JIM DOYLE GOVERNOR



January 10, 2003

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Helene Nelson to be Secretary of the Department of Health & Family Services to serve at the pleasure of Governor.

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

Respectfully submitted,

JM DOYLI Governor JIM DOYLE GOVERNOR



## **GOVERNOR'S APPOINTMENT**

NAME/MAILING ADDRESS: Helene Nelson

1140 E. Dayton #202

Madison, WI 53703

E-MAIL ADDRESS: nelsonhl@dhfs.state.wi.us

RESIDES IN: Madison, WI

**TELEPHONE:** (608) 266-2922 (608) 258-7657

OCCUPATION: Secretary
Department of Health & Family Services

APPOINTED TO: Secretary of the Department of Health & Family Services

**TERM:** A term to expire at the Pleasure of Governor

SUCCEEDS: Phyllis Dube

SENATE CONFIRMATION: Yes

**DATE OF APPOINTMENT:** January 6, 2003

**DATE OF NOMINATION:** January 6, 2003

COMPENSATION: \$112,000

### STATE OF WISCONSIN

JAMES E. DOYLE GOVERNOR



January 6, 2003

Ms. Helene Nelson 1140 E. Dayton #202 Madison, Wi 53703

Dear Helene,

I am pleased to appoint you as Secretary in the Department of Health and Family Services, effective January 6, 2003. Your experience, knowledge, and dedication will be a true asset to my administration and a great benefit to the people of Wisconsin.

Your salary will be \$112,000 annually and assigned to Executive Salary Group 9. This is an unclassified position serving at the pleasure of the Governor.

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

Cc: Susan Goodwin Randy Parker, HR Director, DHFS

#### HELENE NELSON

1140 E. Dayton Street #202 Madison, WI 53703

Phone: 258-2546 Email: helenenel@aol.com

Experienced executive in Wisconsin State and County government with an outstanding performance record and substantial knowledge of Wisconsin's state-county partnership for health and human services. A progressive who makes good government better, working effectively with a wide range of people to improve policy, program results, and operating efficiency. A principled pragmatist who gets results when dollars are tight and bipartisan political leadership is required.

### Health & Human Services Experience

## CONSULTANT Promoting reforms in health care and long term care. For example:

- Co-founded Center for Patient Partnerships at UW-Madison to promote more patient-centered health care
  through the power of the Wisconsin Idea, combining the University's research and education missions with
  public service. Lead author of proposals to create the Center in the UW and to make it a reality with funding
  from individual donors, foundations, the University, and the State. (2000-present)
- Advised the Dane County Executive and worked with health, human services and criminal justice systems to
  improve the county's services to persons with mental illness and substance abuse who commit criminal
  offenses. Developed federal grant proposal for new jail diversion programs for women affected by trauma
  and people with serious mental illness. (2000-present)
- Under contract to the State, led a project to develop principles and methods for assuring and improving
  quality of community long term care for frail elderly and people with disabilities. Under contracts to
  Kenosha and Milwaukee Counties, consulted on ways to reduce hospital and nursing home costs and to
  improve quality in-home care for frail elderly and people with disabilities. (1990-91)

## DANE COUNTY EXECUTIVE STAFF & DIRECTOR OF HUMAN SERVICES (1993-2000)

- As Chief of Staff & Policy Director for the County Executive, served as the top advisor for policy, management, budget, and complex problem-solving. Led the county in its first-ever community development block grant application, creating a new county role in developing affordable housing and economic development to benefit low-income people through a partnership with 43 local governments. Designed, advocated and guided jail diversion initiatives providing public safety and better treatment for mental illness and substance abuse. Negotiated a "living wage" ordinance with county, union and community leaders to provide fair pay to workers and good care for vulnerable citizens they serve. (1997-2000).
- As Director of Human Services, led the county's public health, long term care, community services, economic assistance and work services, child protection and family services. Implemented a Job Center that helped low income people find good jobs and businesses find workers. Developed innovative neighborhood-based prevention and voluntary services for poor children and families entirely through reallocation of resources and efficiencies across the department. Increased community options for elderly and people with disabilities to remain in their homes while reducing the size and improving the quality of the county nursing home. Improved community programs for youth with severe emotional disturbance and delinquent behavior while reducing institutional costs and providing for public safety. Designed new methods for bipartisan

involvement of county board members, human services advocates, program experts and citizens to collaborate in policy and budget development. (1993-97)

Resume of Helene Nelson Page Two

## Experience in Health & Human Services in Wisconsin, continued

## DEPUTY SECRETARY, WISCONSIN DEPARTMENT OF INDUSTRY, LABOR, & HUMAN RELATIONS

Chief operating officer and policy team member for state labor department. Led a department-wide strategic planning and program improvement effort to create a high-performing public service agency - an agency previously said by the Wisconsin State Journal to be too diverse and contentious to be managed. Worked with the Secretary and other key leaders to upgrade program performance while eliminating budget deficits. Substantially improved timeliness and accuracy in unemployment compensation claim payments. Speeded equal rights case dispositions while enhancing quality. Closed down a division that had provided comprehensive employment and training services due to federal law changes and budget cuts, while absorbing a formally separate Governor's office job training staff and building a new job training partnership program from the ground up. Chaired the project that created the innovative county-state-private sector Job Center model to integrate local services across divisions and departments to better serve citizens. (1983-86)

## DEPUTY SECRETARY, WISCONSIN DEPARTMENT OF HEALTH & SOCIAL SERVICES

• Chief operating officer and policy team member for agency including public health, health care financing, care for people with disabilities and the frail elderly, children and family services, economic assistance and work services, and state corrections. Together, our strong management team and creative department staff worked effectively in a bipartisan political environment to invent the Community Options Program, fostered real collaboration and good will with county governments, and adapted to budget constraints imposed by federal budget cuts. We reduced cost increases in Medicaid and began humane welfare reforms. As Deputy, integrated work of the divisions within a common policy, program, fiscal and management agenda. (1981-82)

### RELATED HEALTH & HUMAN SERVICES EXPERIENCE

- As Deputy Secretary of Agriculture, Trade & Consumer Protection, guided development of public health policy in milk safety and quality, groundwater protection, and food inspection. (1987-90)
- Former cancer patient, fully recovered, who serves as a companion/advocate for others with cancer.
- Former Board member of the Jackson Health Maintenance Organization in Dane County (1980s).

### Additional Public Management Experience

## DIRECTOR OF ADMINISTRATION FOR DANE COUNTY

• Executive responsible for countywide budget and financial management, data processing, employee relations, and related services. Created the County's program-budget structure and the County's first multi-year capital budget plan. Led the county's financial management team including responsibility to manage the county's AAA credit rating and capital finances. Fostered positive partnerships with employee unions, negotiated voluntary contracts, and creatively resolved complex third step grievances on behalf of the County Executive. Led several contentious and complex projects to successful outcomes, for example the decisions on siting, authorizing, budgeting and building a new Dane County jail and the agreement reached on the county's financial and legal/management participation in Madison's Monona Terrace project. Worked successfully

with a progressive County Executive and the conservative leadership of the County Board as well as department managers, county staff, city of Madison leaders, and many others. (1991-93)

Resume of Helene Nelson

Page Three

## DEPUTY SECRETARY, WISCONSIN STATE AGENCIES

 Deputy Secretary or Chief Operating Officer for 5 state agencies under 4 Governors - the Departments of Revenue (1979-81) and Transportation (1977-79) prior to the experience cited above (DHSS 1981-83, DILHR 1983-86, and DATCP 1987-90). Responsible in those agencies for agency-wide policy, planning and budget development; internal budget management; and general administration functions. Also served on short-term assignment as Deputy State Auditor and created a new program audit unit there. (1979)

### BUDGET ANALYST AND SUPERVISOR

- Fiscal analyst and first fiscal supervisor for Legislative Fiscal Bureau, a bipartisan professional staff serving the Wisconsin State Legislature. Supervised/led analysis of Health & Social Services budget and UW System budget, including budgeting for UW health sciences such as UW Hospital and Medical School. (1972-75)
- Senior budget planner for UW System, preparing system biennial budget requests and policy/programanalyses for the Board of Regents' consideration. One focus was budgeting for UW Health Sciences. (1975-77)

## OTHER EXPERIENCE IN PROGRAM IMPROVEMENT

- Taught program evaluation to public administration graduate students at UW-Madison's LaFollette Institute, jointly with UW System President K. Lyall (1999)
- Trained and consulted in quality improvement/management at The Management Group (1990-91) and served on the Board of Directors of the Madison Area Quality Improvement Network (1990s).

### Education

BA with Highest Honors in Government, Oberlin College (1972)

- National Merit Scholarship
- Phi Beta Kappa
- National Science Foundation Award for Undergraduate Research in Sociology
- Comfort Starr Prize for Excellence in the Social Sciences (to the outstanding senior student each year)

## Community Involvement and Recognition

"Woman of Distinction" - Madison YWCA - recognition for community service (2000)

"Public Administrator of the Year" - Capitol Chapter, American Society for Public Administration (1984)

Executive Council, Board of Stewardship, Board of World Service, Pastoral Search Committee, and other volunteer service at Orchard Ridge United Church of Christ (1990 through the present)

Volunteer promoting more affordable housing and assistance to homeless individuals with Interfaith Hospitality Network and a new project of the Wisconsin Council of Churches. Volunteer to promote fair and culturally appropriate treatment of all people, and better mental health care and substance abuse treatment, in the human services and criminal justice systems. (current activities)



# 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

Nominee:

Helene Nelson

Position:

Secretary,

Health & Family Services, Dept. of

### **Statutory Reference:**

15.19 Department of health and family services; creation. There is created a department of health and family services under the direction and supervision of the secretary of health and family services.

Mail or fax to: Wi	aten	ics Boord, 44 E. Mil nent of Filed in 2003 f	Ec	Ö	no	mic	wr 53703-2 Intel	est	(608) 264 <b>S</b> 7	9319
Name:	Nelso	π, Helene					144	l neer o	0000	
State position: (held or sought)	Health Secreta	a & Family Se ary	ervic	<b>e</b> s,	Dept	L of		0 1/28		
Questions about completing this for	SEE INST	RUCTIONS FOR E 08) 266-8115 •0	XPLAN ther in	IATIO guirie	N AND ∞ (608	EXCEPTIO ) 266-812	MS, 3 •Attoch o	dditional r	Water or he	
Part A	(10) Western N. 2020/32. 2020 b	* * * * * * * * * * * * * * * * * * *					s of De		··· ··· · · · · · · · · · · · · · · ·	
List STOCKS, BONDS, limi market funds you or your f Name of security	ited partn amily hel	erships, Wisco d (minimum \$5,	3 0	tock/	Туре	of security	100		Amount	
Sein	losed		R	esuutu	bond	partnership	Security	min kind	les .	\$50,00
List BUSINESSES and INCO ownership interest. Name of business (If any) or business	ME-PRO	DUCING REAL	ESTA	TE			r your fam	lly had a	10% or (	greate
or address of real estate	activity,	Municipality	Ste	to	if real	estate, list ounty		44		
Nekon Holdings L	<u> </u>	Marshield	W		100		CA -C- C	IAC LA	house	35
							tented	to NI	mouse -	a tool Co.
							Inc@ a	3400 F	575	
										4

Buchess	Parinces, or officers and directors	City	State
Nelson Holdings LLC	Onlard by Carol + Earl Nekon		1
CPAS CPAS	(pareds)	Marshfield	TWI
Marshfield, Wi	Paul Nelson (brother)	Anlington	TX
- Marianian art	Bellen Walson (self)	Madison	WI

b) For each enterprise you listed in Item #2 that is an unincorporated business, a subchapter \$ 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	VAL ANY VAL	
Nelson - Jameson, Inc.	City	State
TVC/SUB = COUNSON) LIVE.	Mars field	14.77
	<u> </u>	

3	5	List the specific incetion of Wisconicial DEAL HOTARE.		
		List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interpretate whose leastless which you or your family had an interpretate whose leastless where the provider of the pro		
		your principal residence and real estate whose location you listed in item 2).	erest (6	xcebi
•		. 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	•	•
1				

LOCATION	OF PROPERTY		NATURE OF INTEREST
Street address or fire number	Municipality	County	(own, loase, option, essement, land contract)
N-A :			

