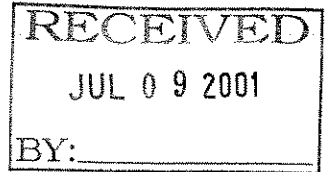


SCOTT McCALLUM

**Governor
State of Wisconsin**



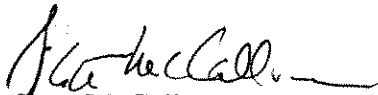
July 3, 2001

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Steven A. Harvey to the Hearing and Speech Examining Board effective July 3, 2001, pursuant to the statute governing, to serve a four year term to expire July 1, 2005.

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

Respectfully submitted,


Scott McCallum
Governor

SM/nkw



SCOTT McCALLUM

**Governor
State of Wisconsin**

GOVERNOR'S APPOINTMENT

NAME/MAILING ADDRESS: Steven A. Harvey
Steven J. Millen, M.D., S.C.
11035 W. Forest Home Avenue
Hales Corners, WI 53130

E-MAIL ADDRESS: n/a

RESIDES IN: Brookfield

TELEPHONE: 414/529-3215 (W) *Jan*
262/789-7133 (H)

OCCUPATION: Physician
Steven J. Millen, M.D., S.C.

APPOINTED TO: Hearing and Speech Examining Board
(otolarynologist)

TERM: a four year term to expire July 1, 2005

SUCCEEDS: Dr. William Simic
1788 Blosser Road
Woodruff, WI 54568

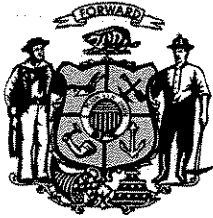
SENATE CONFIRMATION: required

DATE OF APPOINTMENT: July 3, 2001

DATE OF NOMINATION: July 3, 2001

COMPENSATION: \$25 per diem, plus expenses

*Oct 10th
1:30
1:30
1:30*



SCOTT McCALLUM

**Governor
State of Wisconsin**

July 3, 2001

Steven A. Harvey
Steven J. Millen, M.D., S.C.
11035 W. Forest Home Avenue
Hales Corners, WI 53130

Dear Dr. Harvey:

This letter is to confirm your nomination to the Hearing and Speech Examining Board effective July 3, 2001 to serve a four year term to expire July 1, 2005.

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

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Scott McCallum".

Scott McCallum
Governor

SM/nkw

CURRICULUM VITAE

Steven A. Harvey, M.D., F.A.C.S.

PERSONAL INFORMATION

Business Address: Milwaukee Otologic
11035 West Forest Home Avenue
Hales Corners, Wisconsin 53130
(414) 529-3215
(414) 529-3214 FAX

Home Address: 19775 Trilby Court
Brookfield, Wisconsin 53045
(414) 789-7133

Date of Birth: June 8, 1959
Place of Birth: Topeka, Kansas
Citizenship: U.S.A.
Spouse: Cheryl
Children: Michael
Matthew
Michelle

Social Security #: 512-66-4750

EDUCATION

Undergraduate: Creighton University; Omaha, Nebraska
Graduated May 1981
B.S. Chemistry

Medical School: Creighton University; Omaha, Nebraska
Graduated May 1985
M.D.

PROFESSIONAL TRAINING

Internship: St. Luke's Medical Center; Milwaukee, Wisconsin
July 1985 to June 1986
Transitional Internship

Residency: Medical College of Wisconsin; Milwaukee, Wisconsin
July 1986 to June 1990
Department of Otolaryngology & Human Communication

Steven A. Harvey, M.D.

Fellowships: Minnesota Ear Head & Neck Clinic P.A.; Minneapolis, Minnesota
Clinical Fellowship in Otology
July 1990 to June 1991
Director - Michael M. Paparella, M.D.

Northwestern University Medical School; Chicago, Illinois
Clinical Fellowship in Otology and Neurotologic -
Skull Base Surgery
July 1991 to June 1992
Director - Richard J. Wiet, M.D.

University of Chicago; Chicago, Illinois
Research Fellowship in Temporal Bone Histopathology
July 1992 to September 1992
Director - Raul Hinojosa, M.D.

Southern Illinois University; Springfield, Illinois
Research Fellowship in Vestibular Physiology
October 1992 to December 1992
Director - Horst R. Konrad, M.D.

HONORS/AWARDS

Undergraduate: Scholastic Achievement Award 1980
Graduated Magna Cum Laude

Medical School: Alpha Omega Alpha Honor Medical Society
Graduated Cum Laude

Practice: Listed Best Doctors in America

LICENSURE

State of Wisconsin (#27653), 1985-present
State of Minnesota (#33540), 1990-1991
State of Illinois (#036-082366), 1991-1993

CERTIFICATION

Diplomate American Board of Otolaryngology
October 1990

OFFICES HELD

Wisconsin Legislative Representative to American Academy of
Otolaryngology-Head and Neck Surgery Board of Governors
(1997- present)

Steven A. Harvey, M.D.

President, Milwaukee Society of Head and Neck Medicine & Surgery (1997-1998)

Medical Advisory Committee of Acoustic Neuroma Association of Wisconsin, Inc. (1997-present)

Hearing Subcommittee of American Academy of Otolaryngology-Head and Neck Surgery (1997-present)

Board of Directors of Center for the Deaf and Hard of Hearing, Milwaukee, Wisconsin (1998-present)

Editorial reviewer, Otolaryngology-Head and Neck Surgery (1998-present)

Balance Committee of American Neurotology Society (1999-present)

CLINICAL APPOINTMENTS

Assistant Professor of Surgery - Medical College of Wisconsin; Milwaukee, Wisconsin
January 1993 to February 1996

Assistant Clinical Professor of Surgery - Medical College of Wisconsin; Milwaukee, Wisconsin
March 1996 to present

HOSPITAL APPOINTMENTS

Active Staff - Milwaukee County Medical Complex; Milwaukee, Wisconsin
January 1993 to December 1995 (hospital closed)

Active Staff - Froedtert Memorial Lutheran Hospital; Milwaukee, Wisconsin
January 1993 to present

Active Staff - Veteran's Administration Medical Center; Milwaukee, Wisconsin
January 1993 to present

Steven A. Harvey, M.D.

