Developed the patient handout *Diabetic Tip Sheet*, used by the Milwaukee Health Department. Also, developed the teaching handouts on the feeding relationship titled, *Promoting Optimal Growth in Children* and *Feeding Practices - Myths and Beliefs*, used in WIC counseling and inservice training.
- 1995 The \$11 Nutrition Challenge sponsored by the Hunger Task Force of Wisconsin, Second Harvest Food Bank of Wisconsin, and the University of Wisconsin Extension in conjunction with World Food Day 1995 generated media coverage from Channels 4, 6, & 12 and the Milwaukee Journal Sentinel.
- 1995 & 2000 Developed the *Nutrition Resource Guide for Milwaukee Area*, a listing of nutrition services available within the City of Milwaukee (completed and published in-house; 2000 update pending).
- 2000 Provided nutrition advice as technical expert to the development of a series of four nutrition videos developed by the Marquette School of Nursing, Communication Interns at Marquette University, and an MPS Middle School, through funding provide by AHEC. *Project FUN*, includes an internet curriculum with assignments that are to be reinforced through the viewing of the nutrition videos. Project was completed this fall and are scheduled to be piloted tested in three area schools in January 2001.
- 2001 Filmed a nutrition segment which featured three recipe demonstrations for a health promotion documentary entitled... *A Silent Threat - Heart Disease in African American Women*. The goal of the nutrition segment was to enhance awareness of African American women to heart healthy eating and food preparation techniques to prevent heart disease.



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

Roth Judd  
Director

**Nominee:** Yvonne D. Greer  
**Position:** Member, Dietitians Affiliated Credentialing Bd.  
Regulation & Licensing, Dept. of  
(*dietitian*)

**Statutory Reference:**

15.085 Affiliated credentialing boards. (1) SELECTION OF MEMBERS. All members of affiliated credentialing boards shall be residents of this state and shall, unless otherwise provided by law, be nominated by the governor, and with the advice and consent of the senate appointed. \* \* \* No member may serve more than 2 consecutive terms. No member of an affiliated credentialing board may be an officer, director or employe of a private organization which promotes or furthers the profession or occupation regulated by that board.

(am) Public members appointed under s. 15.406 shall not be, nor ever have been, licensed, certified, registered or engaged in any profession or occupation licensed or otherwise regulated by the affiliated credentialing board 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 physical therapists affiliated credentialing board, podiatrists affiliated credentialing board or occupational therapists affiliated credentialing board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

9/6/01  
SENATE COMMITTEE ON HEALTH, UTILITIES, VETERANS AND MILITARY AFFAIRS: Senators Moen, (Chair), Breske, Robson, Erpenbach, M. Meyer, Rosenzweig, Cowles, S. Fitzgerald, and Lazich.



15.406 Department of regulation and licensing; attached affiliated credentialing boards.

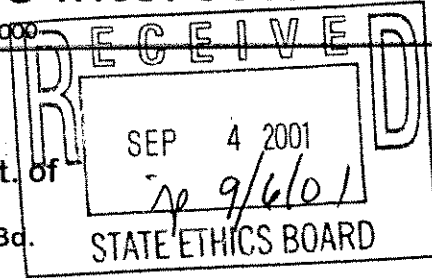
(2) DIETITIANS AFFILIATED CREDENTIALING BOARD. (a) There is created in the department of regulation and licensing, attached to the medical examining board, a dietitians affiliated credentialing board consisting of the following members appointed for 4-year terms:

1. Three dietitians who are certified under subch. IV of ch. 448.
2. One public member.

# Statement of Economic Interests

Filed in 2001 for calendar year 2000

Name: Greer, Yvonne D.  
 State position: Regulation & Licensing, Dept. of Member  
 (held or sought) Dietitians Affiliated Credentialing Bd.



