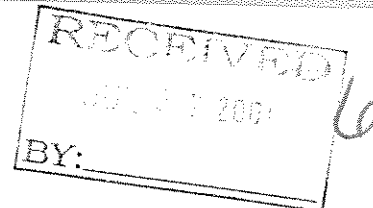


SCOTT McCALLUM

Governor
State of Wisconsin



July 23, 2001

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Representative Dean Kaufert to the Council on Domestic Abuse effective July 23, 2001, pursuant to the statute governing, to serve a three year term to expire July 1, 2004.

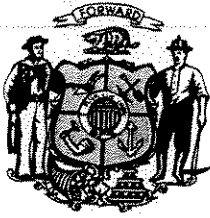
Representative Kaufert will be available to the Senate for hearings and my staff will assist in any way they can.

Respectfully submitted,

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

Scott McCallum
Governor

SM/nkw



SCOTT McCALLUM

**Governor
State of Wisconsin**

GOVERNOR'S APPOINTMENT

NAME/MAILING ADDRESS: Representative Dean Kaufert
Wisconsin State Assembly
P.O. Box 8952
Madison, WI 53708

E-MAIL ADDRESS: Rep.Kaufert@legis.state.wi.us

RESIDES IN: Neenah

TELEPHONE: 608/266-5719 (W)

OCCUPATION: Representative – 55th Assembly District
Wisconsin State Assembly

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

TERM: a three year term to expire July 1, 2004

SUCCEEDS: Judge Jacqueline Schellinger
7821 Geralayne Circle
Wauwatosa, WI 53213

SENATE CONFIRMATION: required

DATE OF APPOINTMENT: July 23, 2001

DATE OF NOMINATION: July 23, 2001

COMPENSATION: reimbursement of expenses

Dean R. Kaufert (Rep.), 55th Assembly District

Born Outagamie County, May 23, 1957; married; 2 children. Graduate Neenah H.S. Trophy and awards store owner. Member: Winnebago Co. Republican Party; Neenah-Menasha Breakfast Optimists (former pres.); Fox Cities Chamber of Commerce; Neenah-Menasha Bowling Assn. (dir.). Neenah City Council 1985-91.

Elected to Assembly since 1990. Majority Caucus Sergeant at Arms 1997, 1995; Minority Caucus Sergeant at Arms 1993.

[Back to Representative Kaufert's home page](#)
[The Representative's Committee Assignments](#)



[Back to Legislature home page](#)

Comments web.master@legis.state.wi.us
Updated 8/16/99



STATE OF WISCONSIN
ETHICS BOARD

RECEIVED
AUG 07 2001
BY: _____

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

On the capitol square at:
44 EAST MIFFLIN STREET, STE 601
MADISON, WISCONSIN 53703-2800
phone: 608/266-8123
fax: 608/264-9309
ethics@ethics.state.wi.us
http://ethics.state.wi.us

Roth Judd
Director

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

Statutory Reference:

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

(16) COUNCIL ON DOMESTIC ABUSE.

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

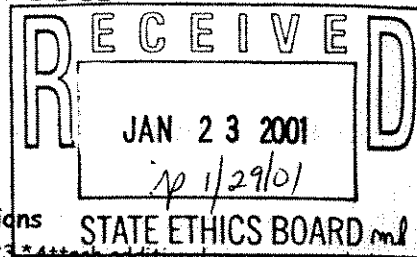
8/6/01 CW

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

Statement of Economic Interests

Filed in 2001 for calendar year 2000 by

Kaufert, Dean R.
Representative - District 55



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, 2000

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

Stocks/options/futures	\$50,000 or less	More than \$50,000
Atmel Corporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Celgene	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fastenal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intel Corporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kimberly Clark Corporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kohls	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pepsi-Cola	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sara Lee	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walt Disney	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NOKIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Bonds		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Limited partnerships		
DMAT, LLP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Wisconsin governmental securities		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Mutual or money market funds		
American Funds (Growth)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dain Ranscher	<input checked="" type="checkbox"/>	<input 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
All-Sport Trophy	Neenah	WI		Retail awards
BD Investment Club	Neenah	WI		Investment club
DMAT, LLP	Neenah	WI		Sports Bar + Grill Property
UNDER THE DOME, INC	Neenah	WI		Sports Bar + Grill 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
BD Investment Club	John Williams, Terry Sullivan, Duane Radloff	Neenah	WI
BD Investment Club	Jim Tomczyk, Harvey Walbrun, Brett Olson,	Neenah	WI
BD Investment Club	Armand Linzmeyer, Lance Olson, Mike Jovanovich,	Neenah	WI

BD Investment Club	Jeff Montour, Kip Kitzerow, George Kleinschmidt,	Neenah	WI
BD Investment Club	Joe Clemons, Tammy Harrer, Gary Henschel,	Neenah	WI
DMAT, LLP	Steve Foti, Tom Foti, Annette Cruz	Neenah	WI
Under The Dome, INC	Steve Foti, Tom Foti, Annette Cruz	Neenah	WI

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.

Customer, client, tenant, or lobbyist	City	State
Neenah Joint School District	Neenah	WI
Menasha Joint School District	Menasha	WI
Neenah Baseball	Neenah	WI
Suburban Athletics	Neenah	WI
City of Neenah	Neenah	WI
Kimberly-Clark Corporation	Neenah	WI
Neenah-Menasha YMCA	Neenah	WI
Menasha Corporation	Neenah	WI
WI Association of Health Underwriters	Appleton	WI
Midstate Amusements	Oshkosh	WI
Inter-City Personnell	Appleton	WI
Paper Valley Youth Soccer	Neenah	WI
Clintonville Wrestling	Clintonville	WI
Lakeroad Lanes	Neenah	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 Street address or fire number	Municipality	County	Type of property (e.g., farm, recreational, commercial, rental)	Nature of interest (e.g., own, lease, option, easement, land contract)
1360 Alpine Lane	Neenah	Winnebago		own

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

Business or organization	City	State	Position
None			
Under The Dome, INC	Neenah	WI	President

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	"✓" one	
			\$50,000 or less	More than \$50,000
Banta Credit Union	Neenah	WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fleet Motgage	Milwaukee	WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associated Bank	Neenah	WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
State of Wisconsin Legislature	Madison	WI	state government
All-Sport Trophy	Neenah	WI	retail awards
Northstar Asset Management	Menasha	WI	management

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

Source of income	City	State
None		

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

Name of provider	City	State

10. List 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 item has been left blank, I have done so intentionally because there is nothing to report.

Signature of person filing Dean R. Kaufert Date 1/21/01 Daytime phone # 920-722-0148

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.