Courtesy Staff - Children's Hospital of Wisconsin;
Milwaukee, Wisconsin
January 1993 to present

Active Staff - West Allis Memorial Hospital;
West Allis, Wisconsin
April 1996 to present

Courtesy Staff - Elmbrook Memorial Hospital
Brookfield, Wisconsin
April 1996 to present

Courtesy Staff - St. Luke's Medical Center
Milwaukee, Wisconsin
April 1996 to present

SOCIETY MEMBERSHIPS

American Academy of Otolaryngology-Head & Neck Surgery
American Neurotology Society
Medical Society of Milwaukee County
Milwaukee Society of Head and Neck Medicine and Surgery
American College of Surgeons
Wisconsin Society of Otolaryngology-Head & Neck Surgery
Wisconsin State Medical Society

TEACHING INTERESTS

Involvement in resident temporal bone surgical dissection courses
and neurotology conferences at Medical College of Wisconsin
Milwaukee, Wisconsin

PUBLICATIONS

Harvey SA, Millen SJ: Bilateral CSF Otorrhea in a Case of
Meningitis. Otolaryngol Head Neck Surg 1990; 103(5):831-834.

Haberkamp TJ, Harvey SA, Daniels DL: The Use of Gadolinium
Enhanced Magnetic Resonance Imaging to Determine Site of
Lesion in Traumatic Facial Paralysis. Laryngoscope 1990;
100:1294-1300.

Steven A. Harvey, M.D.

Harvey SA, Haberkamp TJ: Pitfalls in the Diagnosis of CPA Tumors. *Ear, Nose and Throat Journal* 1991; 70(5):290-304.

Wiet RJ, Harvey SA, Teixido MT: Complications of Surgery for Acoustic Neuroma - Options for Prevention and Management. NIH Consensus Development Conference 1991; 103-109.

Hain TC, Harvey SA: A Comment Regarding BPPV Diagnosis and Management. *Micromedical Technologies Vestibular Update* 1992; 9:5.

Harvey SA, Paparella MM, Sperling NM, Alleva M: The Flexible (Conservative Surgical) Approach for Chronic Otitis Media in Young Children. *Laryngoscope* 1992; 102:1399-1403.

Wiet RJ, Harvey SA, O'Connor CA: Recent Advances in Surgery of the Temporal Bone and Skull Base. *Southern Medical Journal* 1993; 86(1):5-12.

Wiet RJ, Harvey SA, Pyle MG: Canal Wall Reconstruction: A Newer Implantation Technique. *Laryngoscope* 1993; 103:594-599.

Wiet RJ, Harvey SA, Bauer GP: Complications in Stapes Surgery: Options for Prevention and Management. In House JW, ed. *Otolaryngol Clin N Am* 1993; 26:471-490.

Nissen RL, Harvey SA: Cerebrovascular Disease. In Jackler RK, Brackmann DE, eds. *Neurotology*. Chicago, IL: Mosby Year Book 1994, pp. 489-516.

Wiet RJ, Harvey SA, Bauer GP: Management of Complications of Chronic Otitis Media. In Brackmann DE, ed. *Otologic Surgery*. Philadelphia, PA: W.B. Saunders Co. 1994; pp. 257-288.

Harvey SA, Millen, SJ: Absent Round Window Reflex: Possible Relationship to Step-Wise Hearing Loss. *Am J Otol* 1994; 15:237-242.

Wiet RJ, Harvey SA, Zhao JC, Dobben G: Hemifacial Spasm: Evaluation and Management Options. *European Arch Oto-Rhino-Laryngol* 1994 Supplement: 337-342.

Harvey SA, Wiet RJ, Kazan R: Chondrosarcoma of the Jugular Foramen. *Am J Otol* 1994; 15:257-263.

Steven A. Harvey, M.D.

Harvey SA, Hain TC, Adamiec LC: Modified Liberatory Maneuver: Effective Treatment for BPPV. *Laryngoscope* 1994; 104:1206-1212.

Haberkamp TJ, McFadden E, Khafagy Y, Harvey SA: Gunshot Injuries of the Temporal Bone. *Laryngoscope* 1995; 105:1053-1057.

Harvey SA, Wood DJ: The Oculocephalic Response in the Evaluation of the Dizzy Patient. *Laryngoscope* 1996; 106:6-9.

Freije JE, Harvey SA, Haberkamp TJ: False Negative Magnetic Resonance Imaging in the Evaluation of Facial Paralysis. *Laryngoscope* 1996; 106:239-242.

Haberkamp TJ, Harvey SA, Khafagy Y: Revision Stapedectomy with and without the CO₂ Laser: A Comparison of Results. *Am J Otol* 1996; 17:225-229.

Harvey SA: Open-Cavity and Closed-Cavity (Intact Canal Wall) Tympanomastoidectomy. *Operative Techniques in Otolaryngology-Head and Neck Surgery* 1996; 7(1):50-54.

Harvey SA, Wood DJ, Feroah TR: Relationship of the Head Impulse Test and Head-Shake Nystagmus in Reference to Caloric Testing. *Am J Otol* 1997; 18:207-213.

Harvey SA: Skin Grafting in Otology. *Laryngoscope* 1997; 107: 1199-1202.

Kodali S, Harvey SA, Prieto TE: Thermal Effects of Laser Stapedectomy in an Animal Model: CO₂ versus KTP. *Laryngoscope* 1997; 107:1445-1450.

Harvey SA: Intratympanic Gentamicin. *Newsletter of the Vestibular Disorders Association* 1998; 15:1, 6-7.

Hung RT, Harvey SA, Millen SJ: Vestibular Compensation in Guinea Pigs Receiving IV Lidocaine After Unilateral Labyrinthectomy. *Otolaryngol Head Neck Surg* 1999; 120:12-16.

Steven A. Harvey, M.D.

Harvey SA, Fox MC: Relevant Issues in Revision Canal-Wall-Down (CWD) Mastoidectomy. *Otolaryngol Head Neck Surg* 1999; 121:18-22.

Haberkamp TJ, Harvey SA, Bresemann J, Kilde J: Displacement of Ventilating Tubes into the Middle Ear: A "New" Complication of Ventilating Tubes. *Am J Otolaryngol* (submitted)

Rusy LM, Harvey SA, Beste DJ: Pediatric Fibromyalgia and Dizziness: Evaluation of Vestibular Function. *J Dev Behav Ped* 1999; 20:211-215.

Harvey SA, Lin SY: Double Cartilage Block (DCB) Ossiculoplasty in Chronic Ear Surgery. *Laryngoscope* 1999; 109:911-914.

Harvey SA: Surgery to Correct OI-Related Hearing Loss. *Breakthrough* (The Newsletter of the Osteogenesis Imperfecta Foundation) 1999; 24: 1-5.

PRESENTATIONS

Harvey SA, Haberkamp TJ, Millen SJ: Pitfalls in the Diagnosis of Tumors of the Cerebellopontine Angle. *Wisconsin State Medical Society*. Milwaukee, Wisconsin; April 15, 1989.