State of organization    Coad Freezis, of WI Land Use   Mackson   W   Good Freezis	
5. List ORGANIZATIONS THAT AUTHORIZED YOU OR A FAMILY MEMBER TO REPRESENT THEM in the ings with others as an autorney-at-law, agent, spokesperson, or representative (unless listed in terms and provided to the fethics of state of them.)  8. List CREDITORS to which you or your family owed \$5,000 or more.  Creditor  City  State  For Calendar year  8. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.  Name of imployer  (If State of Wisconsin, identify agency or institution)  City  State  For Calendar year  (If State of Wisconsin, identify agency or institution)  City  State  Nature of employer's business  Dana Co Exer Office (Sprass)  Machison  City  Amount of Improvided your state government.	
Business or organization  City  City  State  City  Creditor  Credi	asun
Business groganization City  3. List CREDITORS to which you or your family owed \$5,000 or more.  Creditor City State 550,000 or less Part B For Calendar year  C. Changes to reportable interests this year. See Instructions.  Part B For Calendar year  C. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.  Name of employer (If State of Wisconsin, dentily seency or institution) City State Nature of employer's business Daria Co Exer Office (Spanse) Markets W. (Surry Agricument)  C. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  City State of Wisconsin Jaconsin Fisca (Self)  D. List Individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) and of provider Provided to the Ethics Board.  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government of the provided of the Ethics Board.  Amount of Provider Amount of Provided Propositions Provided Provided Propositions Provided Provided Provided Propositions Provided Provi	
Business or organization  Business or organization  City  City  State  State  State  City  State  Nature of employer's business  Dand to Exer Offict (State)  Mathem W. State  Nature of employer's business  Dand to Exer Offict (State)  Mathem W. State  State  Nature of employer's business  City  Mathem W. State  State  State  State  State  State  State  State  Nature of employer's business  City  Mathem W. State  Stat	-
Creditor  Creditor  Creditor  Creditor  City  State  Sec.000 or less  For Calendar year  Changes to reportable interests this year. See Instructions.  Part B  For Calendar year  List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.  Name of employer (If State of Wisconsin, denilar spenry or institution)  City  State  Nature of employer's business  Dana Co Exer Office (Spanse)  Markison  W4  County Spanness  City  Scotte Nature of employer's business  W4  County Spanness  City  Source of income  Exist OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  Exist OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  City  Mental Health Central State (Sett)  Mental Health Central State (Sett)  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) not previously reported to the Ethics Board.  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government.  (more than \$50) not previously reported to the Ethics Board.  Amount of	erd
6. List CREDITORS to which you or your family owed \$5,000 or more.  Creditor  City  State  Sci,000 or less  Part B  For calendar year  7. Changes to reportable interests this year. See Instructions.  Part B  For calendar year  (If State of Wisconsin, dorally agency or institution)  City  State  Name of employer or institution)  City  State  Nature of employer's business  Dana Co Exer Office (Spanse)  Approximate  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  City  Approximate  Approximate  Approximate  Amount of	
E. List CREDITORS to which you or your family owed \$5,000 or more.  Creditor  City  State  S50,000 or less  Intro   Doi applicable.  C. Changes to reportable interests this year. See Instructions.  Part B  For calendar year  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  Dana Co Exer Office (Sprase)  Markon  Wif County American  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Sourse of income  Alexand Loss Alexand Family Faster (Self)  D. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) hams of provider  City  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government of more than \$50) not previously reported to the Ethics Board.  Approximate  A	SI
Creditor  City  State  Storogous  Changes to reportable interests this year. See Instructions.  Part B  For calendar year  List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.  List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.  City  State  Nature of employer's business  Dana Co Exer Office (Spring)  Madison  With County Spring Source of employer's business  Dana Co Exer Office (Spring)  Madison  With County Spring Source of Exercised Income of \$1,000 or more in 2002.  City  Mental Health Control  Source of income  City  Madison  City  City  Mental Health Control  City  Mental Health Control  City  Ame of provider  City  Approximate  Approxi	
Creditor  City  State  S50,000 or less   There   not applicable  Changes to reportable interests this year. See Instructions.  Part B  For calendar year  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  Dana Co Exer Office (Sanase)  Approximate  City  Approximate  Approximate  Approximate  Amount of  Amount	
Creditor  City  State  \$65,000 or less   There not applicable.  Changes to reportable interests this year. See Instructions.  Part B  For calendar year  List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.  Name of employer  (If State of Wisconsin, Identity agency or institution)  Dana Co Exer Office (Sprase)  Approximate  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  City  Source of Income  City  City  City  Description  City  City  City  Description  City  City  City  City  City  Description  City  City  City  Description  City  Approximate  Approximate  Amount of EXPENSES related to your state government of complete the provider  Approximate  Approximate  Amount of Expenses amount of Expenses related to your state government of complete the provider  Approximate  Amount of Expenses amount of Expenses related to your state government of complete the Ethics Board.	one"
City State or less  None not applicable.  Changes to reportable interests this year. See Instructions.  Part B  For calendar year  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  Dane to Exer Office (Sparse) Markon With Country Government  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  City  Perhal Healt's Carthoof Dane (Self)  1. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) to provider  Approximate Amount of EXPENSES related to your state government of the Ethics Board.  Approximate Amount of	W
Changes to reportable interests this year. See Instructions.  Part B  For calendar year  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  Dana Co Exer Office (Sparse)  Markon  With County government  City  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  Wisconsus Land Plumps (Issae (Self)  Meshal Health Centural Para Ca (Self)  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) hams of provider  City  Amount of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate  Amount of	ŧ
Changes to reportable interests this year. See Instructions.  Part B  For calendar year  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  Dana Co Exer Office (Saruse)  Markon  With County government  City  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  Wisconsin Land Plumpi (Tissac (Self)  Meshal Health Centural Stan Ca (Self)  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) and the state of provider  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximata  Amount of	\$50,0
List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.  Name of employer (If State of Wisconsin, identity agency or institution)  Dana Co Exer Office (Spring)  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  City  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) lame of provider  City  City  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate  Approximate  Approximate  Approximate  Amount of	
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)  Dana Co Exer Office (Spanse)  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  City State Nature of employer's business  Dana Co Exer Office (Spanse)  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  City  Mental Health, Central Plumpi (Pasar (Self)  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) lame of provider  City  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of	
List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.  Name of employer  (If State of Wisconsin, identity agency or institution)  City State Nature of employer's business  Dana Co Exer Office (Spring)  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  City  City  Mental Healts Cantage Series (Self)  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) tame of provider  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Appreximate Amount of	
List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.  Name of employer (If State of Wisconsin, identity agency or institution)  Dana Co Exer Office (Spring)  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  City  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) lame of provider  City  City  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate  Approximate  Approximate  Approximate  Amount of	
List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.  (If State of Wisconsin, identity agency or institution)  Dana Co Exer Office (Springs)  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  City  List of HER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  City  City  City  City  City  City  City  City  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) lame of provider  City  City  Approximate  Approximate  Approximate  Approximate  Amount of	
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  Dana Co Exer Office (Spruss)  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  City  City  City  City  City  City  Dental Health Centural Name Co. (Self)  D. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) name of provider  City  City  Approximata  Approximata  Amount of  Approximata  Amount of	
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  Dana Co Exer Office (Spruss)  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  City  City  City  City  City  City  Dental Health Centural Name Co. (Self)  D. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) name of provider  City  City  Approximata  Approximata  Amount of  Approximata  Amount of	
List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.  Name of employer (If State of Wisconsin, identity agency or institution) City State Nature of employer's business Dana Co Exer Office (Spanse) Machion W4 (Guarty Government)  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income City  City  Mental Health Clark of Xerr Ca (Self)  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) lame of provider City  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of	2002
(If State of Wisconsin, identify agency or institution)  Dans Co Exer Office (Sprage)  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  City  City  City  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) tame of provider  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate  Approximate  Approximate  Amount of	
List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  City State Nature of employer's business  City Granty Government  List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  City City  City  City  City  City  City  City  City  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) hame of provider  City  City  Approximate Amount of	
List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  (A) ISC INCOME OF SUMMER AND FILMING ASSOC (Self)  (City  Description Health, Certifications that provided you with ENTERTAINMENT or GIFTS (more than \$50) amo of provider  (City  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximata Amount of	
List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.  Source of income  (A) Issimply Land Plumpi Assac (Self)  Perhal Health Centhral New (self)  D. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) hame of provider  City  Amount of City  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.	
List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) lame of provider  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of	
City  Wisconsun Law Rilumni Fissor (Self)  Mental Health Centuref Den Ca (Self)  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) lame of provider  City  City  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of	<del></del>
City  Wisconsun Law Rilumni Fissor (Self)  Mental Health Centuref Den Ca (Self)  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) lame of provider  City  City  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of	·
City  Wisconsun Land Filumni Fissor (Self)  Mershal Health Certhrof Dan Ca (Self)  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) hame of provider  City  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of	······································
City  City  City  City  Certain Health Certain City  Approximate Amount of EXPENSES related to your state government of the City  Approximate Amount of City  Approximate Amount of City	
Destal Healts Certified Dens Co. (Self)  D. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50)  Name of provider  City  City  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of	
Mental Health Central Dans Ca (self)  D. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) Name of provider  City  List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of	Stat
D. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50)    Variable	
List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of	
List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of	
List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of	n 200
Approximate Amount of	State
Approximate Amount of	<u> </u>
Approximate Amount of	<del></del>
Approximate Amount of	luties
CONTRACT OF THE PROPERTY OF TH	
not applicable	
	<del></del>
save read the accompanying Instructions and certify that the left and in the last and left an	
have read the accompanying Instructions and certify that the Information contained in this Statement of Economic Interests is implete, and correct to the best of my knowledge, information, and belief. If any part has been left blank, I have don't tentionally because these is not been in the property of the property o	true,
tentionally because there is nothing to report.	e so
MA NA Daytime phone # 608/266-96	25
	<u> </u>
gnature of person filing Date Final address Ohfs. State.wi.	us
Information sought in this form is required by §§19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form	

Eth 1b. For use in 2003 (Rev. 10/02)

# Attachment to Statement of Economic Interests - Helene Nelson As of January 6, 2003 and 12-31-02 (41)

## Part A - Item 1: Stocks, bonds...mutual funds over \$5000

Helene Nelson through State of WI Deferred compensation or Lincoln SEP:

Security	Type of Security	50K or less	50K plus
Janus Fund	Mutual fund-stocks	X	1 JOIC PIUS
Vanguard Instl Idx Plus	Mutual fund-stocks	X	
Vang Wellington Fd AdmSh	Mutual Fund-stocks		x
Vang LT Corp Fd Adm Sh	Bond fund	T X	
Lincoln Social Awareness	Mutual fund-stocks	X	

Helene Nelson or James Arts marital property, Merrill Lynch, Lincoln/Fidelity, other:

Security	Type of Security	50K or less	50K plus
ML Fundamental Growth	Mutual fund-stocks	X	1 JOIN PIUS
ML Small Cab Value	Mutual fund-stocks	X	
ML Muni Bond Fund	Mutual fund-govt bonds	X	
Calvert Capital Accumulatn	Mutual fund-stocks	$\frac{1}{X}$	
IPS Millenium	Mutual fund-stocks	$\frac{1}{x}$	
Franklin Small-Mid Cap Gr	Mutual fund-stocks	X	
Homestead Fund	Mutual fund-stocks	X	
Putnam New Opportunities	Mutual fund-stocks	X	

Helene Nelson – IRA through Lincoln Financial Advisors/Fidelity Trust: An amount of \$50,000 or less is in Fidelity cash reserves pending reinvestment in socially responsible mutual funds.

Helene Nelson & James Arts – have a loan/subscription agreement with the Dane Fund, Inc., a community loan fund (non-profit corporation for socially responsible investments) in an amount of \$50,000 or less.

David Olsen

David E. Olsen 117 E. Dodge Street Jefferson, WI 53549 (920) 674 - 4004 e-mail: olsen@jefnet.com

### CAREER OBJECTIVE

Director of Constituent and Administrative Services in the governor's office. However, am willing to fill any position which will allow me to be part of the team. A wide variety of jobs, including military service, city economic development director, chamber of commerce executive, county tourism board member, and previous political experience provides a broad base of knowledge which could be applied to a number of positions in different state agencies.

### **WORK EXPERIENCE**

Doyle for Governor Campaign Staff

2002

Worked as Governor-Elect Doyle's advance person for the general election. Volunteer for the primary election working with the field staff at the personal request of Susan Goodwin.

Owner/Funeral Director at Olsen Funeral Home of Jefferson, WI 1995 - present

Responsible for all operations of family owned (30 years) funeral home founded in 1889. A large part of my job is working in a compassionate, caring manner with grieving families but I also personally do all the work to prepare decedents for funerals. Very demanding job with unscheduled working hours which requires attention to detail and excellent organizational skills.

Executive Director for Jefferson Chamber of Commerce 1996 - 2002

Worked for a 15 member board. Grew chamber from 163 to 212 members (30% increase). Inherited a \$13,000 budget deficit and left the position with a reserve fund of \$35,000. Upgraded and streamlined budget process by re-writing the chart of accounts. Implemented a promotional campaign to draw shoppers downtown during the nine month Main Street repaving project. Chartered the Jefferson County Tourism Council, which has been publicly recognized and awarded grants by the Department of Tourism. Graduate of four year summer chamber executive management program. Conducted monthly board meetings and facilitated annual board retreat to set goals and objectives for the upcoming year. Published monthly newsletter for members.

Executive Director of Jefferson Development Corporation 1996 - 2001

Responsible for City of Jefferson economic development through liaison with local businesses, elected officials at the local, county and state level, and prospective businesses wishing to relocate to Jefferson. Oversaw the city's two industrial parks including revising and enforcing deed restrictions, pricing structure for land sales, and numerous visits with current tenants. Extensive personal lobbying which resulted in the Transportation Projects Commission overturning the decision of the Secretary of the Department of Transportation not to enumerate a bypass around the city. Assisted Forward Wisconsin with business recruitment efforts and attended Governor's Conference for Economic Development five years. Completed a number of economic development training courses sponsored by the American Economic Development Association. Served on Jefferson County Economic Development Corporation Board of Directors for five years, working to recruit new businesses to the county.