Ethics Board's suggestions and comments on Statement filed in 2000

If your interest in BD Investment Club is less than 10%, you need not list it in Item 2, nor its members in 2a.

more than 10%

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

Eth 1 Personalized. For use in 2001

Year 2001 Office Review



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN


March 27, 2003

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Marilyn A. Kaufmann to be a Registered Nurse of the Board of Nursing to serve a term expiring July 1, 2006.

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

Respectfully submitted,


Jim Doyle
Governor



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

March 27, 2003

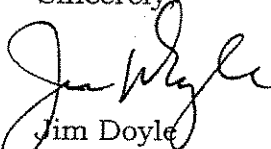
Marilyn A. Kaufmann
1290 North Avenue
Cleveland, WI 53015

Dear Marilyn:

I am pleased to appoint you to the Board of Nursing, effective March 27, 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



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

GOVERNOR'S APPOINTMENT

NAME: Marilyn A. Kaufmann

MAILING ADDRESS: 1290 North Avenue
Cleveland, WI 53015

E-MAIL ADDRESS: marilyn.kaufmann@gotoltc.edu

RESIDES IN: Cleveland, WI

TELEPHONE: 9206931661 (w)
9207582461 (h)

OCCUPATION: Chair - Nursing Program,
Lakeshore Technical College

APPOINTED TO: Board of Nursing
Registered Nurse

TERM: A term to expire 7/1/2006

SUCCEEDS: herself

SENATE CONFIRMATION: Yes

DATE OF APPOINTMENT: March 27, 2003

DATE OF NOMINATION: March 27, 2003

Chair - Nursing Program
Lakeshore Technical College
1290 North Avenue
Cleveland, WI 53015

Phone 920.693.1661
Fax 920.693.8955
E-mail maka@gotoltc.edu

Marilyn A. Kaufmann

Education

1991 – 1996 University of Wisconsin – Milwaukee

PhD Nursing

- Title of Dissertation: Change in Incontinence Status in the Nursing Home: A Longitudinal Study Using Items from the Minimum Data Set

1981 – 1988 University of Minnesota - Minneapolis

Masters in Public Health

- Title of Thesis: The Effect of Powerlessness on the Amount of Control Nurse Aides Give to Patients
- Certificate in Advanced Studies in Health Services Administration (1983)

1970 - 1974 University of Wisconsin – Eau Claire

Bachelors Degree in Nursing

- Summa Cum Laude

Professional experience

1989 - present Lakeshore Technical College Cleveland, WI

Chair – Nursing Program (1999 to present)

Nursing Faculty (1990 – present)

Presenter – Continuing Education Seminars (1989 – 1991)

1989 - 1991 Holy Family Medical Center Manitowoc, WI

Staff Nurse

1987 - 1988 Park Lawn Nursing Home Manitowoc, WI

Director of Nursing

1983 - 1987 Home Health Resources Manitowoc, WI

Sole owner

1981 - 1983 St. Mary's Home for the Aged Manitowoc, WI

Staff Nurse & In-service Coordinator

1976 - 1981 HomeCare Health Services Manitowoc, WI

Administrator

1976 UW - Extension Manitowoc, WI

Refresher course Instructor

1974 - 1975 Family Heritage Nursing Home Manitowoc, WI

Assistant Director of Nursing

Professional memberships

American Nurses Association, Wisconsin Nurses Association, Twelfth District Nurses Association: 1974 to present

Midwest Nursing Research Society: 1994 to present

North East Wisconsin Organization of Nurse Executives: 1999 to present

National League for Nursing/Wisconsin League for Nursing: 2000 to present

Sigma Theta Tau: 1993 - 1997

Additional professional activities

Wisconsin Technical College System CNA/LPN/ADN Seamless Curriculum Committee Member

Holy Family Home Care & Hospice Advisory Board: 2001 to present

Manitowoc County Health Department Community Assessment Task Force Member: 2001 – present

Valders High School Parents' Advisory committee: 1997 - present

Valders School District Citizens' Advisory Committee on Facilities (Building Referendum): 2000 - 2001

Holy Family Medical Center Board of Directors Member: 1979 – 1989

Health Systems Agency Maintenance Services Task Force Member: 1978 – 1979

Lakeshore Technical College Practical Nursing Advisory Board Member: 1982 - 1983



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.

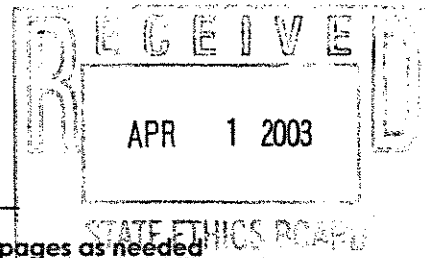
Sincerely,
STATE OF WISCONSIN ETHICS BOARD

Nominee: Marilyn A. Kaufmann
Date: April 2, 2003

Statement of Economic Interests

Filed in 2003 for calendar year 2002 by

Kaufmann, Marilyn A.
 Regulation & Licensing, Dept. of
 Member-Nursing, Board of



See instructions for explanations and exceptions. Attach additional pages as needed.

Questions about completing this form? Consult our website: ethics.state.wi.us

Still have questions? For priority service send an e-mail to: ethics@ethics.state.wi.us; otherwise leave a message at (608) 266-8115

Part A

As of December 31, 2002

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

Stocks/options/futures	\$50,000 or less	More than \$50,000
T. Rowe Price Mid-cap Growth Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Janus Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bonds		
Federated US Government Securities Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vanguard Long Term Corporate Fund Adm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Limited partnerships Stocks/options/futures		
Vanguard Wellington Fund Adm Sh	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AAL Mutual Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wisconsin governmental securities		
—	<input type="checkbox"/>	<input type="checkbox"/>
—	<input type="checkbox"/>	<input type="checkbox"/>
Mutual or money market funds		
AAL Mutual Funds	<input checked="" 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
None				

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
None			

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
None		

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)
none			

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	"✓" one	
			\$50,000 or less	More than \$50,000
none			<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 (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Lakeshore Technical College	Cleveland	WI	education

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

Source of income	City	State
none		

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 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: Marilyn Kaufman
 Daytime phone #: 920-693-1661
 Date: 3/29/03 E-mail address: maka@isol.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.

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

Jermstad, Sara

From: Asbjornson, Karen
Sent: Sunday, January 26, 2003 1:55 PM
To: Jermstad, Sara; Asbjornson, Karen
Subject: New Forward Contact Ownership and Assignment

Constituent: Karen M. Kraus (26860)
N6918 Giebel Rd
Eldorado, WI 54932-9603

Email: kkraus@dotnet.com

Owner: Jermstad, Sara
Assigned: Asbjornson, Karen
Summary: Reappointment Barbering and Cosmetology Examining Board.