Harvey SA, Millen SJ: Perilymphatic Hypertension. Middle Section meeting of the American Laryngological, Rhinological and Otolological Society. Tulsa, Oklahoma; January 20, 1990.

Paparella MM, Harvey SA, Sperling NM, Alleva M: The Flexible (Surgical Conservative) Approach for Chronic Otitis Media in Young Children. Middle Section meeting of the American Laryngological, Rhinological and Otolological Society. Milwaukee, Wisconsin; January 26, 1991.

Paparella MM, Schachem P, daCosta SS, Spratley J, Sano S, Alleva M, Harvey SA: Clinical and Pathological Correlates of Silent (Subclinical) Otitis Media. Fifth International Symposium on Recent Advances in Otitis Media. Ft. Lauderdale, Florida; May 20-24, 1991.

Wiet RJ, Harvey SA, O'Connor CA: Recent Advances in Surgery of the Temporal Bone and Skull Base. Southern Medical Association Scientific Meeting. Atlanta, Georgia; November 16, 1991.

Steven A. Harvey, M.D.

Wiet RJ, Harvey SA, Teixido MT: Complications of Surgery for Acoustic Neuroma--Options for Prevention and Management. National Institutes of Health Consensus Conference on Acoustic Neuromas. Washington, D.C.; December 12, 1991.

Wiet RJ, Harvey SA, Pyle MG: Canal Wall Reconstruction: A Newer Implantation Technique. Middle Section meeting of the American Laryngological, Rhinological and Otological Society. Cleveland, Ohio; January 25, 1992.

Wiet RJ, Harvey SA, O'Connor CA, Adamiec LC: A Practical Application of Transtympanic Electrocochleography. Illinois Speech-Hearing Association. Chicago, Illinois; February 29, 1992.

Roubein D, Russell EJ, Oskin J, Darling C, Goldberg K, Wiet RJ, Harvey SA: Chondroid Chordoma of the Jugular Foramen and Petrous Pyramid, Resembling Jugular Paraganglioma/Schwannoma. Presented at the 25th Annual Conference and Post-Graduate Course in Head & Neck Radiology. Chicago, Illinois; April 22-26, 1992.

Wiet RJ, Harvey SA, Zhao JC, Dobben G: Hemifacial Spasm: Evaluation and Management Options. Seventh International Symposium on the Facial Nerve. Cologne, Germany; June 12, 1992

Harvey SA, Hain TC, Adamiec LC: Modified Liberatory Maneuver: Effective Treatment for BPPV. Middle Section Meeting of the American Laryngological, Rhinological and Otological Society. Chicago, Illinois; January 23, 1993.

Adamiec LC, Harvey SA, Zappia JJ, Bauer GP, Feldman S: Diagnosis and Management of the Dizzy Patient: One Team's Approach. Illinois Speech-Hearing Association. Chicago, Illinois; February 26, 1993.

Harvey SA: Sensorineural Hearing Loss. St. Mary's Hospital Grand Rounds. Milwaukee, Wisconsin; March 26, 1993.

Harvey SA, Haberkamp TJ: Dizziness in the Elderly: An Approach for the Primary Care Physician. Medical College of Wisconsin Senior Health Program. Milwaukee, Wisconsin; May 5, 1993.

Harvey SA: Dizziness and Vertigo: Diagnosis and Management. Elmbrook Memorial Hospital Grand Rounds. Milwaukee, Wisconsin; September 8, 1994.

Steven A. Harvey, M.D.

Harvey SA, Millen SJ: Soft Tissue Effects of the KTP Laser. Poster presentation, American Academy of Otolaryngology Head and Neck Surgery Research Forum. San Diego, California; September 19-21, 1994.

Harvey SA, Wood DJ: The Oculocephalic Response in the Evaluation of the Dizzy Patient. Middle Section meeting of the American Laryngological, Rhinological and Otological Society. Omaha, Nebraska; January 21, 1995.

Freije JA, Harvey SA, Haberkamp TJ: False Negative MRI in the Diagnosis of Facial Nerve Paralysis. Middle Section meeting of the American Laryngological, Rhinological and Otological Society. Omaha, Nebraska; January 21, 1995.

Haberkamp TJ, McFadden E, Khafagy Y, Harvey SA: Gunshot Injuries of the Temporal Bone. Middle Section meeting of the American Laryngological, Rhinological and Otological Society. Omaha, Nebraska; January 21, 1995.

Harvey SA: New Trends in the Treatment of Ear Pathology. Annual meeting of Wisconsin Speech-Language-Hearing Association. Lake Geneva, Wisconsin; March 11, 1995.

Haberkamp TJ, Harvey SA, Khafagy Y: Revision Stapedectomy with and without the CO₂ Laser: A Comparison of Results. American Otological Society. Palm Desert, California; April 29, 1995.

Harvey SA: Bacteriology of Pediatric Otitis Media. Spring meeting of Wisconsin Society of Otolaryngology-Head and Neck Surgery. Brookfield, Wisconsin; June 3, 1995.

Harvey SA: Skin Grafting in Otology. Fall meeting of Wisconsin Society of Otolaryngology - Head and Neck Surgery. Delavan, Wisconsin; October 21, 1995.

Harvey SA, Wood DJ, Feroah TR: Relationship of the Oculocephalic Response and Head-Shake Nystagmus in Reference to Caloric Testing. American Neurotology Society. Orlando, Florida; May 5, 1996.

Harvey, SA: Office Evaluation of the Dizzy Patient. St. Luke's Medical Center Grand Rounds. Milwaukee, Wisconsin; May 9, 1996

Steven A. Harvey, M.D.

Harvey, SA, Wood, DJ, Feroah, TR: Relationship of the Oculocephalic Response and Head-shake Nystagmus in Reference to Caloric Testing. Fall meeting of Wisconsin Society of Otolaryngology-Head and Neck Surgery. Spring Green, Wisconsin; October 12, 1996.

Harvey SA: Skin Grafting in Otology. Middle Section meeting of the American Laryngological, Rhinological and Otological Society. Kansas City, Missouri; January 25, 1997.

Kodali S, Harvey SA, Prieto TE: Inner Ear Thermal Effects of Laser Stapedectomy in an Animal Model: CO₂ vs. KTP. Middle Section meeting of the American Laryngological, Rhinological and Otological Society. Kansas City, Missouri; January 25, 1997.

Hung RT, Harvey SA, Millen SJ: Vestibular Compensation in Guinea Pigs Receiving IV Lidocaine After Unilateral Labyrinthectomy. Middle Section meeting of the American Laryngological, Rhinological and Otological Society. Kansas City, Missouri; January 25, 1997.