Milwaukee Metropolitan Sewerage District

1992 - 1994

Revenue Administration Supervisor responsible for liaison between Sewerage District and 28 local community leaders and administrative staff. Established user rate charges and oversaw \$53 million annual billings to user communities. Performed annual water usage audits to ensure correct payments. Supervised staff of 15.

Senator Herb Kohl 1988 - 1992

Staff assistant in Milwaukee office, working on constituent relations in different areas, including military and veterans issues. Responsible for recruiting, screening, interviewing and selecting nominees to all the U.S. service academies. Organized and staffed the Mobile Office, conducting state-wide outreach by meeting with constituents and elected officials.

Kohl for Senate Campaign Staff

1988 - 1992

Field staff in both the primary and general elections in 1988. Milwaukee County Coordinator for the 1988 general election. While serving on the senate staff, I was also employed by the campaign on a part-time basis. Researched, designed and oversaw construction of Herb's Superb Milk House at the Wisconsin State Fair which I ran for the first two years. Took a leave of absence to work on the Loftus for Governor campaign in 1990.

### ASSOCIATIONS

- American Economic Development Association
- Wisconsin Economic Development Association
- Wisconsin Chamber of Commerce Executives
- Wisconsin Manufacturers and Commerce
- Wisconsin Funeral Director's Association
- National Funeral Director's Association
- Transportation Development Association of Wisconsin
- Rotary Club of Jefferson

### LEADERSHIP EXPERIENCE

Past president of Jefferson Rotary Club; Former U.S. Army Captain; Battery Commander, 84th Army Division - Army Reserve Unit in Milwaukee; president of Campus Center (student union) Board in college; college dormitory council president; student senator; vice-president and member of University of Hawaii Mortar Board, an honor society for college seniors; senior class president of Jefferson High School

## COMMUNITY INVOLVEMENT AND ACHIEVEMENTS

- Goodwill Industries of Southeast Wisconsin board member
- Chamber of Commerce board member
- American Legion 13 year member, past Vice-Commander and Executive Committee Member
- Phantom Lake YMCA Camp Board of Directors
- Jefferson County United Way co-chair
- Relay for Life corporate donor fundraising campaign;
- U.S. Army veteran Desert Storm veteran
- Army Commendation Medal
- Four year ROTC scholarships from the Army, Navy and Air Force
- Nominee to United States Military Academy at West Point
- Mensa member

### **EDUCATION**

Jefferson High School University of Hawaii Worsham College of Mortuary Science

Honors Graduate BA in Political Science Mortuary Science certificate



## 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:

David E. Olsen

Date:

1/5/04

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

	Statement of Economic	Hai	e	es	ts	W B	
	Filed in 2003 for calendar year 2002		ᆝ┡	<u> </u>	den i	W L	
Name:	OLSEN, DAVID E.		and the state of t	JAN	5	2004 /	
,	(last name, first name & initial)	اسا		UAN	J	200/1/	
State	- <del>-</del>			385-W-1-04-W-5	عداده ماسان مصاد دادی. معمد	f.J.	]
position:	Funeral Directors Examining Board	1	CT		ני עני	SUMB	า
. (held or sought)	(include agency, division, branch or district, if applicable)	L	( C	By to be t		and the second second	is .
	SEE INSTRUCTIONS FOR EVEL ANATION AND EVEL TO	····				<del></del>	

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

### artA Information current as of December 18.

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

		Type	of security	- "√" one		Amount .	"/" one
Name of security	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mid fund	\$50,000 or less	More than \$50,000
First American Bank - Fort Atkinson, WI	Х					Y	<b>7</b>
Trans America Landmark Robert W. Baird	·				¥	X	•
Roth IRA (David) Robert W. Baird					X	. x	т
Olsen Funeral Home Pension R.W. Baird					Х		X
Roth IRA (Linda) Robert W. Baird					X	X	•

2. Edys stus (Rysses and NACOME-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
Olsen Funeral Home	Jefferson	WT	Jefferson	Funeral_home
Olsen Funeral Home	Whitewater	WI	Walworth	Funeral home
Caribbean Club Resort #615	Lake Delton		Sauk	Resort condominium
Pelican Cay Condo #508	Biloxi	MS		Residential condo.

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
Property for Olsen Funeral Home	David, Linda, Jim, Kim Olsen	Jefferson	WT
Property for Olsen Funeral Home	David, Linda, Jim, Kim Olsen	Whitewater	WI
Caribbean Club Resort #615	Condo association	Lake Delton	WT
Pelican Cay Condo #508	Condo association	Biloxi	МС

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 incomeproducing 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, lobbylists that were customers, clients, or tenants	City	State
NONE	<u> </u>	7.12.2
	λ.	

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).

•	NATURE OF INTEREST (own, lease, option,			
Street address or fire number		Municipality	County	easement, land contract)
NONE	1			
•				*

Signature of person filing

. List ORGANIZATIONS of which you o		City	State	1	D D	ngifizo	
See attached						·	<del>-</del>
				*			
Liet OPCANIZATIONS THAT AUTHOR	SIDED VAN AF			<u></u>			
List ORGANIZATIONS THAT AUTHOR ings with others as an attorney-at-law	rizeb 100 Or 7. apent. spok	A FAMILY I Esperson, o	MEMBER Erebrese	TO RE	PRESENT	THEM in t	their c
susiness or organization					- MINEGG 1251	City	- S
NONE					<u> </u>		
List CREDITORS to which you or your	family owed \$	5,000 or ma	ore.	·			
					1		/" one
reditor		Cit	у .		State	\$50,000 or less	\$5D.
Wells Fargo Mortgage Company		es Moine	\$		IA		X
Chase Manhattan Mortgage Compan	ıy . ]	ouisvill	e		KX	X	
P & M Bank	······	efferson			WI		X
Bernellyn Olsen		ort Atkin	nson		WI		Х
art B			* *** * *	Ţ		1000	100
	and the first of the s		5 (8 ), 1	U, C	alendar	year 2	<b>200</b> 2
List your and your family's EMPLOYER:	S (\$1,000 or m	ore of inco	me) in 201	)2.			
Name of employer (If State of Wisconsin, identify agency or institution)							
	1 cau	State		Markena		Land to a	
	City 	State   n WI			of employer's		•
efferson Chamber of Commerce sen Funeral Home	Jefferso	n W.		ic de	velopmen		•
efferson Chamber of Commerce	Jefferso	n W.	есопоп	ic de	velopmen		•
efferson Chamber of Commerce	Jefferso	n W.	есопоп	ic de	velopmen		
efferson Chamber of Commerce Lisen Funeral Home	Jefferso Jefferso	n Wi n Wi	econom funera	ic de 1 hom	velopmen e	*	
efferson Chamber of Commerce sen Funeral Home ist OTHER SOURCES from which you conce of income	Jefferso Jefferso	n Wi n Wi	econom funera	ic de 1 hom	velopmen e	n 2002.	Stat
efferson Chamber of Commerce sen Funeral Home  List OTHER SOURCES from which you conce of income Pekin Insurance	Jefferso Jefferso	n Wi n Wi	econom funera	ic de 1 hom	velopmen e or more in cu Pekin	1 2002. v	Stat
efferson Chamber of Commerce sen Funeral Home ist OTHER SOURCES from which you conce of income	Jefferso Jefferso	n Wi n Wi	econom funera	ic de 1 hom	velopmen e or more ir	1 2002. v	
efferson Chamber of Commerce sen Funeral Home  ist OTHER SOURCES from which you come of income  Pekin Insurance  P.I. Gehl Monument Company	Jefferso Jefferso Dryourfamily	n WI n WI received IN	econom funera COME of	ic de 1 hom \$1,000	velopmen e or more in CH Pekin Hartfor	1 2002. v	IL.
efferson Chamber of Commerce sen Funeral Home  List OTHER SOURCES from which you come of income Pekin Insurance P.I. Gehl Monument Company List individuals and organizations that proceed the provider	Jefferso Jefferso or your family rovided <i>you</i> w	n WI n WI received IN	econom funera COME of	ic de 1 hom \$1,000	velopmen e for more in Cit Pekin Hartfor	1 2002. y d than \$50)	II. WI in 20
efferson Chamber of Commerce sen Funeral Home  List OTHER SOURCES from which you of the provider of income P.I. Gehl Monument Company List individuals and organizations that provider Pamela B. Ellis (mother-in-	Jefferso Jefferso or your family rovided <i>you</i> w	n WI n WI received IN	econom funera COME of	ic de 1 hom \$1,000	or more in Chartford	t 2002. y d than \$50)	II. WI in 20
ist OTHER SOURCES from which you core of income Pekin Insurance P.I. Gehl Monument Company ist individuals and organizations that pure of provider Pamela B. Ellis (mother-in-Bernellyn Olsen (father)	Jefferso Jefferso Dryour family Provided <i>you</i> w	n WI	econom funera  COME of	\$1,000	or more in Pekin Hartfor Clit Chatham	t 2002. v d than \$50)	in 20 Stat MA WI
ist OTHER SOURCES from which you core of income Pekin Insurance P.I. Gehl Monument Company ist individuals and organizations that pure of provider Pamela B. Ellis (mother-in-Bernellyn Olsen (father)	Jefferso Jefferso Dryour family Provided youw law)	n WI Preceived IN	ECONOM FUNETS  COME of  AINMENT	\$1,000	or more in Pekin Hartfor Clit Chatham	t 2002. v d than \$50)	in 20 State MA WI
efferson Chamber of Commerce sen Funeral Home  List OTHER SOURCES from which you of the official of the property of the company  List individuals and organizations that property of the company of the c	Jefferson Jeffer	n WI n WI received IN ith ENTERT	econom funera  COME of  AINMENT	\$1,000	or more in Pekin Hartfor Clit Chatham	t 2002. v d than \$50)	in 20 Stat MA WI
ist OTHER SOURCES from which you conce of income Pekin Insurance P.I. Gehl Monument Company  ist individuals and organizations that pre of provider Pamela B. Eillis (mother-in-Bernellyn Olsen (father) ist, for 2002, sources of HONORARIA uties (more than \$50) not previously reject.	Jefferso Jefferso Dryour family Provided youw law)	n WI Preceived IN	econom funera  COME of  AINMENT  ISES rela  I.  of	\$1,000	or more in Pekin Hartfor Clit Chatham	t 2002. v d than \$50) v kinson e govern	in 20 State MA WI
ist OTHER SOURCES from which you or or of income Pekin Insurance P.I. Gehl Monument Company  ist individuals and organizations that property of provider Pamela B. Ellis (mother-in-Bernellyn Olsen (father) ist, for 2002, sources of HONORARIA	Jefferson Jeffer	n WI n WI received IN  ith ENTERT  t of EXPEN thics Board Amount	econom funera  COME of  AINMENT  ISES rela  I.  of	\$1,000	or more in the control of the contro	t 2002. v d than \$50) v kinson e govern	in 20 State MA WI
ist OTHER SOURCES from which you conce of income Pekin Insurance P.I. Gehl Monument Company  ist individuals and organizations that pre of provider Pamela B. Eillis (mother-in-Bernellyn Olsen (father) ist, for 2002, sources of HONORARIA uties (more than \$50) not previously reject.	Jefferson Jeffer	n WI n WI received IN  ith ENTERT  t of EXPEN thics Board Amount	econom funera  COME of  AINMENT  ISES rela  I.  of	\$1,000	or more in the control of the contro	t 2002. v d than \$50) v kinson e govern	in 20 State MA WI

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.

Date

olsen@jefnet.com

E-mail address



### **David Olsen**

Part A, Question 4 List ORGANIZATIONS of which you or a family member was an OFFICER or DIRECTOR:

Business or organization	City	State	Position
Olsen Funeral Home	Jefferson	WI	David Olsen - Vice President
Goodwill Industries SLA	Madison	WI	David Olsen - Director
Jefferson Apartments - Goodwill	Madison	WI	David Olsen - Treasurer
Olsen Funeral Home	Jefferson	WI	Linda Olsen - Treasurer
Jefferson Area Food Pantry	Jefferson	WI	Linda Olsen - Director

5600 North Lynndale Drive Appleton, WI 54913

Phone (920) 954-1979 E-mail dorothy@housingpartnership.org

## **Dorothy Jane Olson**

**Objective** 

To obtain a full time position in a social services or health care setting that utilizes occupational therapy theory and practice skills.