Issue:
Position:
Status: Pending
Contact Type: E-mail
Description: Sara - I assigned this to both of us because I do reg and licensing but her appointment may come before the Health Committee as it did before. I plan on asking Adair to do a letter of support for her... K

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

From: Karen M Kraus [<mailto:krauskm@milwaukee.tec.wi.us>]
Sent: Friday, January 24, 2003 12:40 PM
To: sen.roessler@legis.state.wi.us
Subject: support

Dear Senator Carol Roessler,

You may remember me as a friend of Laura DeGaulier...we met years ago.

I am writing to you to ask for your continued support to Governor Doyle for consideration of my re-appointment as the public school representative on the Barbering and Cosmetology Examining Board. I have submitted the application and resume as requested by Governor Doyle. You have supported me as a board member under the previous administration.

As a faculty member at Milwaukee Area Technical College in the Barbering and Cosmetology program, it is important that the college have representation on this board to address our needs with our multi-cultural and special needs student population. Having served one term and eligible for a second term, I believe I will bring continuity to both the profession and the needs of the college.

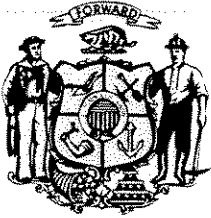
I believe I have served the interests of the people of Wisconsin to the

best of my ability, and hope to do so for another term.

Thank you for your support.

Sincerely,
Karen M. Kraus
N6918 Giebel Road
Eldorado, WI 54932
414-297-6788 (day)

Karen M. Kraus



SCOTT McCALLUM

**Governor
State of Wisconsin**


December 12, 2001

To the Honorable Members of the Senate:

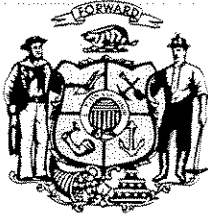
I am pleased to nominate and with the advice and consent of the Senate, do appoint Shoua Lee to the Board on Aging and Long-Term Care effective December 12, 2001, pursuant to the statute governing, to serve an interim term to expire May 1, 2005.

Mr. Lee 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

December 12, 2001

Shoua Lee
P.O. Box 2683
La Crosse, WI 54602

Dear Mr. Lee:

This letter is to confirm your nomination to the Board on Aging and Long-Term Care effective December 12, 2001 to serve an interim term to expire May 1, 2005.

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

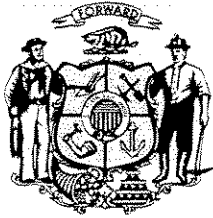
I am pleased you have agreed to take on this task, with your proven skills and dedication, I know you will do a superb job.

Sincerely,

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

Scott McCallum
Governor

SM/nkw



SCOTT McCALLUM

Governor
State of Wisconsin

GOVERNOR'S APPOINTMENT

NAME/MAILING ADDRESS: Shoua Lee
P.O. Box 2683
La Crosse, WI 54602

E-MAIL ADDRESS: n/a

RESIDES IN: La Crosse

TELEPHONE: ~~608/781-5744 (W)~~ ~~782-4244 (W)~~
608/783-2915 (H)

OCCUPATION: Employment Support Specialist
La Crosse Area Hmong Mutual Assistance Association, Inc.

APPOINTED TO: Board on Aging and Long-Term Care
(public member)

TERM: an interim term to expire May 1, 2005

SUCCEEDS: Louise Abrahams Yaffe
3040 E. Newport Court
Milwaukee, WI 53211

SENATE CONFIRMATION: required

DATE OF APPOINTMENT: December 12, 2001

DATE OF NOMINATION: December 12, 2001

COMPENSATION: reimbursement of expenses

STATE OF WISCONSIN
OFFICE OF THE GOVERNOR

TO: Donald Schneider
Senate Chief Clerk

FROM: Nora K. Weber, Appointments Director

RE: Gubernatorial Appointment

DATE: January 2, 2002

Attached is a résumé for Shoua Lee. His nomination for an appointment to the Board on Aging and Long-Term Care was delivered to your office last month.

Please call me at 6-7606 if you have any questions.

Shoua BT. Lee
P.O.Box 2683
La Crosse, WI 54602-2683
(608) 783-2915
(608) 782-4241

EDUCATION

1965-74 Attended Sanelouang High School
Xiengkhouang, Laos
1974-75 Attended College Somethong at Moung Cha
Xiengkhouang, Laos
1982-83 Bookkeeping Training, Minneapolis Technical School
Minneapolis, Minnesota
1997 Completed (GED) General Education Development
Western Wisconsin Technical College
La Crosse, Wisconsin

EMPLOYMENT HISTORY

1996-98 Two terms AmeriCorps member
Work sites La Crosse area public school
- Assistant to Cognitive and Disability Teacher
La Crosse area Hmong Mutual Assistance Association, Inc.
La Crosse, Wisconsin
Assistant to youth counselor during summer
- Supervised a youth group playing variety sports during the summer,
including fieldtrip and summer camping.
1998-Present La Crosse Area Hmong Mutual Assistance Association, Inc.
La Crosse, Wisconsin
Legal Advocate
- Provide legal advocacy to clients
- Provided domestic violence prevention information to clients
- Region Coordinator domestic violence Hmong hotline in Wisconsin
Wisconsin Work Force Attachment and Advancement Worker
Provide services to low income and qualify Southeast Asian workers in
the La Crosse area such as job retention services, services to employers, job
readiness, job placement, basic skill development and other supportive
services.
La Crosse Area Hmong Black Smith Shop and Senior Center, Coordinator
- Developed program at Hmong Black Smith Shop and Senior Center for La
Crosse area Southeast Asian elderly population including fieldtrip to other area
of interest.
- Provided equipments and tools at the black smith shop and Senior Center for
Hmong elderly to socialize and to utilize their skill in the black smith shop
and social area such as making Hmong household tools, Hmong needle work,
and Hmong clothings.
- Connected Southeast Asian elders in the La Crosse area to local senior meal
sites to make sure they have healthy and nutrition foods.