Harvey SA (panel moderator): Otologic Case Conference. Spring meeting of Wisconsin Society of Otolaryngology-Head and Neck Surgery. Brookfield, Wisconsin; June 7, 1997.

Harvey SA, Millen SJ: Selective Facial Nerve Management in Glomus Jugulare Surgery. Fall meeting of Wisconsin Society of Otolaryngology-Head and Neck Surgery. Egg Harbor, Wisconsin; October 19, 1997.

Harvey SA, Fox MC: Relevant Issues in Revision Canal-Wall-Down (CWD) Mastoidectomy. Middle Section meeting of the American Laryngological, Rhinological and Otological Society. Minneapolis, Minnesota; January 25, 1998.

Haberkamp TJ, Harvey SA, Bresemann J, Kilde J: Displacement of Ventilating Tubes into the Middle Ear: A "New" Complication of Ventilating Tubes. Middle Section meeting of the American Laryngological, Rhinological and Otological Society. Minneapolis, Minnesota; January 25, 1998.

Ahuja A, Harvey SA: Acoustic Neuroma: An Overview. St. Luke's Medical Center Grand Rounds. Milwaukee, Wisconsin; March 5, 1998.

Steven A. Harvey, M.D.

Harvey SA, Fox MC: Relevant Issues in Revision Canal-Wall-Down (CWD) Mastoidectomy. Spring meeting of Wisconsin Society of Otolaryngology-Head and Neck Surgery. Milwaukee, Wisconsin: June 20, 1998.

Harvey SA: Options for Management of Labyrinthine Fistulae Secondary to Chronic Ear Disease. Fall meeting of Wisconsin Society of Otolaryngology-Head and Neck Surgery. Elkhart Lake, Wisconsin: October 18, 1998.

Harvey SA, Lin SY: Double Cartilage Block (DCB) Ossiculoplasty in Chronic Ear Surgery. Middle Section meeting of the American Laryngological, Rhinological and Otological Society. Milwaukee, Wisconsin: January 23, 1999.

Harvey SA: Total Cartilage Tympanoplasty for Severe Atelectasis. Fall meeting of Wisconsin Society of Otolaryngology-Head and Neck Surgery. Elkhart Lake, Wisconsin: October 10, 1999.

Harvey, SA: Update on Otitis Media. Milwaukee Pediatric Society. Milwaukee, Wisconsin: November 8, 2000.

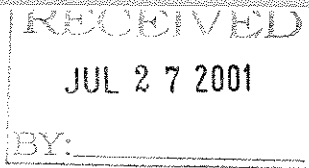
Harvey, SA: Vestibular Problems following Acoustic Neuroma Surgery. Wisconsin Acoustic Neuroma Association (Southeastern division). Milwaukee, Wisconsin: November 11, 2000.

Harvey, SA: Office Evaluation of Peripheral Vestibular Dysfunction. Milwaukee Neuropsychiatric Society. Milwaukee, Wisconsin: January 17, 2001.

Harvey, SA: Office Evaluation of the Dizzy Patient for the Primary-Care Physician. Waukesha Memorial Hospital Grand Rounds. Waukesha, Wisconsin: February 13, 2001.



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: Steven A. Harvey
Position: Member, Hearing and Speech Examining Board

Statutory Reference:

15.08 Examining boards and councils. (1) **SELECTION OF MEMBERS.** members of examining boards shall be residents of this state * * * N 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 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 be married to any person so licensed, certified, registered or engaged, shall not employ, be employed by or be professionally associated with a person so licensed, certified, registered or engaged.

(b) The public members of the chiropractic examining board, the dentist examining board, the hearing and speech examining board, the medical examining board, respiratory care practitioners examining council, and council on physician assistants, the board of nursing, the nursing home administrator examining board, the veterinary examining board, the optometry examining board, the pharmacy examining board, the examining board of social workers, marriage and family therapists and professional counselors and the psychology examining board shall not be engaged in 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. * * *

(6m) HEARING AND SPEECH EXAMINING BOARD. There is created a hearing and speech examining board in the department of regulation and licensing consisting of the following members appointed for 4-year term

(a) Three hearing instrument specialists licensed under subch. I of ch. 4

(b) One otolaryngologist.

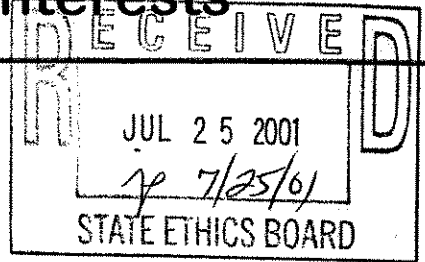
(c)1. One audiologist licensed under subch. III of ch. 459. * * *

(d)1. One speech-language pathologist licensed under subch. III of ch. 4
* * *

(e) Two public members. One of the public members shall be a hearing user.

Statement of Economic Interests

Filed in 2001 for calendar year 2000



Name: Harvey, Steven A.
 State position: Regulation & Licensing, Dept. of Member
 (held or sought) Hearing and Speech 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 July 3, 2001

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

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
Centennial Centennial Money Market Fund					✓		✓
Bristol-Myers Squibb	✓					✓	
General Electric	✓					✓	
Harley-Davidson	✓					✓	
Kohl's	✓					✓	

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
Steven J. Milner / Steven A. Harvey S.C.	Wales Corners	WI		Medical Practice

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

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
Multiple health care organizations & third-party insurers for health care provided		

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	

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

Business or organization	City	State	Position
Center for the Deaf and Hard of Hearing	Brookfield	WI	Member, Board of Directors

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
Daiichi Pharmaceutical Corp	Montvale	N.J.

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
ABN AMRO Mortgage Group	Kalamazoo	MI		✓

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 (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Steven J. Miller/Steven A. Harris	Wales Corners	WI	Medical Practice
St. Luke's Medical Center (Spouse)	Milwaukee	WI	Health Care

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

Source of income	City	State

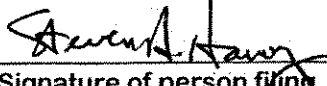
9. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) in 2000.

Name of provider	City	State

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

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


 Signature of person filing _____ Date 7/24/01 Daytime phone # (414) 529-3215

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.

Office Review
 Additional information may be appropriate at #26.
 p 7/25/01

Statement of Economic Interests

Filed in 2001 for calendar year 2000

Name: Harvey, Steven A.