Education

1997 - 2000

Fox Valley Technical College

Appleton, WI

## Occupational Therapy Assistant – associate degree

- Member of Phi Theta Kappa Honor Society
- Dean's List, every semester
- Class representative of campus OTA club

Work experience

2000 - present

Housing Partnership of the Fox Cities Appleton, WI

### **Life Skills Coordinator**

- Evaluate client occupational performance in areas of self-care, work and leisure activities
- Develop treatment plans to address performance deficits
- Teach Rent Smart curriculum
- Facilitate workshops on subjects of appropriate rental practices, health and safety, social boundaries and coping skills

11/8/99 - 12/29/99Winnebago Mental Health Institute Oshkosh, WI Fieldwork Student - mental health

- Conducted therapeutic activities including craft groups, discussion groups, learning and social games, gym activities and off-grounds events
- Facilitated social skills / anger management groups for behaviorally and cognitively challenged children
- Facilitated craft groups for adults and adolescents with alcohol and drug abuse issues

9/7/99 - 10/29/99

St. Elizabeth Hospital

Appleton, Wi

### Fieldwork Student – physical rehabilitation

- Provided patient education and therapeutic activities to build strength, endurance, safety awareness, coping skills, and self-care
- Created treatment plans tailored to address patients' specific deficits
- Facilitated exercise and cooking groups
- Planned and implemented recreational activities

## Professional memberships

American Occupational Therapy Association, since 1999

Wisconsin Occupational Therapy Association, since 1997

### References

Patricia Holz, MS, OTR
Department Chair – Occupational Therapy Assistant Program
Fox Valley Technical College
1825 N. Bluemound Dr.
Appleton, WI 54913-2777
920 / 735-4843

Ann Jadin, MS, OTR Instructor – Occupational Therapy Assistant Program Fox Valley Technical College 1825 N. Bluemound Dr. Appleton, WI 54913-2777 920 / 735-5662

Katherine Kamp Executive Director – Housing Partnership of the Fox Cities P.O. Box 5101 Appleton, WI 54912 920 / 731-6644



## 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:

Dorothy Olson

Date:

1/22/04

~~~~	V 2 2 2004		Stat	ten	ea Board, 44 E. Mift Nent of	Eco	no	mic	Inte	est	<b>is</b> 2 200	4
<u> SIAIE</u>	ETHICS DOI Na	ime:	_ <u>Ou</u> sc		, 200 at cope 10	r calender	Act. 5	003				
		<b>44</b>	(last name, fi	irat num	DOROTHY od initial)	<u></u>	<b></b>		31/	<u> </u>	iics bo	ARD
	posit		UISCONS Onchida ager	SIA ncy, divi	OCCUPATION Dison, branch or dist	NAL TICK, If app	THER	MPY C	30ARD		• .	
•	PORE	XPLANATIC	NO, EXAMPLES	AND EXQ	eptions see the in Attach addition	ETRUCTION AL PAGES	ID OR VI	BIT OUR WE!	SITE AT http	z/lethica.s	late wi ue	·
	Part A	* *************************************						Λ.	of Do			0000
	1. List STO	CKS, BO	NDS, limited	partr	erships, Wisco d (minimum \$5,	naju Boh	emmo	ntal secu	of De	d mutua	Brasin. Iandmo	2008 nov
			St Annu 1991	my nea	a (minimum \$5,	000).	** *** ***	11.00	- "/" cne	I all a series and a	Amount	
	Name of secur	ily SCT144				stroid option futures		Britad bartnership	Westerial governmental society	mutual or money sixt fund	\$50,000 or	More than
	WIS EVER	ey co	ent fun Re employ		<u>SETREMENT</u>	-   -	-					
				·····	<u>Funi</u>							
	Name of busine of address of m (p30 MA)	es (If any) hai estate	or business ac	evry,	Municipality	State	d real	estale, ilsi Sunty	Das	oribe nabu	e of bushe	· 59
						-WI	WINA	160460	REN	IAL P	ROPER	<u> </u>
	a) For each	oh gener ERS or i	rai partnersi the OFFICE	nip or : 33 and	on-Wisconsin of DIRECTORS.	enlity yo	u liste	d in Item	#2, list th	e GENEI	RAL	•
	Austress				Partive	a, or office	ers and	directors		City		State
								,	+			
	produc CLIENTS	ing real S. or TEN	estate, list B IANTS that n	USINE	tem #2 that is a n (SC), a limited 98E8, ORGANIZ. Antarprise \$1,	TIONS,	and ar	any (LLC	), a partn	ership, c		<b>}</b> -
	Businesses, o	rganizatio	na, lobbyiste th	at were	customera, clienta,	or tenant	<u> </u>	<u> </u>	7020 200	Oity		State
	Lighthia ena	citio las	siine atiitie									
3	=======================================	wiseli Kilii wali	eneri di Migi	esta le	N REAL ESTAT	e in whi on you i	ch you leted l	or your f item 2).	amily had	d an inte	rest (exc	ept
3.	your princip	agi resid			PROPERTY							

CRY  State  SSO,000 or less  IRWIN MORTGAGE CORP  INDIANAPOUS  IN  CAPTAL CREDIT UNION  APPLETON  WI  FOX COMMUNITIES CREDIT UNION  APPLETON  APPLETON  IN  Name of employer  If Bints of Wiscontin, Idantity againty or Institution  CRY  State  For callendar year 2  The bints of Wiscontin, Idantity againty or Institution  CRY  State  Neture of employer's business  Housids Cartalership of the fix cities Appletial WI  APPLETON  WI  APPLETON  Not Captall Control of the Fix cities Appletial WI  CAN + COCTRIC UTILITY  B. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2003.  Source of income  Rental (Copperty  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50)  Name of provider  O. List, for 2003, sources of HONORARIA and payment of EXPENSES related to your state governs duties (more than \$50) not previously reported to the Expenses.	4. List ORGANIZATIONS of which Rusiness of organization	i you or a fa	amlly m	embe Clt	y r wag a	in OFFI	CER or	DIRECTOR.	ositon.	
Credition  Credition  CRY  State  SSO,000  Or less  IRWIN MORTGAGE CORP  INDIANAPOUS  Representation  Or Calendar year 2  Points of William Standard or Indianam  Or State  Nature of employer's business  (If State or Wiscondin, Idantily agancy or Indianam)  Or State  Nature of employer's business  Housing Cartaraship of the Encycling Appleton  Unificantify Union  Appleton  Union  None of provider  O. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2003.  Source of income  Source of income  City  NEENAH  O. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50)  Name of provider  O. List, for 2003, sources of HONORARIA and payment of EXPENSES related to your state governing than \$50) not previously reported to the Ethics Board.  Approximate  Approxi	5. List ORGANIZATIONS THAT AI ings with others as an attorney Business progenization	ЛНОRIZEI -at-law, ag	D YOU I	OR A chesp	FAMILY erson,	MEMB or repr	ER TO esente	REPRESENT	ited in Item	heir deal 4 or 7). State
Credition  CRY  State  SSO,000  CALTAL CREDIT UNION  APPLETON  APPLETON  WI  FOX COMMUNITIES CREDIT UNION  APPLETON  WI  Part B  For calendar year 2  (I Bits of Wiscoulds, Idantily agancy of tricthicken)  CRY  State  For calendar year 2  (I Bits of Wiscoulds, Idantily agancy of tricthicken)  CRY  State  Nature of employer's business  (If Bits of Wiscoulds, Idantily agancy of tricthicken)  CRY  State  Nature of employer's business  Housiness Housiness  Housiness Housiness  APPLETON  WI  CAN - GUECTRIC UTILITY  CRY  CHY  CHY  CHY  CHY  CHY  CHY  CH	6 List CREDITORS to unbind									
Part B  For calendar year 2  7. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2009.  Name of employer (If State of Wisconein, Idantity againty or inclination)  Cay State  Nature of employer (If State of Wisconein, Idantity againty or inclination)  Cay State  Nature of employer's business (Idantity againty or inclination)  Cay State  Nature of employer's business (Idantity againty or inclination)  APPLETIAL INIT ADA PROFIT LOW-INCOME HOUSE (Idantity Libe on the Control of the	Creditor		INY OWE	<u> </u>				State	\$50,000	* one More than
Part B  For calendar year 2  7. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2003.  Name of employer  (If State of Wisconsin, identity agency or institution)  CRV State  Nature of employer's business  Housings of Wisconsin, identity agency or institution)  CRV State  Nature of employer's business  Housings office OF THE FIX CITIES APPLETON IN ADM PROFIT LOW-Income House  APPLETON IN CANAGE CITIES APPLETON  APPLETON IN CANAGE CITIES APPLETON  IN CANAGE CITIES APPLETON  IN CANAGE CITIES APPLETON  IN CANAGE CITIES APPLETON  IN CANAGE CITIES APPLETON  IN CANAGE CITIES APPLETON  IN CANAGE CITIES APPLETON  IN CANAGE CITIES APPLETON  IN CANAGE CITIES APPLETON  IN CANAGE CITIES (More than \$50)  Name of provider  O. List, for 2003, sources of HONORARIA and payment of EXPENSES related to your state governed utiles (more than \$50) not previously reported to the Ethics Board.  Approximate  A		2						IN .		\$50,000
7. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2009.  Name of employer  (If State of Wisconds, Identity againty or Institution)  City State  Nature of employer's business  Housings (AstraicsShip of the FIX CITIES)  APPLICATION WILL AND PROFIT LOW-INCOME HOUSE  List other sources from which you or your family received INCOME of \$1,000 or more in 2003.  Source of income  City  Name of provider  O. List for 2003, sources of HONORARIA and payment of EXPENSES related to your state governed duties (more than \$50) not previously reported to the Ethics Board.  Approximate  Approxi			ارده ز	1211.00		Contract of the Contract of th				
It is state of wisconsin, identify againsy or institution)  CRV State  Housing (Actual Ristle) of the FIX CITIEN APPLIETUAL WILL NOW PROFIT LOW-INCOME HOUSE  CHISCORDS WILL ENERGHES  APPLIETUAL WILL RAY - GUECTRIC UTILITY  B. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2003.  Source of income  Rental Property  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50)  Name of provider  City  O. List, for 2003, sources of HONORARIA and payment of EXPENSES related to your state governed utiles (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of I	Part B						F	or calend	ar year	2003
Rental Property  List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50)  Name of provider  City  O. List, for 2003, sources of HONORARIA and payment of EXPENSES related to your state government of the final \$50) not previously reported to the Ethics Board.  Approximate Amount of 1	Housids Cartalership of MER <del>Wise mast</del> WE ENERGIES	Xeni€5 A	APPLE MLETI	75A	Wi Wi	<u>C</u> A	l prof L+GL	IT LOW-ING. ECTRIC L	ME HOUS	iye.
O. List, for 2003, sources of HONORARIA and payment of EXPENSES related to your state governments (more than \$50) not previously reported to the Ethics Board.  Approximate Amount of 1						INCOM	E 01 \$1		City	Sints W:
Approximate Amount of i	. List individuals and organization Name of provider	s that prov	vided ye	wit)	NENTE	RTAIN	AENT o	er GIFTS (mo)	e than \$50 City	) in 2003 State
	SERVICE CHAIR \$20) HOLDING	STRIA LEDOL	LEGICAL TO T	71 S. E. II	iles bo	ard,	relate	ed to <i>your</i> st	ate gover	nment
	Payer	Value s	of expens					Circumstance:	of receipt	
certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the bring showledge, Information, and belief. In the event this Statement of Economic Interests is filled prior to December 3 2003, I certify that I will amend it on or before January 9, 2004 if amendment is necessary to bring it into conformity we estatement 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.  Daytime phone 900 716-1099	2003, I certify that I will amend it on or b rue statement of my economic interest	in ine exen Blore Janud ace of Dece	ar me sac ary 9, 200 armber 31 *L	nemei 04 if ar 1, 2003	nt of Eco nendme . If any	onomic ont is no part hi	nterests cessary is beer	i is filed prior to	December	31.

The information solegital 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.

Eth 1 Spring Dection. For use in 2004 (Pex. 9/03)

January 15, 2003

Governor James Doyle 115 East State Capitol Building PO Box 7863 Madison, WI 53707-7863

### Dear Governor Doyle:

I am writing to most highly recommend and urge your appointment of Kathryn Osborne to the Wisconsin State Board of Nursing. As the regulatory body for all nurses in the state, Kathryn would bring a broad and deep wealth of knowledge and expertise in several different nursing capacities, representing all types of nurses.

As an Advanced Practice Nurse, Kathryn would be filling a void, as there is currently no representation for nurses in advance practice. In addition to her educational background, Kathryn would be bringing to the Board over twelve years of experience as a staff nurse, an additional ten years of teaching experience, and is a Certified Nurse Midwife providing care for underserved urban populations.

Kathryn has a great ability to work with people and resolve problems. She has served as a voice on several public policy initiatives concerning nurses, and would welcome the challenge and opportunity to represent nurses from a wide variety of backgrounds and experiences as a member on the Board of Nursing. Her leadership endeavors have brought her in contact with and in relationships with members of the medical community throughout the state, which would serve her, will as a member of the Board.

I strongly urge you to appoint Kathryn Osborne to the Wisconsin State Board of Nursing. Kathryn would be a superb appointment bringing with her the level of knowledge and experience that is needed on the Board.

Sincerely,

CAROL ROESSLER State Senator 18th Senate District

Smater Roussler -I stopped by your office this morning to see if I could whist your help as I attrupt to get Yovernor Doyle to appoint me to the Board of Nursing. You probably Sew the 11st + realize that I was appointed by Lovener McCallen + then quely witherawa by Yournor Poyle. So I am starting the application precess of over agent. I would really appricate it if you could write another letter of reasuredation for me. I have left a copy of the letter I wrote to Loveros Doyle + my CV for your review. Thomas much, Kythinga Osborne

01-14-03

The Honorable J. Doyle Office of the Governor 115 East State Capitol Madison, WI 53702

Dear Governor Doyle,

I am writing to express my interest in a gubernatorial appointment to the State Board of Nursing. You may recognize my name as one of the nominations that was recently withdrawn. After seeking an appointment for many years, I was appointed to the Board of Nursing, late in Governor McCallum's term. I believe that I could be an asset to the Board of Nursing, and would like to take a few minutes of your time to explain why.

I have attached a copy of my CV to this letter so that you can review the experience that I would bring to the Board. I have been an Advanced Practice Nurse (APN) for almost 10 years. I have been involved in nursing education for almost as long, and I have a long history of staff nursing in area hospitals. It is my active participation in these three areas of nursing that I believe makes me a strong candidate for appointment. I have real life experience and can speak for the needs of a variety of nurses in this state.

I am one of approximately 100 Certified Nurse Midwives providing health care to the women of Wisconsin. Many of these midwives are caring for under-served women in rural and inner-city communities. The number of nurse-midwifery services has grown significantly over the last 5 years, and continues to grow as more nurse midwives establish new practices around the state. Nurse Midwives have never been represented on the Board of Nursing, and I believe that our voice needs representation. In addition to representing nurse midwives, my work in Milwaukee also prepares me to represent the special nursing needs of Health Professional Shortage Areas.

At the present time there are no Advanced Practice Nurses (APNs) serving on the Board of Nursing. As you are aware, the state of Wisconsin licenses nurses in advanced practice to provide a variety of health care services to the citizens of this state. I believe that because it is the regulatory body for all nurses in Wisconsin, it is imperative for APNs to be represented on the Board. I hope that you give serious thought to reconsidering my appointment. It would be a privilege to serve you and the citizens of Wisconsin in this capacity.

Please feel free to contact me if you have any questions. I look forward to hearing from you soon regarding this issue.

Sincerely,

Kathryn Osborne CNM MSN

Kuthunga Osborne

### Curriculum Vitae

Kathryn Osborne MS, CNM
305 Coach House Drive
Madison, WI 53714
608-241-5094
COSIDOVILLO MICHIGANICA OVA

**OBJECTIVE** 

To receive a Gubernatorial appointment to the State of Wisconsin's Board of Nursing.

**EDUCATION** 

Case Western Reserve University: Frances Payne Bolton School of Nursing, Cleveland, OH; Masters of Science in Nursing, December 1994.

Frontier School of Midwifery and Family Nursing; Community-Based Nurse-midwifery Education Program, Hyden, KY; Nurse-Midwifery Certificate, July 1993.

Montana State University, Bozeman MT; Bachelor of Science in Nursing, June 1980.

**EMPLOYMENT** 

9\96 to Present: Nurse-Midwifery Center, University of Wisconsin - School of Medicine - Milwaukee Clinical Campus. Position: Certified Nurse Midwife, Clinical faculty for UW School of Medicine and Marquette University Nurse-Midwifery Program. Full scope nurse-midwifery service in large, hospital based clinic, providing care for underserved urban populations.

9/01 - present

Volunteer 4 hours per week at the South Madison Health and Family Center. This position involves the provision of primary care to healthy women who are clients at the SMHFC.

12/96-present

Course coordinator for N510: Health Promotion and Disease Prevention. This is a 2 credit, level one course that is part of the distance learning curriculum of the Community Based Nurse-Midwifery Education Program. Responsibilities involve periodic course revision and grading of student assignments. In September of 2000 this course was revised and re-numbered as PC600. It is presently taught as a core course for all family nurse practitioner and nurse midwifery students at the Frontier School of Midwifery and Family Nursing.

11/97 - present

Course coordinator for N501: Communications and N521: Professional Role Development. These courses are one and three

credits respectively, for the Community Based Nurse-Midwifery Education Program. Responsibilities involve periodic course revision and grading of student work. Course coordinators are also responsible for attending quarterly "Midwifery Bound" orientation of students in Hyden Kentucky.

5/94-6/99