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 August 21, 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/<br>option/<br>futures | bond | limited<br>partnership | Wisconsin<br>governmental<br>security | mutual or<br>money mkt<br>fund | \$50,000 or<br>less | More than<br>\$50,000 |
| NA (only Deferred Compensation plan that do not list out securities within plan) - mutual funds through City of Milwaukee - per letter 9/6/01 |                              |      |                        |                                       |                                | ✓                   |                       |

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  |
|---|--------------|-------|-----------------------------|--|
| Y-EAT Right... Nutrition Consultant                                       | Milw.        | WI.   | milw.                       | Private Practice Business - Nutrition workshops/keynote Presenter/Project Consultant |

a) For each general partnership or non-Wisconsin entity, list the GENERAL PARTNERS or the OFFICERS and DIRECTORS.

| Business | Partners, or officers and directors | City | State |
|----------|-------------------------------------|------|-------|
| NA       |                                     |      |       |

b) For each enterprise 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 COMMERCIAL CUSTOMERS, CLIENTS, and TENANTS, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2000.

| Commercial customer, client, tenant, or lobbyist | 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   |  |
| Pepper Tree Resort at Tamarack | Wisconsin Dells, WI | Sauk Co. | Internal Ownership Condominium - Land Contract                   |

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

| Business or organization       | City      | State | Position                          |
|--------------------------------|-----------|-------|-----------------------------------|
| NA (at present)                |           |       |                                   |
| Milwaukee Dietetic Association | Milwaukee | WI    | President (June 2000 - June 2001) |

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 |
|--|---------|-------|
| WDA Liaison, Wisconsin Turning Point Initiative                    | Madison | WI    |
| Wisconsin Dietetic Association Board Member - Milw. Representative | Madison | WI    |

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

\* See Attached

| Creditor                           | City            | State | "✓" one         |                   |
|------------------------------------|-----------------|-------|-----------------|-------------------|
|                                    |                 |       | \$5,000 or less | More than \$5,000 |
| M+I Mortgage Corporation           | Milwaukee       | WI    | ✓               |                   |
| Guardian Credit Union (car note)   | Wauwatosa       | WI    | ✓               |                   |
| Peppertree at Tammak Resorts, LTD. | Wisconsin Dells | WI    | ✓               |                   |

**Part B**

For calendar year 2000

7. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2000.

| Name of employer<br>(If State of Wisconsin, identify agency or institution) | City  | State | Nature of employer's business     |
|---|-------|-------|-----------------------------------|
| Milwaukee Health Department   | Milw. | WI    | Public Health Services/Leadership |
| Guardian Credit Union   | Milw. | WI    | Teller/Receptionist               |

8. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2000.

| Source of income  | City  | State |
|---|-------|-------|
| Y-EAT Right, Nutrition Consultant (Private Practice Business)<br>(Approximately \$1000 total Gross) | Milw. | WI    |

9. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) in 2000.

| Name of provider   | City    | State |
|--|---------|-------|
| American Dietetic Association Foundation Women's Health Award (\$1000.00)<br>(through a Grant from the Ross Products Division - Abbott Laboratories) | Chicago | IL    |

10. List, for 2000, 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.

Thorne D. Greer  
Signature of person filing

08/31/01  
Date

Daytime phone # (414) 286-3619 or  
Cell - (414) 745-4234  
E-mail address ygreer@ci.mil.wi.us

The information sought in this form is required by §§19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The 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.

Attachment to Statement of Economic Interest

\* 5.) List Organizations That Authorized You or A Family Member to Represent them (cont.):

- Wisconsin Diabetes Control Program, Minority Milw., WI, Population Workgroup - AA, Chairperson
- National Association of Blacks in Dietetics and Nat. Beachwood, Ohio (Wisc. Regional Representative but not a spokesperson)

\* 9.) List Individuals or organizations that provided you with Entertainment or gifts (cont...)

- Arbonne International - Exhibitor Milw., WI.  
AAA Conference  
Promotional Drawing Winner  
Mini Vacation (3 Days / 2 nights)



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

---


March 14, 2003

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint L. Kevin Hamberger to be a public member of the Council on Domestic Abuse to serve a term expiring July 1, 2005.

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

Respectfully submitted,

  
Jim Doyle  
Governor

JED:AW



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

---

March 11, 2003

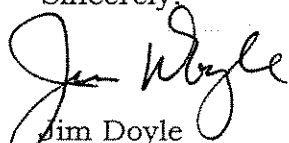
Mr. L. Kevin Hamberger  
6695 W. Robinwood Lane  
Franklin, WI 53132

Dear Mr. Hamberger:

I am pleased to appoint you to the Council on Domestic Abuse, effective March 10, 2003. Your experience, knowledge, and dedication will be a true asset to my administration and a great benefit to the people of Wisconsin.