State position: Regulation & Licensing, Dept. of Member
(held or sought) Hearing and Speech 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 July 3, 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 <input checked="" type="checkbox"/> one					Amount <input checked="" type="checkbox"/> one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
Fidelity Low-Priced Stock Fund					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fidelity Europe Cap. Appreciation Fund					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Putnam New Opportunities Fund					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Putnam Global Equity					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Warburg Pincus International Equity Fund					<input checked="" type="checkbox"/>	<input checked="" 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

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

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

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	

Statement of Economic Interests

Filed in 2001 for calendar year 2000

Name: Harvey, Steven A.
 State position: Regulation & Licensing, Dept. of Member
 (held or sought) Hearing and Speech 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 July 3, 2001

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

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
New Perspective Fund (American Funds)					✓	✓	
American Century Ultra Ultra					✓	✓	✓
Income Fund of America					✓	✓	
American Century Growth Fund					✓	✓	
American Century International Growth Fund					✓	✓	

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

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

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

Business	Partners, or officers and directors	City	State

- 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

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	

Statement of Economic Interests

Filed in 2001 for calendar year 2000

Name: Harvey, Steven A.

State position: Regulation & Licensing, Dept. of Member
(held or sought) Hearing and Speech 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 July 3, 2001

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

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
American Century Select Fund					✓	✓	
American Century Value Fund					✓	✓	
Fidelity Contra Fund					✓	✓	
Fidelity OTC Fund					✓	✓	
Fidelity Blue Chip Growth Fund					✓	✓	

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

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

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

Business	Partners, or officers and directors	City	State

- 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

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	

Statement of Economic Interests

Filed in 2001 for calendar year 2000

Name: Harvey, Steven A.

State position: Regulation & Licensing, Dept. of Member
(held or sought) Hearing and Speech 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 July 3, 2001

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

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
Microsoft	✓					✓	
First Energy Growth Trust #4					✓	✓	
Janus Fund					✓	✓	
Janus Mercury					✓	✓	
Vanguard Growth Index Fund					✓	✓	

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

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

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

Business	Partners, or officers and directors	City	State

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

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	

Harvey

Vote Record

Committee on Health, Children, Families, Aging and Long Term Care

Date: _____

Moved by: _____ Seconded by: _____

AB _____ SB _____ Clearinghouse Rule _____

AJR _____ SJR _____ Appointment _____

AR _____ SR _____ Other _____

A/S Amdt _____

A/S Amdt _____ to A/S Amdt _____

A/S Sub Amdt _____

A/S Amdt _____ to A/S Sub Amdt _____

A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

Be recommended for:

- Passage Adoption Confirmation Concurrence Indefinite Postponement
- Introduction Rejection Tabling Nonconcurrence

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Senator Carol Roessler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Ted Kanavas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Ronald Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Robert Welch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Dale Schultz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Judith Robson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Charles Chvala	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Robert Jauch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Tim Carpenter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: _____

Jermstad, Sara

To: Heinz, Geri
Subject: Follow up to my phone call

Good morning!

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

You will be receiving a hearing notice via email, which will verify the date, time and location of the hearing. If something should come up and you are no longer able to attend the public hearing, please notify me ASAP.

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. If you choose to send a letter/email to the members, please send one to Senator Roessler as well.

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



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

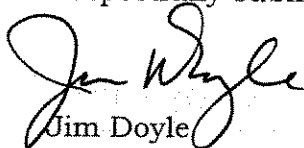
April 8, 2003

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Geri A. Heinz to be a member of the Council on Domestic Abuse to serve a term expiring July 1, 2004.

Ms. Heinz 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

April 8, 2003

Geri A. Heinz
3131 North 10th Street
Wausau, WI 54403

Dear Geri:

I am pleased to appoint you to the Council on Domestic Abuse, effective April 08, 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,

A handwritten signature in cursive script that reads "Jim Doyle".

Jim Doyle
Governor

JED:AW



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

GOVERNOR'S APPOINTMENT

NAME: Geri A. Heinz
MAILING ADDRESS: 3131 North 10th Street
Wausau, WI 54403

E-MAIL ADDRESS: heinz.geri@mail.da.state.wi.us

RESIDES IN: Wausau, WI

TELEPHONE: 715-261-1088 (w)
715-848-6287 (h)

OCCUPATION: Marathon County Victim Witness Coordinator

APPOINTED TO: Council on Domestic Abuse

TERM: A term to expire 7/1/2004

SUCCEEDS: Lisa Stewart-Boettcher (currently vacant)

SENATE CONFIRMATION: Yes

DATE OF APPOINTMENT: April 08, 2003

DATE OF NOMINATION: April 08, 2003

Gerl Heinz
3131 North 10th Street
Wausau, WI. 54403
715-848-6287

EDUCATION

December 1980 *BA School of Social Work*
University of Wisconsin-Whitewater

WORK HISTORY

1994-present *Victim Witness Coordinator, Marathon County District Attorney's*
Office, Wausau, WI.

1993-1994 *Director of Advertising, City Pages, Wausau, WI.*

1992-1993 *Instructor, Northcentral Technical College, Wausau, WI.*

1986-1992 *Executive Director, The Women's Community, Wausau, WI.*

VOLUNTEER WORK

1988-1998 *City of Wausau Community Development Authority, Chairperson*

1993-1998 *Wausau Area Community Foundation-Grant Awards Committee*

1988-2001 *Attorney General's Crime Victims Council, Member/Vice-chair*

1995-present *Wisconsin Victim Witness Professionals, Board Member*

SPECIAL RECOGNITION

1998 Recipient of the Wisconsin Victim Witness Professionals
"One of Our Own" Award for outstanding work with crime victims



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

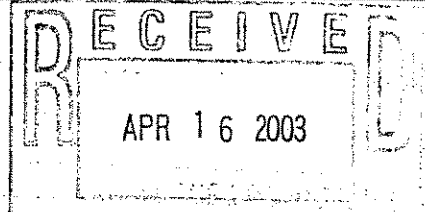
Nominee: Geri A. Heinz
Date: April 16, 2003

Statement of Economic Interests

Filed in 2003 for calendar year 2002

Name: Heinz, Geri A.

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



SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS.

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

Part A

As of April 8, 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/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
Marathon County Credit Union					✓	✓	
Harley Davidson	✓					✓	
Vanguard Balanced Index Fund					✓	✓	
Vanguard International					✓	✓	
Vanguard Primecap					✓	✓	
Vanguard Windsor II					✓	✓	

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
N/A				

- 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 (own, lease, option, 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
Wisconsin Victim Witness Professionals		WI	Board Member

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	
			\$5,000 or less	More than \$5,000
Associated Bank	WAUSAU	WI		✓
Bank of America	Delray Beach	Fla.		✓
Ford Corp.			✓	

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 (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Unisource	Wis. Rapids	WI	Paper and Packaging Sales
Marathon County	Wausau	WI	Victim Witness Program
Northcentral Healthcare Center	Wausau	WI	Food 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
N/A		

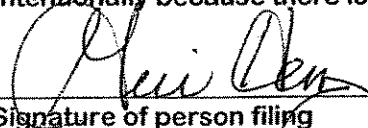
9. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) in 2002.