Regional Clinical Coordinator for students in WI, MN, IA, and IL attending the Frontier School of Midwifery and Family Nursing (CNEP). This position involves assisting students with the application process and following their progress through the clinical component of the program. Regional Clinical coordinators conduct pre-clinical site visits as well as site visits when the student is in place. They are also involved in site development and site visiting of rural sites in their region.

9\93-9\96

Certified Nurse-Midwife - University of Wisconsin Madison Nurse-Midwifery Service. Clinical faculty for UW school of Medicine; Associate Faculty for UW School of Nursing. Full scope nurse-midwifery service providing antepartum, intrapartum, postpartum, well woman, and family planning services. Involved in clinical and classroom education of medical students, OB\GYN residents, and nursing students.

5\86-9\93

Staff RN in labor and delivery at St. Mary's Hospital, Madison WI. Primary responsibilities include direct nursing care of labor patients. This includes management and support of low risk patients and their families as well as the provision of highly technical care and management of high risk labor patients. Very involved in patient education, particularly sibling education.

8\83-5\86

Staff RN, "Birth Place", Methodist Hospital, Madison WI. Responsibilities include care and management of labor patients and birthing families with an emphasis on low risk family centered care, and Mother-Baby care on a 15 bed post partum unit. Developed and taught a 3 week series for expectant fathers.

5\81-7\83

Staff RN, <u>Deaconess Hospital</u>, Billings MT. Primary care nursing on a coronary care unit.

1\81-4\81

Staff RN, St. Peter's Community Hospital, Helena MT. Team leader for general surgical unit.

6\80-12\80

Staff RN, Glendive Community Hospital, Glendive MT. Staff nurse in a 45 bed rural hospital. Primary responsibilities include staffing the emergency room as well as labor and delivery.

ACADEMIC	4\98 - present: UW School of Medicine - Milwaukee Campus:
INVOLVEMENT	Quarterly medical student lecture: "Normal Pregnancy and Birth".
3\8\02	Guest Speaker – UW Nurse Midwifery Service Annual Seminar –
	"Primary Care of the Young Woman". Topic: Demystifying
	Health Care for the Perimenopausal Woman.
1\30\02	UW School of Medicine - Dept. OB/GYN, Grand Rounds
	Presentation: "Management of the Third and Fourth Stages of
	Labor".
10\30\01	UW School of Medicine - Dept. OB/GYN, Grand Rounds
	Presentation: "Nonpharmacologic Methods of Pain Relief in
	Labor and Birth"
8\28\01	Consultation visit to University of Minnesota to assist with
	development of a distance learning component of the LIM Nurse
er en a d'	wildwifery education program
6\5\01	American College of Nurse Midwives - 46th Annual Meeting
	riesculation: Voices of Confinement Ethical and Local
	Implications of the Forced Detention of Pregnant Woman"
10100100	Approved for 2 contact hours by ACNM
10\23\00	Frontier School of Midwifery and Family Nursing
	Under standing the Role of the Clinical Site Visit as a Machanian
	for insuring Academic Excellence" Approved for 4 contact hours
9120100	by ACINM.
8/30/00	UW School of Medicine - Dept. OB/GYN. Grand Rounds
9\29\99	Presentation: "The History of Childbirth in America"
3/23/39	UW School of Medicine - Dpt OB/GYN Grand Rounds
e de Alexander e de la company	Presentation: "Nonpharmacologic Methods of Pain Relief in
5\94 – 6\99	Lavor and Birth
J D T T Q D J	Frontier School of Midwifery and Family Nursing
	(CNEP): Clinical Faculty and Regional Clinical Coordinator.
	Conducts twice yearly Case Presentation Days for Level IV students.
9\11\98	
- 1. L 1. J	Guest Speaker – UW Nurse-Midwifery Service Annual Seminar
	"Primary Care of the Young Woman". Topic: Imagery and
4\29\98	Visualization for Health Care Providers.
	Guest lecture: "History of Midwifery", University of WI,
1\97 - 1\99	Women's Studies. Course Faculty: Nancy Worcester.  Twice yearly quest lecture "For a China state of the Course Faculty of the Course
	Twice yearly guest lecture – "Emergency Childbirth": Nursing orientation – Aurora Health Services.
10\95 - 10\99	Twice yearly guest lecture - "Normal Labor" Edgewood
	College School of Nursing. Course Faculty - Kelly
	Lindgren Course Faculty - Kelly
4\23\96	Guest lecture - "Normal Labor" University of Wisconsin
	Women's Health NP Program. Course Faculty - Lisa
	Wachholz.
2\20\96	Guest lecture - "Common Complaints of Pregnancy"
	University of Wisconsin Women's Health NP Program.

Course Faculty - Lisa Wachholz.

11\29\95 Guest lecture - "Normal labor and the Birth

Environment". University of Wisconsin Women's Health

NP Program. Course Faculty - Lisa Wachholz.

4\25\95 Guest lecture -" Emergency Childbirth" UW School of

Nursing - Women's Health. Course Faculty - Lisa Wachholz

4\20\95 Guest lecture: "Nurse-Midwifery in America" UW Women's Studies 431. Course Faculty - Judy Levitt.

COMMUNITY ED 9/93 - Present Presentations 5-6 times per year at area middle schools and high schools. Topics ranging from "Midwifery Care of the Young Woman" to "Labor and Birth" to "Contraceptive"

Options" as part of the Health Education curriculum.

Guest appearance on UW Health Education Network: "Healthy Pregnancy" and "Common Complaints of Pregnancy". Both

programs to air repeatedly during 1995 and 1996.

3\94 Guest speaker, WTSO radio talk show: "Nurse-Midwiferv

Options in Madison".

9\93 to 9\96: Quarterly presentation to Pregnant Teens enrolled in

SAPAR (School aged parents program) on normal labor

and birth.

CONTINUING ED Participates in Continued Competency Assessment (CCA), a

requirement of the American College of Nurse-Midwives. CCA requires 50 contact hours of continuing ed, every five year cycle,

of all members. CCA #6709.

LICENSURE Nursing License, State of Wisconsin, #86409

Nurse-Midwifery License, State of Wisconsin, #86409

Certified Nurse Midwife, ACNM, #6709

Advanced Practice Nurse Prescriber, State of Wisconsin, #140

AFFILIATIONS American College of Nurse Midwives

National Association of Childbearing Centers

**AWARDS** 

2000 Student's Choice Award - "Level 1 Faculty of the Year" -

Frontier School of Midwifery and Family Nursing.

2000 Outstanding Faculty Award – given by ACNM to outstanding

faculty of nurse-midwifery education programs.

1998 Student's Choice Award – "Level 1 Faculty of the Year" – Frontier

School of Midwifery and Family Nursing

1997	Student's Choice Award - "RCC of the Year" - Frontier School of
	Midwifery and Family Nursing

PUBLICATIONS	"Substance	Abuse	by	Pregnant	Women:	Legal	and	ethical
	Concerns", Journal of Perinatal and Neonatal Nursing, 1/01.							

PROFESSIONAL	Health Policy; Rural Health; Education; adolescent pregnancy;									
INTERESTS	clinical and academic education of advanced practice nurses; Community Outreach									

REFERENCES Available upon request

### **SCOTT McCALLUM**

## **Governor State of Wisconsin**

February 7, 2002

To the Honorable Members of the Senate:

l am pleased to nominate and with the advice and consent of the Senate, do appoint Janet K. Recore to the Rural Health Development Council effective upon Senate Confirmation, pursuant to the statute governing, to serve an initial term to expire July 1, 2007.

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

Respectfully submitted,

Scott McCallum Governor

SM/cmh

### SCOTT McCALLUM

### Governor State of Wisconsin

February 7, 2002

Janet K. Recore N2558 Bughs Lake Road Wautoma, WI 54982

Dear Ms. Recore:

This letter is to confirm your nomination to the Rural Health Development Council effective upon Senate Confirmation to serve an initial term to expire July 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,

Scott McCallum

Governor

SM/cmh



### **SCOTT McCALLUM**

### Governor State of Wisconsin

### **GOVERNOR'S APPOINTMENT**

NAME/MAILING ADDRESS:

Janet K. Recore

N2558 Bughs Lake Road

Wautoma, WI 54982

E-MAIL ADDRESS:

none

RESIDES IN:

Wautoma

TELEPHONE:

920/787-3200 (W)

920/787-4333 (H)

OCCUPATION:

Dental Hygienist

Waushara Dental Associates, S.C.

APPOINTED TO:

Rural Health Development Council

(rural dental hygienist)

TERM:

an initial term to expire July 1, 2007

SUCCEEDS:

newly created in 2001 Wisconsin Act 16

SENATE CONFIRMATION:

required

DATE OF APPOINTMENT:

Upon Senate Confirmation

DATE OF NOMINATION:

February 7, 2002

COMPENSATION:

reimbursement of expenses

#### RESUME

Janet Kriedermann Recore N2558 Bughs Lake Road Wautoma, WI 54982 920-787-4333

_	~ 1	1.	~		** 1	~	K 1
-	E 1:1	- 11	· .	23	11	1 }	N
			_	<b>□</b>	₹ f	v	14

1970 to Present

Dental Hygiene related continuing education courses.

2000

Dental Hygiene Local Anesthesia Course, Northeast Wisconsin

Technical College, Green Bay, WI.

1993

Management and Communication Courses, Concordia University

Wisconsin, Mequon, WI.

1989

Business Law Course, Fox Valley Technical College, Wautoma.

WI.

1987

Introductory Computer Courses, Fox Valley Technical College,

Wautoma, WI.

1970

Diploma in Dental Hygiene, Marquette University, Milwaukee, WI.

### **WORK EXPERIENCE**

May 1977 to Present

Dental Hygienist, Waushara Dental Associates, S.C., (formerly David H. Stelter, D.D.S., S.C.), P.O. Box 509, Wautoma, WI 54982. Initiated and maintain periodontal therapy program, including evaluation, root planing, supportive therapy and referral. General dental hygiene practices including treatment planning, patient education, radiography, prophylaxis, topical fluoride application and sealant application, and since June, 2000, local anesthesia.

June 1985 to September 1985

<u>Dental Hygienist</u>, La Clinica De Los Campesinos, Inc., Hospital Road, Wild Rose, WI 54984. General dental hygiene practices for migrating agriculture workers including patient education, dental prophylaxis, radiographs and topical fluoride application.

October 1976 to April 1977

Dental Hygienist, Paul Tyberg, D.D.S., West Bend, WI

53095. General dental hygiene services for adults and children.

October 1975 to April 1977

Dental Hygienist, Gary Berglin, D.D.S., 321 Hawthorn,

West Bend, WI 53095. General dental hygiene services for

adults and children.

May 1976 to April 1977

April 1973 to

September 1975

Dental Hygienist, Doren F. Wehrley, D.D.S., 6040 West

Lisbon, Milwaukee, WI. General dental hygiene services for

adults and children.

August 1971 to February 1973

Dental Hygienist, Daniel L. Doty, D.D.S., 333 South Central

Marshfield, WI 54449. General dental hygiene services for

adults and children.

July 1970 to

August 1971 Dental Hygienist, Dental Associates of Marshfield, 306 West

McMillan, Marshfield, WI 54449. General dental hygiene services for adults and children in a group practice setting.

May 1968 to May 1970 Dental Assistant, David M. Toy, D.D.S., 4910 West North

Avenue, Milwaukee, WI 53207. General office and clinical

dental assisting duties in a general dental practice.

RELATED EXPERIENCE

December 1998 to Present Director, Dental Hygiene Association of Wisconsin, Inc.

August 1998 to

August 1999 <u>Director</u>, Waushara County Watershed Lakes Council.

January 1997 <u>Instructor</u>, Northeast Wisconsin Technical College. Root

Planing Clinic.

September 1995 to 1998 Member, Fox Valley Technical College Dental Advisory

Committee.

February 1993 Presenter, Waushara County Guidance Center Community

Support Program. Oral Hygiene and Oral Health.

January 1993 to Present <u>Independent Distributor</u>, Shaklee Corporation.

1992 to 2000 <u>Member</u>, Young Dental Advisory Panel.

April 1992 and May 1992 Member, Advisory Committee on Dental Professions. WI

Department of Regulation and Licensing.

May 1992 Resource Person, WI Department of Regulation and

Licensing. Test development item writer.

July 1991 to June 1992 President, Wisconsin Dental Hygienists' Association.

June 1988 <u>Presenter, Fox Valley Technical College. Oral Health.</u>

Oral Hygiene and Oral Hygiene Products.

January 1988 to 1990 Owner, Don Recore's Used Cars, Wautoma, WI 54982.

HONORS

May 1998 Recipient, Wisconsin Dental Hygienists' Association Carol B.

Benson Memorial Outstanding Service to Dental Hygiene Award.

**ACTIVITIES AND AFFILIATIONS** 

Dental Hygiene Association of Wisconsin, Inc.

Wisconsin Dental Association, Inc.

St. Joseph Parish of Wautoma.

#### PROFESSIONAL LICENSES

Wisconsin Dental Hygiene License #1001253-016. Current.

Wisconsin Dental Hygiene Local Anesthesia License #1001253-016. Permanent.

Wisconsin Motor Vehicle Sales License. 1984, 1987, 1988, 1989, 1990.

#### **REFERENCES**

Representative Luther S. Olsen (608) 266-8077.

Senator Robert T. Welch (608) 266-0751.

Justice Jon P. Wilcox (608) 266-1881.



# STATE OF WISCONSIN ETHICS BOARD

IIp - 1 Dar

James R. Morgan Chairman Paul M. Holzem David L. McRoberts Joanne R. Orr Dorothy C. Johnson Gordon B. Baldwin On the capitol square at: 44 EAST MIFFLIN STREET, STE 601 MADISON, WISCONSIN 53703-2800

phone: 608/266-8123 fax: 608/264-9319 ethics@ethics.state.wi.us http://ethics.state.wi.us

> Roth Judd Director

Nominee:

Janet K. Recore

Position:

Rural Health Development Council, Member

Commerce, Department of

(dental hygienist licensed under Ch 447)

#### Statutory Reference:

15.157(8) RURAL HEALTH DEVELOPMENT COUNCIL. There is created in the department of commerce a rural health development council consisting of 13 members nominated by the governor, and with the advice and consent of the senate appointed, for 5-year terms and the secretaries of commerce and health and family services, or their designees. The appointed members shall include all of the following:

- (a) A representative of the University of Wisconsin Medical School.
- (b) A representative of the medical college of Wisconsin, inc.
- (c) A representative of the Wisconsin health and educational facilities authority.
- (d) A representative of the farmers home administration.
- (e) Two representatives of private lenders that make loans in rural areas.
- (f) Two representatives of health care facilities located in rural areas.
- (g) A physician licensed under ch. 448, a dentist licensed under ch. 447, a nurse licensed under ch. 441, and a dental hygienist licensed under ch. 447, all of whom practice in a rural area, and a representative of public health services.

WALISHARA_DENTAL_ASSOC.	•	FAX NO.: 9207	7874474			Feb. 25			
Mail or fax to: Wisc		and 44 E. Mifflin St.,	. Suite 60	D1, Ma	dison, WI	53703-2800	); Fax: (60	8) 264-931	9
Mail or fax to: Wisc	ateme	nt of Ec	ono	om	iic Ir	ntere	ests	v. Ver	7
	Fi	iled in 2002 for cale	ndar yea	r 2001		ing the second	tron c.		
Name:	Recore,	Janet K.			The second of th	FEB		A Bracham	7
State position: (held or sought)	Commerc Rural Heal Member	ce, Departmer	nt of Council	1			2/25/ ETHICS F		
estions about completing this fo	SEE INSTRUC	CTIONS FOR EXPLAI 266-8115 +Other i	NATION / inquiries	AND E (608)	XCEPTION: 266-8123	S. •Attach ad	ditional po	ges as nee	ded
				9	ê	As of F	ebrua	ry 7, 2	002
art A List STOCKS, BONDS, lin	aited partner	ships, Wisconsin	n gover	nmen	tal secui	rities, and	mutual	and mon	Э
market funds you or your	family held (	(minimum \$5,000	<u>)).                                   </u>		of security			Amount -	
· · · · · · · · · · · · · · · · · · ·			stock/ option/	bond	limited	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
lame of security TATE STREET GLOS	LAC ADV	BORS	futures	DOING	permission				
7/17/12-3003-31							h :: •	1000	
List BUSINESSES and IN		DUCING REAL ES			ich you o	or your fai			greate
List BUSINESSES and IN ownership interest. Name of business (if any) or business of real estate	ICOME-PROI	DUCING REAL ES	STATE:	If rea	ich you c	or your fai	mily had	a 10% of	greate
List BUSINESSES and IN ownership interest.	ICOME-PROI	DUCING REAL ES	STATE	If rea	ich you o	or your fai	mily had	a 10% or ure of busin	greate
List BUSINESSES and IN ownership interest. Name of business (if any) or business of real estate	ICOME-PROI	DUCING REAL ES	STATE:	If rea	ich you o	or your fai	mily had	a 10% or ure of busin	greate
List BUSINESSES and IN ownership interest. Name of business (if any) or business of real estate	ICOME-PROL	Municipality  MUTOMIA  non-Wisconsin e	STATE:	If rea	ich you o	De SHAKE	mily had	a 10% or	greate