It is a new day for Wisconsin! I look forward to working with you to find creative ways of delivering services and implementing positive change for the citizens of our state.

Sincerely,

  
Jim Doyle  
Governor

JED:AW

## CURRICULUM VITAE

November, 2002

**L. KEVIN HAMBERGER, Ph.D.**

**Home Address:** 6695 West Robinwood Lane  
Franklin, Wisconsin 53132  
(414) 425-8452

**Office Address:** Racine Family Practice Center  
P.O. Box 548  
Racine, Wisconsin 53401-0548  
(262)687-5600

**Date of Birth:** June 4, 1953

**Place of Birth:** Fond du Lac, Wisconsin

**Marital Status:** Married to Nancy Jean, June 30, 1979, two children, Heidi Hamberger, born May 25, 1986 and Alexander Hamberger, born February 21, 1990

**Education:**

|            |   |
|------------|---|
| 1971-1973  | (Transferred), University of Wisconsin Center -<br>Fond du Lac<br>Fond du Lac, WI                 |
| 1975 B.S.  | Psychology/Biology, University of Wisconsin<br>Oshkosh, WI  |
| 1979 M.A.  | Clinical Psychology, University of Arkansas<br>Fayetteville, AR                                   |
| 1982 Ph.D. | Clinical Psychology, University of Arkansas<br>Fayetteville, AR                                   |
| 1981-1982  | Clinical Psychology, Internship, Wood Veterans<br>Administration, Medical Center<br>Milwaukee, WI |
| 1981-1982  | Intern Representative (equivalent to chief resident)  |

**Faculty Appointments:**

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

**Hospital and Administrative Appointments:**

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

**Licensure:** January 1983 #1004 Wisconsin License, Psychology

**Awards, Honors:**



**CURRICULUM VITAE (cont'd)**

**L. Kevin Hamberger, Ph.D.**

- 1972 Scholar Athlete, University of Wisconsin Center-Fond du Lac, Fond du Lac, Wisconsin
- 1974 Psi Chi National Honor Society in Psychology
- 1974 Who's Who Among American College and University Students
- 1974 Delta Tau Kappa International Honor Society for the Social Sciences
- 1975 B.S. Summa Cum Laude, University of Wisconsin-Oshkosh
- 1983 Writer of the Year, Department of Family Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin
- 1985-1992 Who's Who Among Human Service Professionals
- 1987 Who's Who in the Midwest
- 1988-1991 Who's Who of Emerging Leaders in America
- 1992 Who's Who in American Education
- 1993 Honorable Mention, Society of Teachers of Family Medicine Research Paper Award
- 1995 Clinical Researcher of the Year, Department of Family and Community Medicine, Medical College of Wisconsin
- 1995 Innovation in Clinical Teaching Award for the 16th Behavioral Science Forum
- 1996 Innovative Educational Project Award, Medical College of Wisconsin
- 1997 Community Involvement Recognition Award, Department of Family and Community Medicine, Medical College of Wisconsin
- 1998 Society of Teaching Scholars, Medical College of Wisconsin
- 1999 Published Paper of the Year, Department of Family and Community Medicine, Medical College of Wisconsin

**CURRICULUM VITAE (cont'd)**

**L. Kevin Hamberger, Ph.D.**

- 2000           Who's Who in America
- 2001           Supervisor, Best Student Paper Award. Wisconsin Chapter of the College of Emergency Physicians, Amy Zozel, student. Paper title: Domestic Violence Injuries Among Men in an Emergency Department.
- 2001           APA Division of Family Psychology (Division 43) Recognition Award for Substantial Contributions to the Field of Families and Family Violence
- 2002           Clinical Researcher of the Year Department of Family and Community Medicine, Medical College of Wisconsin

**Memberships in Professional and Honorary Societies:**

American Psychological Association

Wisconsin Psychological Association

Society of Teachers of Family Medicine

Association of Medical School Professors of Psychology

Association for the Advancement of Behavior Therapy

Wisconsin Batterer Treatment Providers Association

**Editorial Boards and Guest Reviews:**

**Editorial Boards:**

- 1991-present   *Family Violence and Sexual Assault Bulletin*
- 1994-present   *Journal of Family Violence*
- 1996-present   *Journal of Interpersonal Violence*
- 1997-present   *Journal of Aggression, Maltreatment and Trauma*
- 1997-present   *Executive Advisory Board, Maltreatment and Trauma Press, an imprint of Haworth Press.*