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.

Signature of person filing:  Daytime phone #: 715.261.1086
 Date: 4/12/03 E-mail address: heinz.gerigus.wi.state.da

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.

Wendy Henrichs

CURRICULUM VITAE

Wendy M. Henrichs, D.C.

Education

- 1993 Palmer College of Chiropractic, Davenport, IA
 Graduated Magna Cum Lauda
 Presidential Scholar
 Pi Tau Delta Honor Society
 (2) Merit Scholarships

- 1989 University of Saskatchewan, Saskatoon Canada
 Bachelor of Science Major: Anatomy
 Minor: Physiology

- 2003 CCP (Certification in Chiropractic Pediatrics); year 1 of
 3 year Diplomate in Chiropractic Pediatrics

Professional Background

1994-Present Private practice in Rhinelander, WI

Memberships & Positions

- 1989 - Present: ICA (International Chiropractors Association)
- 1989 - Present: WCA (Wisconsin Chiropractic Association)
- 1993 - 2000: Rhinelander Chamber of Commerce
- 1994-1997: Board of Directors Rhinelander Downtown Development Association
- 1999 - Present: WCA Board of Directors



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.

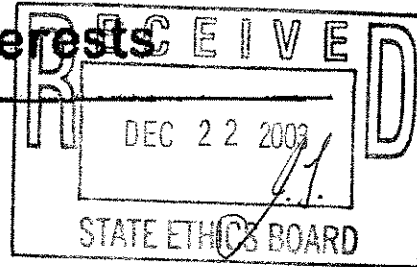
Sincerely,
STATE OF WISCONSIN ETHICS BOARD

Nominee: Wendy M. Henrichs
Date: 12/23/03

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: HENRICHS, WENDY M.
(last name, first name & initial)

State position: Chiropractic Examining Board
(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 2 Information current as of Oct 31, 2003.

1. List STOCKS, BONDS, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$8,000).

Name of security	Type of security - "X" one					Amount - "X" one	
	stock/option/futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
• See attached Stock Summary	Stock						
• Money Market Account					Money	<input checked="" 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
17 Randall Ave, Shoreland, WI		WI	Oncida	Rental
Timberland Chiropractic		WI	Oncida	Chiropractic Health Care

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

Business	Partners, or officers and directors	City	State
NA			

b) For each enterprise you listed in Item #2 that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or income-producing real estate, list BUSINESSES, ORGANIZATIONS, and any LOBBYISTS that were CUSTOMERS, CLIENTS, or TENANTS that paid the enterprise \$1,000 or more in calendar year 2002.

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

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

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

SCOTT A HENRICKS
1 EAST COURTNEY STREET

Account Number [REDACTED]

ASSET DETAILS

Cash and Money Market Funds

Amount	Pct of Assets	Est Yrly Income
18.23	---	---
230.19	0.2%	1

Annualized 30 Day Yields

Liquid Asset Fund.....	0.52%
U.S. Gov't Money Market Tr.....	0.37%

Total Cash and Money Market Funds 248.42 0.2% 1

Net Change Since Last Statement 1,177.23

Stocks

Common Stocks

	Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Symbol	Additional Information
79	3.39	[REDACTED]	[REDACTED]	[REDACTED]	0.00%	AGR'B	
15,000	3.48	17,400.00	[REDACTED]	[REDACTED]	0.00%	AGR'A	
150	46.50	6,975.00	[REDACTED]	[REDACTED]	5.84%	HO	Next Dividend Payable 01/04
200	20.93	[REDACTED]	[REDACTED]	[REDACTED]	0.00%	CSCO	
50	40.40	[REDACTED]	[REDACTED]	[REDACTED]	3.46%	DD	Next Dividend Payable 12/03
100	29.01	[REDACTED]	[REDACTED]	[REDACTED]	2.61%	GE	Next Dividend Payable 01/04
200	32.95	6,590.00	[REDACTED]	[REDACTED]	.26%	INTC	Next Dividend Payable 12/03
100	124.60	12,460.00	[REDACTED]	[REDACTED]	1.51%	EFA	Next Dividend Payable 12/03
75	105.50	7,912.50	[REDACTED]	[REDACTED]	.89%	IHM	
350	10.09	8,072.00	[REDACTED]	[REDACTED]	0.00%	L	Next Dividend Payable 12/03
100	14.30	5,005.00	[REDACTED]	[REDACTED]	6.29%	LYO	Next Dividend Payable 12/03
60	26.14	[REDACTED]	[REDACTED]	[REDACTED]	.61%	MSFT	Next Dividend Payable 11/07/03
200	54.87	[REDACTED]	[REDACTED]	[REDACTED]	1.67%	HMO	Next Dividend Payable 01/04
100	35.18	7,036.00	[REDACTED]	[REDACTED]	0.00%	QQQ	Next Dividend Payable 01/04
600	1.94	[REDACTED]	[REDACTED]	[REDACTED]	0.00%	NVLD	
75	31.60	[REDACTED]	[REDACTED]	[REDACTED]	1.89%	PFE	Next Dividend Payable 12/03
2,000	.04	[REDACTED]	[REDACTED]	[REDACTED]	0.00%	RMNT	
22	100.50	[REDACTED]	[REDACTED]	[REDACTED]	.80%	MDY	Next Dividend Payable 01/04
600	N/A	[REDACTED]	[REDACTED]	[REDACTED]	0.00%	MCNEQ	
4	.19	[REDACTED]	[REDACTED]	[REDACTED]	0.00%	WCOEQ	
100	.06	[REDACTED]	[REDACTED]	[REDACTED]	0.00%		

Total Stocks

Net Change Since Last Statement [REDACTED]

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

Business or organization	City	State	Position
Wisconsin Chiropractic Association	Madison	WI	Financial 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
NA		

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
Peoples State Bank	Rhineland	WI		✓
Pitt Mortgage Corp/MTI Bank	Rhineland	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 (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Timberland Chiropractic	Rhineland	WI	Chiropractic Health Care

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

Source of income	City	State
117 Randall Avenue, Rhine (Rental)	Rhineland	WI
1E Courbois St. (LLC - Real Estate, not business)	Rhineland	WI

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.