List BUSINESSES and IN ownership interest. Name of business (if any) or business of real estate  RECORE COUCEAU  a) For each general para PARTNERS or the O	ICOME-PROL	Municipality  MUNICIPAL EST	State  State	If rea	ich you o	De SHAKE	mily had	a 10% or ure of busing the same and the same	greate
List BUSINESSES and IN ownership interest. Name of business (if any) or business of real estate	ICOME-PROL	Municipality  MUNICIPAL EST	State  State	If rea	ich you on estate, list County	De SHAKE	mily had scribe nat	a 10% or ure of busing the same and the same	greate
List BUSINESSES and IN ownership interest. Name of business (if any) or business of real estate  RECORE COUCEAU  a) For each general para PARTNERS or the O	ICOME-PROL	Municipality  MUNICIPAL EST	State  State	If rea	ich you on estate, list County	De SHAKE	mily had scribe nat	a 10% or ure of busing the same and the same	greate ness
List BUSINESSES and IN ownership interest. Name of business (if any) or business of real estate  RECORE COUCENAGE  a) For each general para PARTNERS or the O	ICOME-PROI	Municipality WANTONIA  non-Wisconsin ed DIRECTORS.  Partner	State State	if rea	ich you on a estate, list County  ed in Item	De SHAKE	mily had scribe nat	a 10% or ure of busing the state of busing the	greate
List BUSINESSES and IN ownership interest. Name of business (if any) or business of real estate  RECORE COUCENA  a) For each general pa PARTNERS or the O  Business  b) For each enterprise corporation, a serving producing real estate	rtnership or FFICERS and ice corporation, list BUSIN	Municipality  MUTOANA  non-Wisconsin ed DIRECTORS.  Partner  I Item #2 that is a ion (SC), a limited lesses, ORGANIZ	STATE	ou list	ich you on al estate, list County  ed in Item and directors arred bus openy (LI any LOB	pr your fai	mily had scribe nat EGNIA he GENI city subchap tnership at were	a 10% or ure of busing RAL  ter So, or incore CUSTOME	greate
List BUSINESSES and IN ownership interest. Name of business (if any) or business address of real estate  RECORE COVERNS  a) For each general para PARTNERS or the O  Business  b) For each enterprise corporation, a servi	rtnership or FFICERS and ice corporation, list BUSIN	Municipality  MUTOANA  non-Wisconsin ed DIRECTORS.  Partner  I Item #2 that is a ion (SC), a limited lesses, ORGANIZ	STATE	ou list	ich you on al estate, list County  ed in Item and directors arred bus openy (LI any LOB	pr your fai	mily had scribe nat EGNIA he GENI city subchap tnership at were	a 10% or ure of busing RAL  ter So, or incore CUSTOME	greate
List BUSINESSES and IN ownership interest. Name of business (if any) or business of real estate  RECORE COUCEANS  a) For each general paral para	rtnership or FFICERS and ice corporation, list BUSIN rs that paid to obbyists that we	Municipality  MUNICIPAL ES  MUNICIPALITY  MUNICIPALITY  MUNICIPALITY  Partner  A Item #2 that is a ion (SC), a limited NESSES, ORGANIZ the enterprise \$1 ere customers, client	State  St	ou list	ich you on a estate, list County  ed in Item and directors any (LI any LOB) in calen	m #2, list t siness, as LC), a par BYISTS th dar year	mily had scribe nat EFMA he GENE city subchap tnership at were 2001.	a 10% or ure of busing RAL Her S o, or incore CUSTOME	greate ness State RS, State
List BUSINESSES and IN ownership interest. Name of business (if any) or business of real estate  RECORE COUCENA  a) For each general pa PARTNERS or the O  Business  b) For each enterprise corporation, a serving producing real estate	e you listed in ice corporatite, list BUSINTS that paid to obbyists that we	Municipality  MUNICIPALITY  MUNICIPALITY  MUNICIPALITY  MUNICIPALITY  MUNICIPALITY  MUNICIPALITY  MUNICIPALITY  MUNICIPALITY  Partner  MUNICIPALITY  MUNICIP	state  State  Final Property of the state of	ou list	ich you on a estate, list County  ed in Item and director any LOB in calen	pr your fail De SHAKE In #2, list t siness, as LC), a par BYISTS th dar year:	mily had scribe nat EF AP he GENE city subchap tnership at were 2001. Cit	a 10% or ure of busing  RAL  Ster S O, or incore CUSTOME  EVER OF INTERIOR INTERIOR OF INT	state  State  State  RS,  State  EREST  otion,
List BUSINESSES and IN ownership interest. Name of business (if any) or business of real estate  RECORE COUCENA  a) For each general pa PARTNERS or the O  Business  b) For each enterprise corporation, a serving producing real estate CLIENTS, or TENANT  Businesses, organizations, is	e you listed in ice corporations that paid to obbyists that we consider and real endocated and real endocated.	Municipality  MUNICIPAL ESTA  MUNICIPALITY	State  State  State  Pontity yours, or office  An unince diability  ATIONS ,000 or ts, or tens  ATE in wation you	ou list	ich you on a estate, list County  ed in Item and director any LOB in calen	siness, a such dar year such that ye	mily had scribe nat EF AP he GENE city subchap tnership at were 2001. Cit	a 10% or ure of busing  RAL  ter S o, or incor CUSTOME  Ty  unterest (continues of interest)  unterest (continues of interest)  unterest (continues of interest)  unterest (continues of interest)	state  State  State  RS,  State  EREST  otion,

city  City  re of income) in  State	For calence 2001.  Nature of employer that the state of \$1,000 or more	\$50,000 or less  Plar year  er's business  7729  e in 2001.	one Morn that
city  re of income) in  State  WI  sceived INCOM	For calend 2001.  Nature of employed a second DEATER  E of \$1,000 or more	\$50,000 or less	one Mor tha \$50,000
re of income) in State WI G	For calence 2001.  Nature of employer  EACH DEATH  E of \$1,000 or more	s50,000 or less clar year er's business 57,2 y	Mor tha \$50,000
re of income) in State WI GI eceived INCOM	For calence 2001.  Nature of employer  EACH DEATH  E of \$1,000 or more	s50,000 or less clar year er's business 57,2 y	Moi tha \$50,00
State   G	Nature of employer  Nature of employer	er's business	2001
State   G	Nature of employer  Nature of employer	er's business	2001
State   G	Nature of employer  Nature of employer	er's business	2001
State   G	Nature of employs  ENERGY DEATH  E of \$1,000 or more	er's business	
eceived INCOM	E of \$1,000 or more	e in 2001.	
eceived INCOM	E of \$1,000 or more	e in 2001.	,,
		C by	State
h ENTERTAIN	MENT or GIFTS (mo	ore than \$50	<u> </u> ) in
		City	Stat
soard.	ated to your state	government	daues
honorarium	Circumstan	ces of receipt	
0	of EXPENSES rel Board. Amount of honorarium	of EXPENSES related to <i>your</i> state Board.  Amount of honorarium Circumstan	of EXPENSES related to your state government Board.  Amount of honorarium Circumstances of receipt  Circumstances of receipt

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.

Eth 2. For use in 2002 (Rev. 10/01)

Date

E-mail address

1	10. List, for 2001, sources of HONORARIA and payment of EXPENSES related to your state government duties
1	- LEVDENSES related to vour state government dudes
	to the 2004 sources of HONORARIA and payment of EAP ENGLISTING TO SELECT TO
•	10. List, for 2001, sources of floridation flored
	10. List, for 2001, sources of HONOKAKIA and partial to the Ethics Board.  (more than \$50) not previously reported to the Ethics Board.

		Lited to the rance boo	W1 C21	1
	(more than \$50) not previously repo	Assessimate	Amount of	
ť		Approximate		Circumstances of receipt
- 1		value of expenses	honorarium	Oll Collision
- {	<b>5</b>	Asine or expenses		
1	Payer	1	1	
1		ŧ	<u> </u>	
- 1		<u></u>		
- 1		1		
- 1				
ı				
1			<u> </u>	
1				

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

Daytime phone # 20 787 32 00

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 forfocture 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.

Eth 2. For use in 2002 (Rev. 10/01)

Colle Redhail

#### Gene Redhail

I am a 48 year old Native American Male. I live on the Oneida Tribe reservation for the past 7 years. I am a father of one son, 5 step children, and a grandfather of two.

My work history with Social Services started out in South Dakota from 1991-1993. I was working with adolescence at the recreation facility on the Crow Creek Reservation.

In 1999 I was hired by the Oneida Tribe, Social Services as a care worker for a long term alcohol & drug treatment facility which was called "Kana'tine" (named after an elder in our community). As it turned out I helped the clientele with Native Spiritual teachings such as performing Native American sweat-lodge ceremonies for healing and wellness.

In September of 2000, I was hired in the position of the Domestic Violence Coordinator at Oneida Social Services. This coming Sept. will be 3 years I have been working with Native Men in addressing abusive behaviors. My role also is to facilitate the Coordinated Community Response meeting we have with surrounding Counties and the Oneida Tribe.

Coorderated Cois jasso Cois j

Mall at fax to: Wisconsin Ethics	Board, 44 E. Miffli	n St., Suite	601,	Hodison, W	T 83793-28	00 Fox (6	2087.589-6 2087.589-6	
Statem					ntel			<u>V</u> le
	Piled in 2003 for	calender )	- SCP - 20	WZ		ll oc	The state of the state of the	2003 7
Name: Hans Rad		BJ.R	<u>. F</u>		4.1			IJ.
(act name, first name	et iuitibili					STATE	ETH(2S	ROAF
State	· · · · · · · · · · · · · · · · · · ·		Τ.	بكفته				
(held or sought) (Include agency, division				7772.	luce.	Description of the second		er and consensed that
SEE INSTR Questions about completing this form? Foli (60)	LUCTIONS FOR EXP B) 266-8115 •Othe	LANATION	AND ( (608)	XGEPTIDI 266-8123	vs. •Attach ad	ditional po	yjes as hee	ced
Part A	la l	forma	tion.	curre	n as c			(2005)KI
List STOCKS, BONDS, limited partne market funds you or your family held	erships, Wiscon I (minimum \$5.0	sin gove	rnmê	ntal sec	urities, an	d mytus	l and mo	ney
			Type	of security	" "'/" one	p.m	Amount	. "/" (
Name of security		prior/ option/ futures	bond	limited parinembio	Wisconain governmental security	muscoi es Money miki fund	\$50,000 tr	More \$50.t
Highing of certains.		i de la companya de						
					-	MANAGEMENT OF THE PARTY OF THE	Berezanskaranskaran B	Constitution of the second
	,		<b></b>			NATION HOMEOUTH COST		
					****************	mandet to the state of the stat	Control (Control of Control of Co	- The same of the
Name of business (if any) or business activity, or address of real estate	Municipality	State_		<u>lounly</u>	Des	cribe now	ire of busin	955
					<del> </del>	alanda al'ela, maga a Rep alle, adqui	***************************************	
			1000 1000 100 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 10	Annaha ballanda Annaha antara		41072A AZZLONOSDAY		-
a) For each general partnership or r PARTNERS or the OFFICERS and	non-Wisconsin o	entity ye	ų liste	ed in Iton	1 #2,  ist th		ral	
Business	Portner	s, or offici	rs end	diractors		Civ	ACTION CONTRACTOR OF THE PARTY	Stot
LYALL			······································	and the second s	The state of the Carlotte	are de des de la come e	th their Million of their Lines	STATEMENT OF THE
						The state of the s		CO-4642-A-503940-47
								************
b) For each enterprise you listed in I corporation, a service corporation producing real estate, list BUSINE CLIENTS, or TENANTS that paid the	n (SC), a limited 8868. ORGANIZ	l liability ATIONS,	com; and a	aany (LL Ny LOBE	C), a parti YISTS that	rership, Ware C	or incom	16- 25,
Businesses, organizations, loopylate that were	customers, clients,	ortant	5	***************************************		Cily	NAMES OF TAXABLE PARTY.	Stati
More				-				
						Market American (co. 1976)	nacesaniario, P. St. pro. A. refere	er on orth, steam
			- CHARLE				CONTRACTOR CONTRACTOR CONTRACTOR	
List the specific location of WISCONS your principal residence and real ests	<u>ite whose locat</u>	'E in whi ion you i	ch yo isted	u or you In item 2	r family ha ).	and the second second second second	THE PERSON NAMED AND PASSED OF	o <b>ann</b> er mente
LODATION	of Property						ense, opúd	
traet address or fire number	Municipali	<u> </u>		Canuty			, land conà	
- Year						des acres agreement agriculture and agriculture and agriculture ag	and the second reservoir description	
						TO THE SECOND STREET, SAN OF THE SECOND STRE	TALABON STANDARD (METAL)	ATTECHNIQUES OF
			*****************			ingentjameensemelen maaren eesti. Miljoniscommune in Siiliane eesti.		constructors in comp

Businesa or organization		City	1 3	te	<u> </u>	Position	······································
						an ental District and the second of the seco	Company and the Company and the Company
List ORGANIZATIONS THAT A	UTHORIZED YOU	OR A FAMIL	YMEMB	ER TO	REPRESENT	T THEM IN U	heir dea
ings with others as an attorne	v-at-law, sgent, sr	okesperson	, or repr	senta	tive (unless li	sted in item	4 or 7).
iuvinges or orpenization						- Sill	State
none				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		and the second s	-
		***************************************	- <del>[</del>			A Zongo karana sa karana sa karana karan	
List CREDITORS to which you	or your family own	ed \$5,000 pr	more.			······································	
						in a second	/* &no
and the same		***	City		State	\$50,000 or leas	Mon
rediler was	•		40.03		11410		850,000
				-	·		
				(A)			
art 8	Signi - Thirthic	TO A THE	ni Pale	Fr	ir calend	ar vear /	2002
		N. C. C. COROLL					
List your and your family's EM	PLOYERS (\$1.000	or more of it	rcome) in	2002.	254 To 100 STAR 100		
Mama of employer							
(If State of Wiscorein, Identify agency or	netitution) C	ty State	2	Na	ture of employe	<u>rri busiņess</u>	-
				***************************************		miles in the interior of the state of the	
				*****		popological designation in the state of the state of	ON THE REAL PROPERTY OF SHAPE
		i					
and the second s		<del></del>		alaka addiringan	· CONTRACTOR AND	DEFECTS ACCESSED TO THE PROPERTY OF THE PARTY OF THE PART	NAY LANG ACT ALTHOUGH SANDERS AND ASSESSMENT
						DEFENSE ACTUAL COMMUNICATION OF THE COMMUNICATION O	
							1870年、1975年   日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日
List OTHER SOURCES from wh	sich you or your fa	mily receive	d INCOM	E of \$1	LOOD OF MOR	en eta esce garante en	
ource of income	nich you or your fa	mily receive	4 INCOM	E of \$1	.CCO or mor	na sida daga pangga ana ana ana ana ana ana ana ana an	
List OTHER SOURCES from whateren of Income	sich you or your fa	mily receive	d INCOM		.000 or mar	eria escului de la compania del la compania de la compania del la compania de la compania del la comp	
ource of income	sich you or your fa	mily receive	d INCOM	E of \$1	OSO OF MOT	TO THE PARTY OF TH	Stell
ource of income							
List individuals and organization						ore than \$50	) in 200
List individuate and organizatio							
List Individuals and organization						ore than \$50	) in 200
List individuals and organizations of provider	ns that provided )	ouwith ENT	ERTAINS	IENT:	or GIFTS (ms	ore than \$50	3) in 200 State
List individuals and organizations of any state of the st	ns that provided )	you with ENT	ertains (Penses	IENT:	or GIFTS (ms	ore than \$50	3) in 200 State
List individuals and organization in a faravider  List, for 2002, sources of HO duties (more than \$50) not prev	ns that provided )	yment of E) the Ethics E	ERTAINS	IENT:	or GIFTS (mo	ore than \$50 City State gover	3) in 200
List Individuals and organization in the second sec	no that provided j	yment of E) the Ethics E	ERTAINS	IENT:	or GIFTS (ms	ore than \$50 City State gover	3) in 200
List Individuals and organization in the second sec	NORARIA and pa	yment of E) the Ethics E	ERTAINS	IENT:	or GIFTS (mo	ore than \$50 City State gover	) in 200; State
List Individuals and organizations of provider  List, for 2002, sources of MO duties (more than \$50) not previous	NORARIA and pa	yment of E) the Ethics E	ERTAINS	IENT:	or GIFTS (mo	ore than \$50 City State gover	3) in 200
List Individuals and organizations of provider  List, for 2002, sources of MO duties (more than \$50) not previous	NORARIA and pa	yment of E) the Ethics E	ERTAINS	IENT:	or GIFTS (mo	ore than \$50 City State gover	3) in 200 State
List individuals and organizations of provider  List, for 2002, sources of MO duties (more than \$50) not previous	NORARIA and pariously reported to	yment of E) the Ethics E ie An	ERTAINS EPENSES LOGICAL TO THE PERSON OF THE	relati	or GIFTS (me	elly  State gover	) in 200 Sets Timent