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

---

**GOVERNOR'S APPOINTMENT**

**NAME:** L. Kevin Hamberger

**MAILING ADDRESS:** 6695 W. Robinwood Lane  
Franklin, WI 53132

**E-MAIL ADDRESS:** lkh@mcw.edu

**RESIDES IN:** Franklin, WI

**TELEPHONE:** (262) 687-5655 (w)  
(414) 425-8452 (h)

**OCCUPATION:** Professor  
Medical College of WI

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

**TERM:** A term to expire July 1, 2005

**SUCCEEDS:** self

**SENATE CONFIRMATION:** yes

**DATE OF APPOINTMENT:** March 10, 2003

**DATE OF NOMINATION:** March 10, 2003



STATE OF WISCONSIN  
***ETHICS BOARD***

James R. Morgan  
Chairman  
Paul M. Holzem  
David L. McRoberts  
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: 608/264-9319  
ethics@ethics.state.wi.us  
<http://ethics.state.wi.us>

Roth Judd  
Director

Senate Committee Members:

The attached Statement of Economic Interests is provided with respect to the individual's nomination to a State Public Office by Governor Jim Doyle.

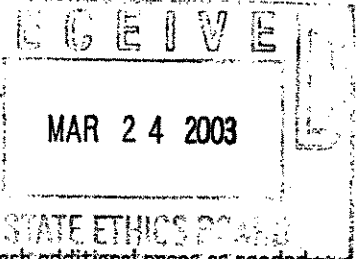
Sincerely,  
STATE OF WISCONSIN ETHICS BOARD

Nominee: L. Kevin Hamberger  
Date: 3/27/03

# Statement of Economic Interests

Filed in 2003 for calendar year 2002 by

**Hamberger, L. Kevin**  
**Health & Family Services, Dept. of**  
**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: **March 10, 2003**

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

| Stocks/options/futures                   | **/" one                            |                                     |
|--|-------------------------------------|-------------------------------------|
|  | \$50,000 or less                    | More than \$50,000                  |
| First Banking Center Burlington          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Bonds</b>                             | <input type="checkbox"/>            | <input type="checkbox"/>            |
|  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Limited partnerships</b>              | <input type="checkbox"/>            | <input type="checkbox"/>            |
|  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Wisconsin governmental securities</b> | <input type="checkbox"/>            | <input type="checkbox"/>            |
|  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Mutual or money market funds</b>      |                                     |                                     |
| Dodge & Cox Balanced Fund                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Heartland WI Tax Free Muni Bond Fund     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| MFS/Sun America Fund                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| TIAA CREF                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|  | <input type="checkbox"/>            | <input type="checkbox"/>            |

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   |
|--|--------------|-------|-----------------------------|-------------------------------|
| CC&K   | Fond du Lac  | WI    | Fond du Lac                 | Limited Liability Partnership |
|  |              |       |                             |                               |

- 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 2002.

| Businesses, organizations, lobbyists that were customers, clients, or tenants | City        | State |
|---|-------------|-------|
| Country Curio   | Fond du Lac | WI    |
| Osborn & Sons Trucking  | Fond du Lac | WI    |
|   |             |       |
|   |             |       |

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                                  |
|-------------------------------|------------------|-----------|---|
| Street address or fire number | Municipality     | County    | (e.g., own, lease, option, easement, land contract) |
| 12-15N-10E                    | Town of Montello | Marquette | own   |
|                               |                  |           |   |
|                               |                  |           |   |

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

| Business or organization | City | State | Position |
|--------------------------|------|-------|----------|
|                          |      |       |          |
|                          |      |       |          |

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       |
| Mutual Savings Bank | Greendale | WI    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                     |           |       | <input type="checkbox"/>            | <input type="checkbox"/> |
|                     |           |       | <input type="checkbox"/>            | <input type="checkbox"/> |