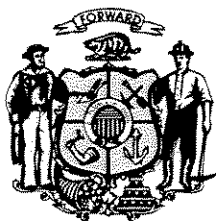
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
NA			

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 # (715) 362-4852

Signature of person filing: *[Signature]* Date: 11-24-03 E-mail address: tlchiro@newnorth.net

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



SCOTT McCALLUM

Governor
State of Wisconsin

RECEIVED
MAY 03 2001
BY:

April 24, 2001

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do reappoint Timothy E. Hoeksema to the Medical College of Wisconsin Board of Trustees effective May 1, 2001, pursuant to the statute governing, to serve a six year term to expire May 1, 2007.

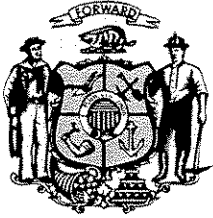
Mr. Hoeksema will be available to the Senate for hearings and my staff will assist in any way they can.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Scott McCallum".

Scott McCallum
Governor

SM/nkw



SCOTT McCALLUM

Governor
State of Wisconsin

April 24, 2001

Timothy E. Hoeksema
Midwest Express Airlines, Inc.
6744 S. Howell Avenue, HQ-6
Oak Creek, WI 53154

Dear Mr. Hoeksema:

This letter is to confirm your nomination to the Medical College of Wisconsin Board of Trustees effective May 1, 2001 to serve a six year term to expire May 1, 2007.

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

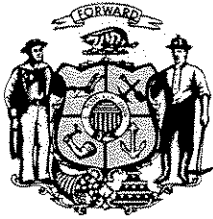
I am pleased you have agreed to take on this task, with your proven skills and dedication, I know you will do a superb job.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott McCallum", with a long horizontal flourish extending to the right.

Scott McCallum
Governor

SM/nkw



SCOTT McCALLUM

**Governor
State of Wisconsin**

GOVERNOR'S APPOINTMENT

NAME/MAILING ADDRESS: Timothy E. Hoeksema
Midwest Express Airlines, Inc.
6744 S. Howell Avenue, HQ-6
Oak Creek, WI 53154

E-MAIL ADDRESS: thoeksem@midwest-express.com

RESIDES IN: Chenequa

TELEPHONE: 414/570-3950 (W)

OCCUPATION: Chairman, President and CEO
Midwest Express Airlines, Inc.

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

TERM: a six year term to expire May 1, 2007

SUCCEEDS: himself

SENATE CONFIRMATION: required

DATE OF APPOINTMENT: May 1, 2001

DATE OF NOMINATION: April 24, 2001

COMPENSATION: no compensation

BIOGRAPHICAL SUMMARY
TIMOTHY E. HOEKSEMA

Timothy E. Hoeksema is chairman, president and chief executive officer of Midwest Express Airlines, Inc. a publicly held company, headquartered in Milwaukee, Wisconsin.

Mr. Hoeksema was named president of Midwest Express, when the airline was incorporated in March of 1983. At that time, Midwest Express was a wholly owned subsidiary of K-C Aviation, itself a wholly owned subsidiary of consumer products manufacturer, Kimberly-Clark Corporation.

Mr. Hoeksema joined Kimberly-Clark Corporation in 1969, serving as first officer of the company's air transportation operations and, beginning in 1974, as chief pilot. In 1977, he was again promoted, assuming dual responsibility as director of air transportation for Kimberly-Clark Corporation and president of K-C Aviation. After being named president of Midwest Express Airlines in 1983, he was also appointed president of Kimberly-Clark's transportation sector in January of 1988.

Under Mr. Hoeksema's direction, Midwest Express Airlines completed a highly successful initial public offering in September of 1995, and now trades as Midwest Express Holdings (MEH) on the New York Stock Exchange. Since its inception, the airline has offered its passengers "the best care in the air" - a unique combination of impeccable, personal service and competitive prices.

Mr. Hoeksema began his aviation career in 1968 as a flight instructor for the University of Illinois at Champaign. He was graduated summa cum laude from Western Michigan University in 1972 with a B.S. degree in aviation engineering technology. In 1977, on a Kimberly-Clark scholarship to the University of Chicago Executive Program, he obtained a master's degree in business administration.

Mr. Hoeksema is on the board of Astral Aviation, the Metropolitan Milwaukee Association of Commerce, the Greater Milwaukee Committee, The Marcus Corporation, M&I Marshall & Ilsley Bank, United Way, Spirit of Milwaukee, the Air Transport Association and is a member of the Advisory Committee of the Cardiovascular Research Center at the Medical College of Wisconsin.

Mr. Hoeksema and his wife Jan live in the Milwaukee area.

February 1998

HUBBELL EYE CLINIC, S.C.

Dr. Chris L. Hubbell

2130 Brackett Ave., Suite A

Eau Claire, WI 54701

(715) 832-7489

FFB 08

Optometry

February 5, 2001

Senator Carol Roessler
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Roessler:

My name is Chris Hubbell and I have been nominated to serve a second term on the Optometry Examining Board. I've sat on the board since the end of 1996 and am currently serving my second year as chair. I would greatly appreciate your support of my renomination as I look forward to serving the citizens of the state for another three years.

If you have any concerns or comments would you please contact me at my office during the day (715) 832-7489 and I will address them immediately or as soon as my patient schedule would permit. I can also take your call at my home (715) 839-0594 during the evenings or weekends. If you would prefer to meet with me personally I would be happy to visit with you at your office sometime prior to my hearing.

Respectfully,

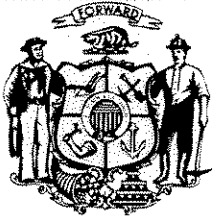


Chris L. Hubbell, O.D.
CLH/sb



Member

American Optometric Association



SCOTT McCALLUM

**Governor
State of Wisconsin**

January 10, 2002

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do reappoint Jacqueline A. Johnsrud to the Board of Nursing effective July 1, 2002, pursuant to the statute governing, to serve a four year term to expire July 1, 2006.

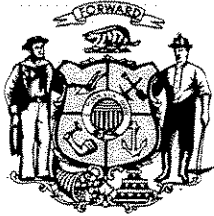
Mrs. Johnsrud will be available to the Senate for hearings and my staff will assist in any way they can.