PROFESSIONAL EXPERIENCE

- Member of Coalition of Wisconsin Aging Group
- Member of Advisory Board to Western Wisconsin AgeAdvantAge
- Voting member of La Crosse Area Synod
Evangelical Lutheran Church in America, La Crosse, Wisconsin
- Board member of ELCA-Hmong Outreach Ministry
- Member of La Crosse Area ELCA-Agape Asian Ministry, La Crosse, WI
- Member of St. Paul Lutheran Church (ELCA) La Crosse, WI
- Member of Friendship Force of Minnesota
- Member of the United States Holocaust Memorial Museum
- Member of La Crosse and Luoyang Friendship Association
La Crosse International Sister City, La Crosse, WI
- Member and Spokenman of International Family Foundation

REFERENCE FOR SHOUA BT. LEE

Thai Vuc
Associate Director
La Crosse Area Hmong Mutual Assistance Association, Inc.
2613 George Street
La Crosse, WI 54603
(608) 781-5744

Jayne Mullins
Aging and Long Term Care Specialist
2850 Dairy Drive, Suite 200
Madison, WI 53718
(608) 224-6305

Dianne Rhein
Regional Planner/Program Consultant
2427 N. Hillcrest Pky #205
Altoona, WI 54720
(715) 836-4035

Lori Beckstrom
Chair person Coalition of Wisconsin Aging Group, District 5
417 S. 11th Street
La Crosse, WI 54601
(608) 784-8881

RV. Lanny Westphol
La Crosse Area Synod
Evangelical Lutheran Church in America
3462 Losey Blvd S.
La Crosse, WI 54601
(608) 788-5000



STATE OF WISCONSIN
ETHICS BOARD

JAN 9 8 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: Shoua Lee
Position: Member,
Aging & Long-Term Care, Board on

Statutory Reference:

15.105(10) Board on aging and long-term care.

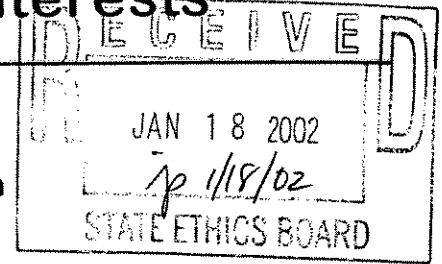
* * * The board shall consist of 7 members appointed for staggered 5-year terms. Members shall have demonstrated a continuing interest in the problems of providing long-term care for the aged or disabled. At least 4 members shall be public members with no interest in or affiliation with any nursing home.

1/22/02

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

Statement of Economic Interests

Filed in 2001 for calendar year 2000



Name: Lee, Shoua
 State position: Aging & Long-Term Care, Board on Member
 (held or sought)

→→→ 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 12, 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 - "4" one					Amount - "4" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
None							

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
None				

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
None			

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
None		

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	
None			

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	"4" one	
			\$5,000 or less	More than \$5,000
None				

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
La Crosse Area Housing Mutual Assistance Association, Inc	La Crosse	WI	Non profit organization

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

Source of income	City	State
None		

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

Name of provider	City	State
None		

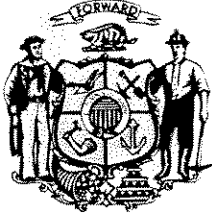
10. List, for 2000, sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to the Ethics Board.

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

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

Signature of person filing: Shirley B. Sel Date: 01/15/02 Daytime phone #: 608-782-4241
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**

December 12, 2001

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Dr. Daniel J. Miota to the Medical Examining Board effective December 12, 2001, pursuant to the statute governing, to serve a term to expire July 1, 2005.

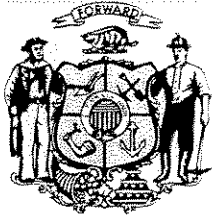
Dr. Miota will be available to the Senate for hearings and my staff will assist in any way they can.

Respectfully submitted,

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

Scott McCallum
Governor

SM/nkw



SCOTT McCALLUM

Governor
State of Wisconsin

December 12, 2001

Dr. Daniel J. Miota
Aurora Medical Group
4025 N. 92nd Street
Wauwatosa, WI 53222

Dear Dr. Miota:

This letter is to confirm your nomination to the Medical Examining Board effective December 12, 2001 to serve a term to expire July 1, 2005.

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

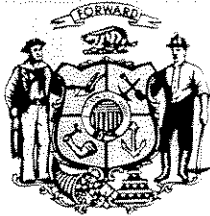
I am pleased you have agreed to take on this task, with your proven skills and dedication, I know you will do a superb job.

Sincerely,

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

Scott McCallum
Governor

SM/nkw



SCOTT McCALLUM

**Governor
State of Wisconsin**

GOVERNOR'S APPOINTMENT

NAME/MAILING ADDRESS: Dr. Daniel J. Miota
Aurora Medical Group
4025 N. 92nd Street
Wauwatosa, WI 53222

E-MAIL ADDRESS: miota@execpc.com

RESIDES IN: Wauwatosa

TELEPHONE: 414/438-3800 (W)
414/771-9891 (H)

OCCUPATION: Physician
Aurora Medical Group

APPOINTED TO: Medical Examining Board
(physician)

TERM: a term to expire July 1, 2005

SUCCEEDS: Dr. Mohammed R. Sethi
3622 W. Highland Road
Mequon, WI 53092

SENATE CONFIRMATION: required

DATE OF APPOINTMENT: December 12, 2001

DATE OF NOMINATION: December 12, 2001

COMPENSATION: \$25 per diem, plus expenses

CURRICULUM VITAE

DANIEL J. MIOTA, D.O.

PERSONAL:

Birthdate: March 19, 1948

Place of birth: Milwaukee, WI

Married with 3 children

EDUCATION:

Pre-professional:

Pius XI High School
Milwaukee, WI 1962-66

University of Wisconsin - Madison
BX Pharmacy 1966-72

Professional:

Chicago College of Osteopathic Medicine
1974-78

Award: Outstanding Senior in General
Internal Medicine.

Award: Outstanding Senior in Rheumatology.

Member: Sigma Sigma PHI Honorary
Osteopathic Fraternity.

Who's Who in American Colleges &
Universities 1977-78.

Internship: Northwest General Hospital
1978-79

Residency: Mt. Sinai Medical Center 1979-82

Award: Outstanding Senior Assistant
Resident, 1981.

Award: Outstanding Senior Resident, 1982

**CERTIFICATION &
LICENSURE:**

Board Certified - Internal Medicine 1982
Advanced Cardiac Life Support - current
State licensure - State of Wisconsin

**HOSPITAL
AFFILIATIONS:**

St. Joseph's Hospital
Active Staff 1984

Sinai Samaritan Medical Center
Active Staff 1984

West Allis Memorial Hospital
Active Staff 1997

**PROFESSIONAL
ASSOCIATIONS:**

American College of Physicians
Wisconsin Association of Medical Directors

VOLUNTEER EFFORTS:

St. Ben's Clinic for the Homeless,
volunteer physician 3/94 to 1/2000

Director, Guest House, Alcohol and Drug
Abuse Program, 1/2001 to present.