**Part B**

**For calendar year 2002**

7. List your and your family's **EMPLOYERS** (\$1,000 or more of income) in 2002.

| Name of employer<br>(If State of Wisconsin, identify agency or institution) | City      | State | Nature of employer's business |
|---|-----------|-------|-------------------------------|
| Medical College of Wisconsin  | Milwaukee | WI    | Medical School                |
| Franklin Public Schools   | Franklin  | WI    | Education                     |
| Northwestern Travel Mgmt  | Racine    | WI    | Travel Agency                 |
|   |           |       |                               |

8. List **OTHER SOURCES** from which you or your family received **INCOME** of \$1,000 or more in 2002.

| Source of income         | City    | State |
|--------------------------|---------|-------|
| Brown & LaCount Law Firm | Madison | WI    |
|                          |         |       |
|                          |         |       |

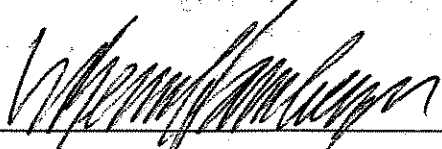
9. List individuals and organizations that provided you with **ENTERTAINMENT or GIFTS** (more than \$50) in 2002

| Name of provider | City | State |
|------------------|------|-------|
|                  |      |       |
|                  |      |       |

10. List, for 2002, 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 |
|-------|-------------------------------|----------------------|--------------------------|
| N/A   |                               |                      |                          |

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 # 252 687-9626 |                |
|   | 3-19-03                      | lkh@mcw.edu    |
| 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.

Mail or fax to: Wisconsin Ethics Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2800; Fax: (608) 264-9319  
Eth 2. For use in 2003 (Rev. 11/02)

**Ethics Board's comments about the Statement you filed last year to help you complete this one.**

- In item 1, please list each mutual fund by name (rather than giving the fund family name only-TIAA-CREFF).

## Jermstad, Sara

---

**From:** L. Kevin Hamberger [lkh@mcw.edu]  
**Sent:** Wednesday, April 09, 2003 4:04 PM  
**To:** Jermstad, Sara  
**Subject:** Re: Follow up to this morning's phone call

Hi:

I just sent the letters, via snail mail, to each senator on the committee., including an offer to talk with them directly if they so desire.

Thanks,

L. Kevin Hamberger, Ph.D.

At 01:21 PM 4/7/2003 -0500, you wrote:

>Good afternoon!

>

>This email is in follow up to the conversation I had with you this morning  
>regarding the public hearing for your appointment to the Council on  
>Domestic Abuse.

>

>I have informed Senator Roessler that you are unable to attend the  
>hearing. As I mentioned on the phone, we will still proceed with your  
>appointment, unless a member raises a concern. You are highly encouraged  
>to call each member of the committee prior to the hearing and make  
>yourself available if they wish to meet with you personally - you do not  
>need to call Senator Roessler's office. Because you will not be able to  
>attend the hearing, we would appreciate it if you would send a  
>letter/email to the members, including Senator Roessler.

>

>The members of the Senate Committee on Health, Children, Families, Aging  
>and Long Term Care are:

>

>Senator Ronald (Ron) Brown, (608) 266-8546  
>Senator Tim Carpenter, (608) 266-8535  
>Senator Charles (Chuck) Chvala, (608) 266-9170  
>Senator Robert (Bob) Jauch, (608) 266-3510  
>Senator Ted Kanavas, (608) 266-9174  
>Senator Judith (Judy) Robson, (608) 266-2253  
>Senator Carol Roessler, (608) 266-5300  
>Senator Dale Schultz, (608) 266-0703  
>Senator Robert (Bob) Welch, (608) 266-0751

>

>The mailing address for all Senators is: PO Box 7882, Madison, WI 53707-7882

>

>The email addresses for Senators are: Sen.the Senator's last  
>name@legis.state.wi.us (e.g. Senator Roessler's email is  
>Sen.Roessler@legis.state.wi.us)

>

>Please let me know if you have any questions or concerns.