Respectfully submitted,

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

Scott McCallum
Governor

SM/nkw



SCOTT McCALLUM

**Governor
State of Wisconsin**

January 10, 2002

Jacqueline A. Johnsrud
60874 DuCharme Ridge Road
Eastman, WI 54626

Dear Mrs. Johnsrud:

This letter is to confirm your nomination to the Board of Nursing effective July 1, 2002 to serve a 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: Jacqueline A. Johnsrud
60874 DuCharme Ridge Road
Eastman, WI 54626

E-MAIL ADDRESS: dujacfms@mwt.net

RESIDES IN: Eastman

TELEPHONE: 608/874-4231 (H)

OCCUPATION: Registered Nurse

APPOINTED TO: Board of Nursing
(registered nurse)

TERM: a four year term to expire July 1, 2006

SUCCEEDS: herself

SENATE CONFIRMATION: required

DATE OF APPOINTMENT: July 1, 2002

DATE OF NOMINATION: January 10, 2002

COMPENSATION: \$25 per diem, plus expenses

JACQUELINE ANNE JOHNSRUD

Permanent Address: 60874 DuCharme Ridge Road
Eastman, WI 54626
Phone: (608) 874-4231

Academic Preparation: Masters of Science Degree, Community Health
University of Wisconsin, Lacrosse, 1986

Bachelor of Science Degree, Nursing
University of Wisconsin, Madison, 1967

Employment Experience:

- 1985 – 2000 Director Patient Services, Memorial Hospital, Prairie du Chien, Wisconsin
-45 bed JCAHO accredited acute care facility
-Responsible for the overall administrative and clinical practice of Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Anesthesia, Infection Control, Medical Library, Outpatient Clinical Services, Pharmacy, Cardiac Rehabilitation (Phase I, II, III), Pulmonary Rehabilitation, Aquatic therapy, and Youth fitness.
-Responsible for planning, organizing, directing, coordinating, budgeting and evaluating healthcare services
-Coordinate healthcare occupations higher education program affiliations with hospital
-Assess, plan, develop, implement, and evaluate new patient care service programs both inpatient and outpatient
-Further develop present patient care services
-Medical Staff liaison
-Risk Manager
-Patient Advocate
- 1978 - 1985 Director of Nursing Service -- Memorial Hospital, Prairie du Chien, Wisconsin
-45 bed JCAHO accredited acute care facility
-Responsible for the overall clinical practice of nursing
-Responsible for planning, organizing, directing, coordinating, budgeting, and evaluating Nursing Service Department
-Coordinate nursing higher education program affiliations with hospital
- 1976 - 1978 Director of Nursing Service -- St. John's Lutheran Home, Springfield, Minnesota
-139 bed ICF I and ICF II nursing home
-Assess, plan, budget, implement and evaluate nursing department
- 1972 - 1973 Inservice Coordinator -- Spelman Memorial Hospital, Smithville, Missouri
-128 bed acute care facility
-Responsible for orientation and continuing education of hospital staff

- 1970 - 1972 Computer Nursing Coordinator and Inservice Instructor --
-Edward W. Sparrow Hospital, Lansing Michigan
-488 bed acute care facility
-Clinical site for Michigan State University
-Nursing responsibility for computerization of patients' medical record
-Instructor of nursing department
- 1967 - 1970 Inservice Coordinator -- St. Francis Medical Center, LaCrosse, Wisconsin
-440 bed acute care facility
-Started the first Inservice Education Department at the hospital

Health Related Committees Presently Serving On:

- Rural Nurse Organization
- Mayo/Franciscan Skemp Healthcare System Advisory Board
- Southwest Wisconsin Technical College Advisory Board
 - Associate Degree Nursing Program
 - Regional Program Management Team
- Wisconsin State Board of Nursing 1998-2002
 - Discipline Committee
 - Rules & Legislation

Health Related Committees Recently Served On:

- Wisconsin State Board of Nursing (1988-1997)
 - Chairperson 5 years
 - Member 9 years
 - Education Committee - Chairperson 3 years
 - Discipline Committee - Chairperson 6 years
 - Rules & Legislation - Chairperson 7 years
 - National Council of State Board of Nursing
 - Leadership Role with Implementation of Independent Prescriptive Authority for Advanced Practice Nurses in Wisconsin
 - Council for Interstate Licensure Compact

Activities:

- Sexual Abuse Treatment and Support - Volunteer Crawford County
- Women's Council, St. John's Catholic Church - Chairperson
- Eastman First Responder (Emergency Medical Services)



STATE OF WISCONSIN
ETHICS BOARD

RECEIVED
JAN 24 2002

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: Jacqueline A. Johnsrud
Position: Member, Nursing, Board of
Regulation & Licensing, Dept. of
(registered nurse)

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, respiratory care practitioners examining council, and council on physician assistants, the board of nursing, the nursing home administrator examining board, the veterinary examining board, the optometry examining board, the pharmacy examining board, the examining board of social workers, marriage and family therapists and professional counselors and the psychology examining board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

1/22/02 w

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



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

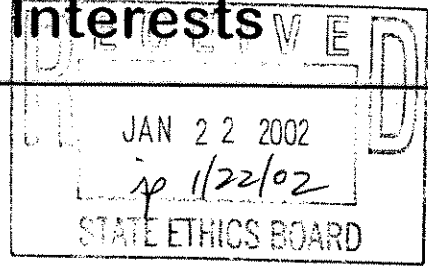
15.405 Department of regulation and licensing; attached boards and examining boards. * * *

(7g) BOARD OF NURSING. There is created a board of nursing in the department of regulation and licensing. The board of nursing shall consist of the following members appointed for staggered 4-year terms: 5 currently licensed registered nurses under ch. 441; 2 currently licensed practical nurses under ch. 441; and 2 public members. Each registered nurse member shall have graduated from a program in professional nursing and each practical nurse member shall have graduated from a program in practical nursing accredited by the state in which the program was conducted.

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

Statement of Economic Interests

Filed in 2002 for calendar year 2001



Name: **Johnsrud, Jacqueline A.**

State position: **Regulation & Licensing, Dept. of Member**
(held or sought) **Nursing, Board of**

SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS.

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

Part A As of December 31, 2001

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

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
<i>American funds</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, or address of real estate	Municipality	State	If real estate, list County	Describe nature of business
<i>DUSAC farms</i>	<i>EASTMAN TWP</i>	<i>WI</i>	<i>CRAWFORD</i>	<i>Farm (Beef)</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
<i>Farm</i>	<i>Duwayne Johnsrud</i>	<i>EASTMAN</i>	<i>WI</i>

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
<i>EQUITY LIVESTOCK</i>	<i>BEE TOWN</i>	<i>WI</i>

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>1109 Meadowland</i>	<i>Boscobel</i>	<i>Grant</i>	<i>own</i>

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	
			\$5,000 or less	More than \$5,000
Badgerland farm credit	Lancaster	Wis		✓

7. Changes to reportable interests this year. See Instructions.

Part B For calendar year 2001

8. 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
State assembly	Madison	Wis	State Rep

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

Source of income	City	State

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

Name of provider	City	State

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

Signature of person filing: Jacqueline Johnson Date: 1/18/02 Daytime phone #: 608-874-4231
E-mail address: dajac fms@mwt.net

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