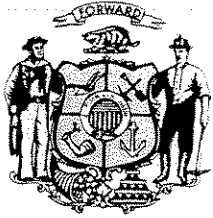
Medical Director, Alverno Free Clinic
9/98 to present.

MEDICAL PRACTICE:

Northbrook Medical Assoc. 1982-84

Miota Medical Associates, S.C.
5434 W. Capitol Dr.
Milwaukee, WI 53216
1984-2/94

Aurora Medical Group West
4025 N 92 St.
Wauwatosa, WI 53222
3/94 to present



SCOTT McCALLUM

Governor
State of Wisconsin

GOVERNOR'S APPOINTMENT

AMENDED NOTICE

NAME/MAILING ADDRESS: Dr. Daniel J. Miota
Aurora Medical Group
4025 N. 92nd Street
Wauwatosa, WI 53222

E-MAIL ADDRESS: miota@execpc.com

RESIDES IN: Wauwatosa

TELEPHONE: 414/438-3800 (W)
414/771-9891 (H)

OCCUPATION: Physician
Aurora Medical Group

APPOINTED TO: Medical Examining Board
(Doctor of Osteopathy)

TERM: a term to expire July 1, 2006

SUCCEEDS: Dr. Glenn Hoberg
Medical Block
504 S. Main Street
River Falls, WI 54022

SENATE CONFIRMATION: required

DATE OF APPOINTMENT: July 1, 2002

DATE OF NOMINATION: December 12, 2001

COMPENSATION: \$25 per diem, plus expenses

AMENDED: 12/21/01



STATE OF WISCONSIN
ETHICS BOARD

RECEIVED
JAN 1 6 2000

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: Daniel J. Miota
Position: Member, Medical Examining Board
Regulation & Licensing, Dept. of

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.

1/8/00 cw
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. * * *

(7) Medical examining board. (a) There is created a medical
examining board in the department of regulation and licensing.

(b) The medical examining board shall consist of the following
members * * * :

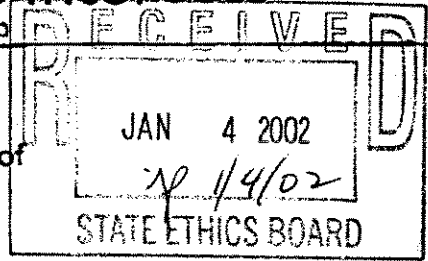
1. Nine licensed doctors of medicine.
2. One licensed doctor of osteopathy.
3. Three public members.

(c) The chairperson of the patients compensation fund peer review
council under s. 655.275 shall serve as a nonvoting member of the
medical examining board.

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 2001 for calendar year 2000



Name: Miota, Daniel J.
 State position: Regulation & Licensing, Dept. of Member
 (held or sought) Medical Examining Board

SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS.

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

Part A As of December 12, 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 - "4" one					Amount - "4" 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							
see attached							

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
none				

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	
5542 Butz Rd.	Jacksonport	Door	own

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

Business or organization	City	State	Position
Aurora Medical Group	Milwaukee	WI	Regional Director of Medical Operations

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	"4" one	
			\$50,000 or less	More than \$50,000
Great Lakes Naval		IL		\$88,000
Firststar Bank	Milwaukee	WI		\$80,000
City Bank Visa	The Lakes	Nevada	\$20,000	
Eian Master Card	Milwaukee	WI	\$11,000	

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
Aurora Medical Group	Milwaukee	WI	Business/medical 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
Dove Health Care	Milwaukee	WI

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

Name of provider	City	State
none		

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
none			

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

Signature of person filing: [Signature] Date: 1-4-02 Daytime phone #: 414-479-2300 E-mail address: dmiota@wi.ir.com

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

Daniel J. Miota, D.O.

Part A

PERSONAL STOCKS:

A Biomed stock	\$6400.00
Dell computer stock	\$14,500.00
National Semi-conductor stock	\$34,500.00
RF Microdevices Inc. stock	\$6800.00
Right Management Consultants stock	\$5000.00
Amjen January 55 puts option	\$1200.00

IRA rollover

Fidelity Select Biotechnology mutual fund	\$4200.00
Fidelity Aggressive Growth mutual fund	\$66,600.00
Fidelity Select Electronics mutual fund	\$53,900.00
Fidelity Select Utilities Growth mutual fund	\$47,300.00

401K

Fidelity Aggressive Growth	\$25,200.00
Fidelity Select Electronics	\$26,200.00
American Century International Growth Fund	\$30,600.00
American Century Ultra Fund	\$44,200.00
American Century Value Fund	\$4,600.00
Washington Mutual Fund	\$4,400.00

Gene Musser

CURRICULUM VITAE

NAME: Wayne Eugene Musser, Jr., M.D.

ADDRESS:

Work:
1979-present
UW Health Physicians
Department of Cardiology
202 S. Park Street, Atrium, 3rd Floor
Madison, WI 53715 (608) 267-5970

Research:
1978-present
University of Wisconsin Medical School
20 South Park St., Suite 508
Madison, WI 53715
(608) 287-2850

DATE OF BIRTH: September 29, 1946

CITIZENSHIP: U.S.A.

EDUCATION:

1964
Petaluma Senior High
Petaluma, CA

1968
University of California, Berkeley, CA
Bachelor of Arts, with Honors
Berkeley, CA

1972
Washington University School of Medicine
Doctorate of Medicine
St. Louis, MO

INTERNSHIP

1972-1973
The Jewish Hospital of St. Louis
Straight Medicine
St. Louis, MO

RESIDENCY:

1973-1976
The Jewish Hospital of St. Louis
Straight Medicine
St. Louis, MO

FELLOWSHIP:

1976-1978
Presbyterian Hospital
Pacific Medical Center
Cardiology
San Francisco, CA

W. Eugene Musser, Jr., M.D.

Curriculum Vitae

Page 2 of 3

BOARD CERTIFICATION:

1976 American Board of Internal Medicine
• Internal Medicine
1979 • Cardiovascular Disease

MEDICAL LICENSURE: State of Wisconsin #22727

FACULTY APPOINTMENTS:

1984-present University of Wisconsin Hospital and Clinics Clinical Associate Professor
Department of Medicine, Section of Cardiology
Madison, WI

1981-1984 University of Wisconsin Hospital and Clinics
Clinical Assistant Professor
Department of Medicine, Section of Cardiology
Madison, WI

1979-1980 University of Wisconsin Hospital and Clinics
Clinical Instructor
Department of Medicine, Section of Cardiology
Madison, WI