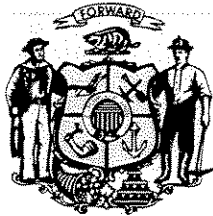
>

>Sincerely,

>

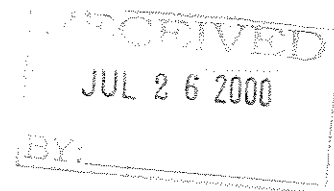
>Sara Jermstad  
>Office of Senator Carol Roessler  
>Sara.Jermstad@legis.state.wi.us  
>(608)266-5300 / 888-736-8720





**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**



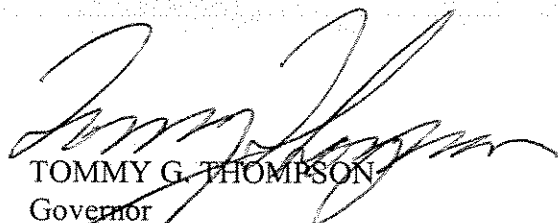
July 20, 2000

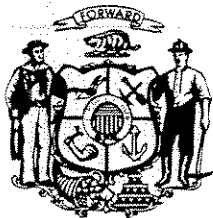
To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Jon D. Hammes to the Medical College of Wisconsin Board of Trustees effective July 20, 2000, pursuant to the statute governing, to serve a six year term to expire May 1, 2006.

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

Respectfully submitted,

  
TOMMY G. THOMPSON  
Governor  
TGT/nkw



**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**

**GOVERNOR'S APPOINTMENT**

**NAME/MAILING ADDRESS:** Jon D. Hammes  
Hammes Company  
18000 W. Sarah Lane, Suite #305  
Brookfield, WI 53045

**E-MAIL ADDRESS:** not available

**RESIDES IN:** Mequon

**TELEPHONE:** 414/792-5900 (W)  
262/238-0139 (H)

**OCCUPATION:** President/Partner  
Hammes Company

**APPOINTED TO:** Medical College of Wisconsin Board of Trustees  
(public member)

**TERM:** a six year term to expire May 1, 2006

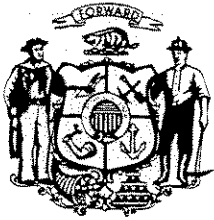
**SUCCEEDS:** Joseph Gorman  
5787 S. Hacker Drive  
West Bend, WI 53095

**SENATE CONFIRMATION:** required

**DATE OF APPOINTMENT:** July 20, 2000

**DATE OF NOMINATION:** July 20, 2000

**COMPENSATION:** no compensation



**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**

July 20, 2000

Jon D. Hammes  
Hammes Company  
18000 W. Sarah Lane, Suite #305  
Brookfield, WI 53045

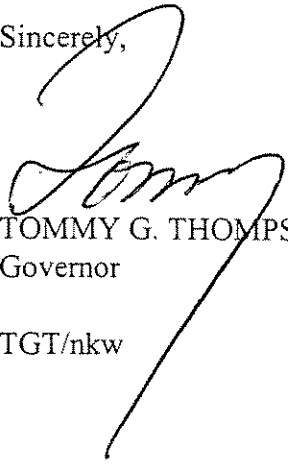
Dear ~~Mr.~~ Hammes:

This letter is to confirm your nomination to the Medical College of Wisconsin Board of Trustees effective July 20, 2000 to serve a six year term to expire May 1, 2006.

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

**Jon D. Hammes**  
7224 W. Highland  
Mequon, Wisconsin 53092  
(262) 238-0139

### **Experience and Qualifications**

Jon Hammes is Founder and Managing Partner of Hammes Company, a real estate organization providing development and construction services to the commercial, health care, sports and entertainment, and student housing industries. His primary responsibilities include directing and managing the efforts of each operating group within Hammes Company. Prior to forming Hammes Company, he was a Regional Partner and Management Board member of the Trammell Crow Company.

### **Educational Background**

Bachelor of Science – 1972  
University of Wisconsin, Milwaukee, Wisconsin

Master of Science, Real Estate, and Urban Land Economics – 1974  
University of Wisconsin, Madison, Wisconsin

### **Professional Affiliations**

Chairman  
State of Wisconsin Investment Board

Faculty Member  
School of Business  
University of Wisconsin

Trustee  
Center for Urban Land Economics  
Research  
University of Wisconsin – Madison

Member  
Greater Milwaukee Committee

Board of Directors member of:

- Assisted Living Investments
- Boys & Girls Clubs
- The Business Banc Group Ltd.
- Children's Hospital of Wisconsin
- Heartland Mutual Fund
- Next Door Foundation
- YMCA of Metropolitan Milwaukee

Advisor  
Aberdeen Strategic Capital