HOSPITAL APPOINTMENTS:

1979-present Meriter Hospital
Madison, WI

1979-present University of Wisconsin Hospital and Clinics
Madison, WI

OTHER EXPERIENCE:

1985-1987 Middleton Emergency Medical Service
Medical Adviser
Middleton, WI

1985 WIPRO Consultant
Subcommittee on Coronary Bypass Surgery

1984 WIPRO Consultant
Cardiovascular Surgery Mortality Review

1980-1998 Physicians Plus Medical Group
Cardiology
Madison, WI

1979-present Meriter Hospital
Medical Director, Cardiac Rehabilitation Program
Madison, WI

W. Eugene Musser, Jr., M.D.

Curriculum Vitae

Page 3 of 3

1978-1979

Kaiser Foundation Hospital
The Permanente Medical Group
Staff Cardiologist
San Francisco, CA

1978-1979

Kaiser Foundation Hospital, Echocardiography Laboratory
Director
San Francisco, CA

AWARDS:

1972

Bronfenbrenner Award for Research in Infectious Disease
Washington University of Medicine

1972

Award for Research in Bacteriology
Washington University of Medicine

1976-1979

Bay Area Heart Association Research Fellowship

1979

Kaiser Foundation Research Grant

PROFESSIONAL SOCIETIES

1968

Phi Beta Kappa

1972

Alpha Omega Alpha

1976

Diplomate, American Board of Internal Medicine

1979

Diplomate, in Cardiovascular Diseases, American Board of Internal
Medicine

1980

Fellow, American College of Cardiology

COMMITTEES:

1979-1987

Member, State Committee of Exercise and Rehabilitation
American Heart Association, Wisconsin Affiliate,

1984

Chairman, State Committee on Exercise and Rehabilitation
American Heart Association, Wisconsin Affiliate,

1981-1987

Member, State Medical Society Subcommittee on Accreditation

1978-1979

Research Council, San Francisco Heart Association

ARTICLES:

Cullen, Korcuska, Musser, Schiller, Clark; "Calcified Left Ventricular Thrombus Causing Repeated Retinal Arterial Emboli"; Chest; 79:708-710; 1981.

Musser, Kobayashi, Medoff, Schlessinger, Kwan; "Amphotericin B Potentiation of Rifampicin in Histoplasma Capsulatum".

Lori: please have added to my CV:

Governance Positions:

Physicians Plus Medical Group, Board of Directors 1986-1988, and 1996-1999
University of Wisconsin Medical Foundation, Board of Directors, 1998-2002
(Executive Committee)
Meriter Health Services, Board of Directors, 1994-2000
Physicians Plus Investment Group, Director, 2001-present

Hospital Positions:

Medical Director, Cardiac Rehabilitation Program, Meriter Hospital

Medical Staff Committees:

Critical Care Committee, Meriter Hospital, member and chair, 1980s
Medical Practice Committee, Meriter Hospital, member, 2000-present



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>

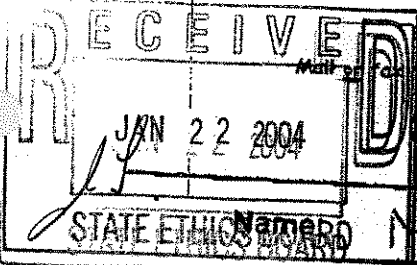
Roth Judd
Director

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: Gene Musser
Date: 1/22/04



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

Statement of Economic Interests

Filed in 2004 for calendar year 2003

STATE ETHICS BOARD

Name: Musser, Wayne E, Jr
(last name, first name & initial)

State position:
(held or sought)

Medical Examining Board
(include agency, division, branch or district, if applicable)

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://ethics.state.wi.us>
ATTACH ADDITIONAL PAGES AS NEEDED

Part A As of December 31, 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
<u>Dodge Cox Balanced fund</u>							
<u>Mutual Shares Fund 2</u>					X		
<u>Fidelity Price Small Cap Value</u>					X		
<u>First American Mid Cap Value</u>					X		
<u>Several 1st American funds - attached</u>					X		

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>9129 South River Way</u>	<u>Sacramento</u>	<u>CA</u>	<u>Sacramento</u>	<u>rental property</u>
<u>2325/27 Meadowbrook Rd</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</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

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 2003.

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 (own, lease, option, 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
Physician Plus Investment Grp	Madison	WI	Director

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

Business or organization	City	State
None		

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

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

Part B

For calendar year 2003

7. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2003.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Univ Wisconsin Medical Education	Madison	WI	Medical Group
" " " School	"	"	Medical School
" " Nursing	"	"	Nursing School
Marquette Hospital	"	"	Hospital

8. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2003.

Source of income	City	State
Real estate - 500 A2	Sealedanta	CA
bank accounts / CDs	Madison	WI

9. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) in 2003.

Name of provider	City	State
Don Wayne / Roberta Munsen	Petaluma	CA

10. List, for 2003, 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 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 to December 31, 2003, I certify that I will amend it on or before January 9, 2004 if amendment is necessary to bring it into conformity with the true statement of my economic interests as of December 31, 2003. If any part has been left blank, I have done so intentionally because there is nothing to report.

Signature of person filing: [Signature] Date: 1/20/04 Daytime phone #: 608 267 5970
 E-mail address: gene.munsen@univ.wisc.edu

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.

MHSSER

amount
250,000 250,000

Security Description

5	First American Equity Income CI Y FAQIX		X
5	First American Equity Index Fund CI Y FEIX	X	
1	First American Small Capital Index Fund CI Y ASETX	X	
	First American Mid Capital Index Fund CI Y FIMEX	X	
	First American Small Cap Grwth Opp CI Y FIMPX	X	
	First American Mid Cap Grwth Opp Fd CI Y FISGX		X
	First American Large Cap Grwth Opp CI Y FIGWX		X



Security Description

5	First American Intermediate Term Bond Fund CI Y FINX		X
	First American Short Term Bond Fund CI Y FLTIX	X	
	Market First Amer Prime Oblig Fund CI Y	X	
	Total Account Accrued Income		

total

**MERITER HEALTH SERVICES, INC.
EMPLOYEE RETIREMENT PLAN
2002 INDIVIDUAL ACCOUNT STATEMENT**

GLORIA GUDMUNDSON
1427 Willow Trl
Middleton Wi 53562

Date of Birth: March 19, 1951 SSN: 388-56-3435
Employment Date: August 15, 1977 Employee #: 0456520
Retirement Plan Entry Date: January 1, 1986
Pension Vesting Years: 9 *

Previous Balance in the Retirement Plan: ~~\$4,333.25~~ (As of January 1, 2002)
Your Contributions during 2002: 670.76
Meriter's Matching Contribution (5X): * 80.00
Investment Credit (4.0%) on 1/1/2002 Balance: ~~\$1,733.25~~

TOTAL ACCOUNT BALANCE as of December 31, 2002: ~~\$4,333.25~~ **\$5,185.26**

\$
> 50k

YOUR ACCOUNT SUMMARY:

@ YEAR	YOUR CONTRIBUTIONS	MERITER MATCH*	INVESTMENT CREDIT		TOTAL ACCOUNT*	
			Amount	Rate		
END: 1988	\$353.33	\$1,766.65	\$224.16	8.5%	\$2,637.14	on 12/31/1987
1989	\$325.41	\$1,627.05	\$747.19	15.0%	\$4,981.28	on 12/31/1988
1990	\$385.81	\$1,929.05	\$307.24	4.0%	\$7,680.93	on 12/31/1989
1991	\$376.33	\$1,881.65	\$1,545.45	15.0%	\$10,303.03	on 12/31/1990
1992	\$381.53	\$1,907.65	\$564.26	4.0%	\$14,106.46	on 12/31/1991
1993	\$387.19	\$1,935.95	\$1,611.19	9.5%	\$16,959.90	on 12/31/1992
1994	\$313.83	\$1,569.15	\$835.77	4.0%	\$20,894.23	on 12/31/1993
1995	\$95.28	\$0.00	\$4,722.50	20.0%	\$23,612.98	on 12/31/1994
1996	\$86.15	\$0.00	\$3,411.70	12.0%	\$28,430.86	on 12/31/1995
1997	\$63.30	\$0.00	\$4,789.31	15.0%	\$31,928.71	on 12/31/1996
1998	\$63.33	\$0.00	\$4,413.78	12.0%	\$36,781.32	on 12/31/1997
1999	\$27.82	\$0.00	\$4,744.72	11.5%	\$41,258.41	on 12/31/1998
2000	\$13.47	\$0.00	\$1,841.24	4.0%	\$46,030.95	on 12/31/1999
2001	\$30.16	\$0.00	\$1,915.43	4.0%	\$47,885.66	on 12/31/2000
2002	\$70.76	\$0.00	\$1,993.25	4.0%	\$49,831.25	on 12/31/2001
TOTAL	\$3,556.81				\$51,895.26	on 12/31/2002

* At least 1,000 hours must be credited during the calendar year in order to include it as a year of vesting and in order to receive Meriter's matching contribution for the year. Your 2002 Pension Hours were: 183.0
* After a participant has accumulated five (5) Pension Vesting Years they are 100% vested in the Meriter Matching part of their Balance.

Please review the important information on the reverse side of this statement.



Statement of Financial Accounts
August 22, 2003 - November 23, 2003

Annuities

**IDS Life
Combination Retirement Annuity, TSA**

Account owner(s)
GLORIA J GUDMUNDSON

Contract date 12/19/1984

Annuitant
GLORIA J GUDMUNDSON

Contract number 0931 0150 0670 9 004

Current account value
on 11/21/2003

Current investment allocation 11/21/2003

Fixed Account	Current payment allocation	Number of units owned	x	Current unit value	=	Investment value
AXP VP Cap Resource	25.00%	244,244		\$75.00		\$18,317,160
AXP VP Managed Fund	25.00%	554,685		\$30.00		\$16,640,550
AXP VP International	25.00%	1,126,136		\$15.00		\$16,892,016
AXP VP Strategy Aggr	25.00%	1,103,483		\$15.00		\$16,552,189
Total	100.00%					\$68,399,915

Handwritten: < \$50k

Value if surrendered
Fixed account interest rate
New payments
Average rate on prior payments

Payments to date
Surrenders to date

The interest rate for each new payment to the fixed account is guaranteed for 12 months. After that, rates for each payment are reviewed, declared and guaranteed for six months at a time. Your statement shows a weighted average of rates for all prior payments made to this fixed account.





**IDS Life
Combination Retirement Annuity**

Confirmation

Account Number: **0000 0931 0150 0670 9 004**

Insurance and annuities are issued by IDS Life Insurance Company, an American Express Company.

013265

Gloria J Gudmundson
1427 Willow Trail
Middleton WI 53562-3300

Client number
1053 5676 0 001

Owner:
GLORIA J GUDMUNDSON

Annuitant:
GLORIA J GUDMUNDSON

Account activity				
Date	Activity	Number of units	Unit value	Dollar amount
12/31/03	Payment			
	AXP VP Cap Resource	0.000	\$8,000.00	\$2,000.00
	AXP VP International	4.000	\$1,950.00	\$7,800.00
	AXP VP Strategy Aggr	1.000	\$1,400.00	\$1,400.00
	AXP VP Managed Fund	1.000	\$6,550.00	\$6,550.00

Investment allocation as of 12/31/03				
Fixed account	Current payment allocation	Number of units owned	Current unit value	Investment value
AXP VP Cap Resource	25.000%	249.722	\$8,000.00	\$2,000.00
AXP VP International	25.000%	4.000	\$1,950.00	\$7,800.00
AXP VP Strategy Aggr	25.000%	1.000	\$1,400.00	\$1,400.00
AXP VP Managed Fund	25.000%	1.000	\$6,550.00	\$6,550.00
Total	100.000%	8.000	\$4,023.12	\$23,750.00

250k

Your financial advisor Michael Watson (608) 663-7526	Your service office Madison, WI (608) 663-7526
-------------------------------------------------------------------	-------------------------------------------------------------

IDS Life Insurance Company
70100 AXP Financial Center
Minneapolis MN 55474

Please review your statement carefully. If you notice an error, please notify us immediately. Failure to notify us within 30 days will constitute your acceptance of the content. You may direct any questions to your financial advisor or service office.



Rosalie Murphy

VITAE

Rosalie A. Murphy
5973 County I
Lena, WI 54139
920-834-3269

Office:
Lena Medical Clinic
PO Box 278
Lena, WI 54139
920-829-6363

Conference
Call

EDUCATION

- 1969 B.S. Nursing Marian College Fond du Lac, WI
- 1972 M.S. Nursing Marquette University Milwaukee, WI
- 1973 B.S. Medicine Western University Kalamazoo, MI (cum laude)

EMPLOYMENT

- 1969-1972 St. Agnes Hospital Fond du Lac, WI
Staff Nurse, Supervisor, and Health Educator
- 1970-1972 Marian College Fond du Lac, WI
Assistant Professor of Nursing
- 1975-1988 The General Clinic Antigo, WI
Primary Care Physician Assistant; family practice setting with hospital, clinic and nursing home involvement
- 1976-1988 Langlade Memorial Hospital
1976-1988 staff privileges; 1978-1979 physician-nurse liaison committee; 1980-1988 continuing medical education committee; 1984 ACLS; instructor for many classes for nurses
- 1989-1994 Oconto Memorial Hospital
Established the Lena Medical Clinic, a satellite clinic of the Oconto Memorial Hospital; staffed the hospital emergency room; established and staffed a walk-in clinic
- 1994-Present Purchased the Lena Medical Clinic

PROFESSIONAL ASSOCIATIONS

- 1976-Present American Academy of Physician Assistants
- 1974 President of the Wisconsin Academy of Physician Assistants

LICENSE / CERTIFICATION

- 1969-Present R.N. Wisconsin
- 1972-Present R.N. Michigan
- 1976-Present P.A.-C. Wisconsin
- 1975-Present P.A.-C. Nationally (NCCPA)

PROFESSIONAL ACTIVITIES / SERVICES

- 1972-1974 Michigan Governor's P.A. Advisory Council
- 1976-Present American Academy of P.A.
- 1976-Present Wisconsin Academy of P.A. 1975 Founding Member
1975-1976 Secretary/Treasurer

- 1976-1977 Secretary
- 1976 Continuing Medical Education Chairperson
- 1977 Membership Chairperson
- 1978-1979 Legislative Committee
- Certificate of Appreciation 1981, 1990, 1994
- Delegate to National 1990, 1991, 1992, 1993
- President-elect 1989, 1991
- President 1990, 1992
- 1979-1988 Wisconsin State Medical Examining Board, P.A. Advisory Council
- 1981-1984 Vice-chair
- 1984-1988 Chair
- Testified: For prescription practices for P.A.s, (passed 1984)
- For the role of the P.A. in nursing home settings 1984
- For the revision of HSS 132, federal and state rules regulating utilization of P.A.s in extended care facilities
- Administered oral boards to P.A.s being certified in Wisconsin annually
- Advisor to the Board on professional practices involving P.A.s practicing in the state

COMMUNITY

- Emergency Medical Technician Instructor for the community of Antigo
- Nationally certified in Sex Respect, a teenage sexuality curriculum, for the community of Antigo
- Religious Educator for St. John School program for the community of Antigo
- Sponsor of "How To Grieve" by Richard Obershaw, for the community of Antigo, 1986, 1987
- Sponsor and Instructor for "I Can Cope", a cancer program for the community of Antigo, 1986, 1987
- Established and Directed a monthly grief support group, 1985-1988
- Established and Directed a monthly diabetic support group, 1984-1988
- Instructor for Physical Assessment course for nurses at the local technical college in Antigo, 1984
- Established a Respite Program to assist non-professional caregivers in the home in Antigo, 1988, 1989
- Established a community burial plot for families who had lost a baby in the perinatal period, 1988
- 1991-1997 Catholic Social Service Advisory Board
- 1991-2000 Parish Trustee, Finance Committee, Lector
- 1990-1999 Diocesan Pastoral Council Secretary, Vicariate III Lay Representative

NATIONALLY

- 1984 American Academy of P.A.s honorable mention for Rural P.A. of America
- 1989 Presenter at the National Funeral Director's convention in Baltimore, "Grieving in the Perinatal Period"
- 1990 Presenter at the National Symposia for Grief, Death and Dying; "Assisting With Grief" a Support Group's Achievement
Louisville, KY
- 1995 American Academy of P.A.s "Rural P.A. of America"

INTERNATIONALLY

- 1992 Medical missionary work in Nicaragua
- 1993 Representative for the American Academy of P.A.s to study medical care in the former Soviet Union
- 1999 Representative for the American Academy of P.A.s to study medical care in China

HOBBIES

Music, gardening, walking, reading, enjoying family of 12 siblings



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:

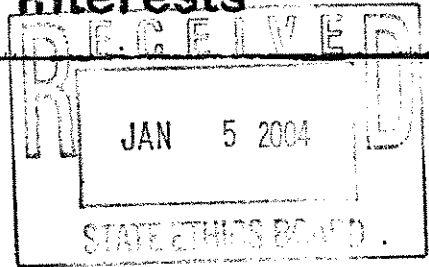
The attached Statement of Economic Interests is provided with regard to the individual's nomination to a State Public Office by Governor Jim Doyle.

Sincerely,
STATE OF WISCONSIN ETHICS BOARD

Nominee: Rosalie A. Murphy
Date: 1/8/04

Statement of Economic Interests

Filed in 2003 for calendar year 2002



Name: Murphy, Rosalie A.
(last name, first name & initial)

State position: Funeral Director Exams Bd.
(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 12/2003

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 - check one					Amount - check one	
	stock options/fund	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
Smith Barney IRA - American Funds			X	X	X	X	X
Smith Barney - Money Market			X	X	X	X	X
Smith Barney - See attached *			X	X	X	X	X
Sale to Lena Medical Clinic - Desper. Invest.			X	X	X	X	X
IRA - Desper. Bond & 70% Bonds			X	X	X	X	X

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
Lena Medical Clinic 304 N. Geneva Street Lena WI 54139	Lena	WI	Desper	Medical Clinic
(I rent the building, do not own it)				

- 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
Lena Medical Clinic	Rosalie A. Murphy	Lena	WI

- 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
All None		

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).

Street address or fire number	LOCATION OF PROPERTY		NATURE OF INTEREST (own, lease, option, easement, land contract)
	Municipality	County	
None			

Dec. 19. 2003 1:40PM Executive Office - Wisconsin

No. 0069 F. 7

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

Business or organization	City	State	Position
Grant County Drainage District	Lena	WI	Chair person

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

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
Lena Medical Clinic	Lena	WI	Medical Clinic

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

Source of income	City	State
None		

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 # 926. 829. 6363

Rosalee A. Rumpel 12/29/02 rosalee
 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 §16.04(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.

DATE	NOTES
	Attachment for statement of economic interests for <i>Boris & Murphy</i>
	Bristol Myers <u>Stocks</u> < 50,000
	Glaxo Smith line " "
	Hewlett Packard " "
	Eli Lilly " "
	Pfizer " "
	Abbott " "
	US Bancorp " "
	Verizon " "
	World Com " "
	Zimmer " "
	<u>Bonds</u>
	Chase Manhattan Corp < 50,000
	Lincoln Financial Accept Corp "
	Bank of America Corp Sub Note "
	Gen Electric Corp "
	<u>Chase Bonds</u>
	CATS "
	CATT "