List individuals and organizations of provider  List, for 2002, sources of HO duties (more than \$50) not previous	NORARIA and pariously reported to Approximate value of expension of the control o	yment of E) the Ethics E e An her	ERTAINS  IPENSES  Joard  nount of pergrium  terests is fr	relati	or GIFTS (ma	elly  State gover	) in 200; Sale Timent
List individuals and organizations of provider  List, for 2002, sources of MO duties (more than \$50) not previous from the information contained knowledge, information, and belief	NORARIA and pariously reported to Approximate value of expension of this Statement & I. In the event this S	yment of E) the Ethics E an her f Economic in tatement of E	CPENSES CONTROL OF THE CONTROL OF TH	relati	or GIFTS (ma ed to your : Circumstance maleire, and a s is filed prior	elly  State gover  corect to the  my nominal	) in 200; Sale Timent
List individuals and organizations of provider than \$50) not previous that the information contained knowledge, information, and belispointment. I certify that I will amend	NORARIA and pariously reported to Approximate value of expension to 1. In the event this 5 of it within ten doys o	yment of E) the Ethics E e An her f Economic in tatement of E f my nominati	ERTAINS  IPENSES  Joard  Inount of I	relati ue, conterest cintme	clearnstance  Clearnstance  molete, oncoos is filed prior in date if orm	enter than \$50 Gity  State government to the my nominal is endment is	) in 200; Sale riment
List individuals and organizations of provider than \$50) not prevent that the information contained knowledge, information, and believes are to bring if into conformity with the pointment, I certify that I will amend the cessary to bring if into conformity with the	NORARIA and pariously reported to Approximate value of experience of the control	yment of E) the Ethics E the An her feconomic in tatement of E f my nomination of my econ	CPENSES Deard Description  terests is friction or opportion or opporti	relation of the contract of th	circumstance malete, and as is filed prior in date if am of the date of the da	elly  State gover  State gover  State gover  State gover  State gover  State gover	) in 200 Sale Timent
List individuals and organizations of provider than \$50) not prevent that the information contained knowledge, information, and believes are to bring if into conformity with the pointment, I certify that I will amend the cessary to bring if into conformity with the	NORARIA and pariously reported to Approximate value of experience of the control	yment of E) the Ethics E e An less her feconomic in tatement of E f my nomination of my economic so intention	TPENSES JOARD TOPONIC ON OF OPPO	relative contents of the conte	circumstance  Circumstance  molete, oncoos is filed prior in date if orm of the date os there is no	corect to the endment is frey nomino thing to rep	on or
List individuals and organizations of provider  List, for 2002, sources of MO duties (more than \$50) not previous from the information contained knowledge, information, and belief	NORARIA and pariously reported to Approximate value of experience of the control	yment of E) the Ethics E e An less her feconomic in tatement of E f my nomination of my economic so intention	TPENSES JOARD TOPONIC ON OF OPPO	relative contents of the conte	clesumstance  clesumstance  molete, oncoos is filed prior in date if am of the date of the same of the	corect to the endment is frey nomino thing to rep (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	ment  best of on or
List individuals and organization and property of that the information contained knowledge, information, and believes or to bring if into conformity with the property of the contained contained the contained contained the cont	NORARIA and pariously reported to Approximate value of experience of the control	yment of E) the Ethics E e An less her feconomic in tatement of E f my nomination of my economic so intention	TPENSES JOARD TOPONIC ON OF OPPO	relative contents of the conte	clesumstance  clesumstance  molete, oncoos is filed prior in date if am of the date of the same of the	corect to the endment is frey nomino thing to rep	ment  best of on or

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 identify 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.



March 14, 2003

To the Honorable, the Senate:

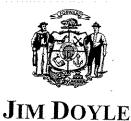
I am pleased to nominate and with the advice and consent of the Senate, do appoint Mariana Rodriguez to be a public member of the Council on Domestic Abuse to serve a term expiring July 1, 2005.

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

Respectfully submitted,

oim Doylo Governor

JED:AW



# GOVERNOR

STATE OF WISCONSIN

March 11, 2003

Mrs. Mariana Rodriguez 802 Mitchell Street Milwaukee, WI 53204

Dear Mrs. Rodriguez:

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

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

Sincerely,

Jim Doyle Governor

JED:AW

### Mariana Rodriguez, B.A., CADCIII

3210 S. 8<sup>th</sup> Street Milwaukee, Wisconsin 53215 (414-481-4558)

#### Summary

- Developed and Implemented the Latina Resource Center
- Created bilingual bicultural domestic violence programs targeting Hispanic families
- Provided technical assistance and trainings on Latina Women and Domestic Violence
- Developed and maintained agency linkages with funding sources and community
- Provided Domestic Violence and AODA counseling and presentations
- Experienced in working with male and female offenders

#### Education

Bachelor of Arts in Psychology, May 1996 CADCIII

Research Published: Women Building Communities: Behind the Scenes in Milwaukee Chapter-Hispanic Women Activists in Milwaukee Alverno College, Milwaukee, Wi

Center for Disease Control Planning Committee

Sexual Violence Prevention: Building Leadership and Commitment to Underserved Communities Program Coordinator & Counseling Experience:

#### UMOS, Inc. Latina Resource Center

Program Manager

April 25, 01-Current

Responsible for overseeing the day to day programming and customer support designed to promote self-efficiency, safety, and interpersonal development to women who are victims of domestic violence and sexual abuse. Developed and implemented bilingual domestic violence victims services, outreach services, women ['s support groups, advocacy supportive services and Spanish Speaking domestic violence information and education. Developed linkages agency linkages with funding sources and community partners.

Utilized research for use on understanding social problems for planning and implementing bilingual women's services and programs addressing issues of language, culture, immigration, legal systems and public benefits.

Council for the Spanish Speaking, Salud de La Familia

Program Coordinator

March 2000-March 2001

Responsible for the day to day functions of program. Supervise counseling staff. Facilitate AODA groups and provide individual counseling. Attend monthly meetings with primary vendors. Responsible for program development, implementation and evaluation. Provide bilingual AODA services to women, adolescents and men. Maintain relationships with comprehensive network of community resources

Genesis Behavioral Services Inc. Interventions AODA Residential Program, Milwaukee, WI Program Coordinator-May 1998-March 200

Supervised counseling staff within the program. Worked constantly to improve the quality of services in the program, with a strong focus on customer satisfaction. Worked with director on overall program development, implementation and evaluation. Participated in the development of program policies and procedures. Screened referral packets for program eligibility and appropriateness. Coordinated structured therapeutic lectures, groups and conferences.

Provided in-service training for all staff regarding milieu management and other issues specific to clients. Led clinical team in staffings for all clients. Maintained an effective working relationship with Department of Corrections staff.

#### Genesis Behavioral Services Inc. Spanish Domestic Violence, Racine, W

<u>Domestic Violence Counselor</u>

March 1993-June 1999

Implemented and provided outpatient domestic violence groups for Spanish speaking correctional clients. Addressed cultural beliefs that support the inequality in relationships. Taught non-violent skills such as time-outs, identifying anger cues and triggers. Explored how violence affects family and laws that protect them. Addressed various psychosocial factors that reinforce violence such as acculturation issues, language barriers, addiction and gender beliefs.

#### Genesis Behavioral Services Inc. Domestic Violence Program

Program Coordinator

August 1997-August 1998

Provided outpatient domestic violence groups for male and female correctional clients. Implemented and facilitated the Duluth Model curriculum in working with Batterers. Provided education groups on violent relationships and AODA issues. Implemented Domestic Violence Aftercare groups and prepared monthly progress reports on all clients. Participated in monthly Domestic Violence meetings with Department of Probation & Parole.

#### Genesis Behavioral Services Inc. Independent Living Center

AODA Counselor

Jan. 1996-May 1998

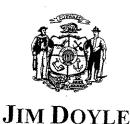
Provided group, individual and family conferences. Facilitated various educational groups including Domestic Violence, AODA, Anger Management and Cognitive/Criminal Thinking groups. Led therapy groups three times a week and provided quality individual sessions for all clients. Established a positive working relationship with Department of Probation & Parole staff. Counseled Individuals of diverse cultural and socioeconomic backgrounds.

## Genesis Behavioral Services Inc. Spanish AODA Groups

AODA Bilingual Counselor May 1996-January 1996

Provided cultural specific AODA counseling for Spanish speaking correctional clients. Facilitated groups providing educational information on chemical dependency, relapse prevention, pharmacology, and effects on family. Explored cultural beliefs and how it affects the use of mood altering chemicals. Provided individual sessions and completed monthly progress reports.

References available upon request



# GOVERNOR STATE OF WISCONSIN

#### GOVERNOR'S APPOINTMENT

NAME:

Mariana Rodriguez

MAILING ADDRESS:

802 Mitchell Street Milwaukee, WI 53204

E-MAIL ADDRESS:

mariar ! rodriguez@umos.org

RESIDES IN:

Milwaukee, WI

TELEPHONE:

(414) 389-6508 (w)

(414) 481-4558 (h)

OCCUPATION:

Program Manager

Latina Resource Center

APPOINTED TO:

Council on Domestic Abuse

domestic abuse knowledge

TERM:

A term to expire July 1, 2005

SUCCEEDS:

Paul Bucher

SENATE CONFIRMATION:

yes

DATE OF APPOINTMENT:

March 10, 2003

DATE OF NOMINATION:

March 10, 2003



# STATE OF WISCONSIN ETHICS BOARD

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

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

> Roth Judd Director

Senate Committee Members:

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

> Sincerely, STATE OF WISCONSIN ETHICS BOARD

Nominee:

Date:

Mariana Rodriguez March 19, 2003

Statement of Economic Interest	Statem	ent of	Economic	Interests
--------------------------------	--------	--------	----------	-----------

Filed in 2003 for calendar year 2002

Name: Rodriguez, Mariana MAR 1 8 2003 Health & Family Services, Dept. of State position: (held or sought) Domestic Abuse, Council on CLAIF ETHIC 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 As of March 10, 2003 Part A List STOCKS, BONDS, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$5,000). Type of security - "√" one Amount - "√" one stock/ Wisconsin mutual or limited \$50,000 or option/ governmental money More than Name of security **futures** bond partnership security mkt fund \$50,000 less rone 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, If real estate, list or address of real estate Municipality State County Describe nature of business nose For each general partnership or non-Wisconsin entity you listed in Item #2, list the GENERAL PARTNERS or the OFFICERS and DIRECTORS. Partners, or officers and directors City State **Business** now For each enterprise you listed in Item #2 that is an unincorporated business, a subchapter S b) corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or incomeproducing 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 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

Business or organization		City		ate	DIRECTOR.	osition	······································
nne					<del></del>	OJIGOR	
List ORGANIZATIONS THAT AU	ITHORIZED YOU	OR A FAMILY	MEME	FR TO I	REPRESENT	THEM in th	sole do-
ings with others as an attorney-	at-law, agent, sp	kesperson.	or repr	esentati	ve (unless list	ed in item 4	ieir uea .or 7\
Business or organization,					(4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City	Stat
none	*		e State	F 77.			
-							
List CREDITORS to which you o	r vour family owe	d \$5.000 or n	nore.				
							/" one
A . 12.						\$50,000	Moi
Creditor		(	City		State	or less	tha
St. Francis Bank	-mortage	mill			1, <del>77</del>		\$50,00
IL FORCE BULL N	TO DAY To	No.	. }			_	
Sallie, Male	me squery	113 1/h	. 0	nc-/	2 WF	1-	
salle male		MULLOS	ref	V) SAH	an		<u></u>
		i de de la compansión de La compansión de la compa					43 (4)
out D			-	p			
Part B				FC	or calend	ar year	2002
	OVEDO (\$4.000						
List your and your family's EMPL Name of employer	.UYEKS (\$1,000 C	r more of inc	ome) ir	2002.	****		
(If State of Wisconsin, identify agency or ins	stitution) Cit	y State	1_	Nat	ure of employer	's business	
UMOS, Inc.	Mila	WI	Au	10 Ce	non pro	47	
	· · · · · · · · · · · · · · · · · · ·						
family dervices	<u> </u>	WI	1m	enter	Heal	<u>u</u>	
*****			<u> </u>				
		1					
			<u> </u>				
List OTHER SOURCES from which	h you or your fan	ily received	INCOM	E of \$1,	000 or more	in 2002.	
ource of income		ily received	INCOM	E of \$1,	<del></del>	in 2002. City	State
iource of income	h you or your fam	illy received	INCOM	E of \$1,	<del></del>		State
iource of income		illy received	INCOM	E of \$1,	<del></del>		State
Source of Income	<u> </u>					City	
List individuals and organizations	<u> </u>				GIFTS (more	city e than \$50)	
List individuals and organizations	<u> </u>				GIFTS (more	City	
List individuals and organizations	<u> </u>				GIFTS (more	city e than \$50)	in 2002
List individuals and organizations	s that provided yo	wwith ENTE	RTAINN	MENT or	GIFTS (more	e than \$50) City	in 2002
List individuals and organizations lame of provider  List, for 2002, sources of HONOR	s that provided you	u with ENTE	RTAINN	MENT or	GIFTS (more	e than \$50) City	in 2002
List individuals and organizations	that provided you	nt of EXPENS	RTAINN SES rel	MENT or	GIFTS (more	e than \$50) City	in 2002
List individuals and organizations ame of provider  List, for 2002, sources of HONOR (more than \$50) not previously re	s that provided you	nt of EXPENS	RTAINN	MENT or	GIFTS (more	e than \$50) City	in 2002
List individuals and organizations ame of provider  List, for 2002, sources of HONOR (more than \$50) not previously re	that provided your control of the co	nt of EXPENS	RTAINN	MENT or	GIFTS (more	e than \$50) City	in 2002
List individuals and organizations ame of provider  List, for 2002, sources of HONOR (more than \$50) not previously re	that provided your control of the co	nt of EXPENS	RTAINN	MENT or	GIFTS (more	e than \$50) City	in 2002
List individuals and organizations ame of provider  List, for 2002, sources of HONOR (more than \$50) not previously re	that provided your control of the co	nt of EXPENS	RTAINN	MENT or	GIFTS (more	e than \$50) City	in 2002
List individuals and organizations ame of provider  List, for 2002, sources of HONOR (more than \$50) not previously reaver	ARIA and payme ported to the Ethical Approximate value of expensions	nt of EXPENS cs Board. es Amo	SES rel	MENT or	GIFTS (more	e than \$50) City	in 2002 State
List individuals and organizations ame of provider  List, for 2002, sources of HONOR (more than \$50) not previously reayer  aver ead the accompanying instructions a	ARIA and payme ported to the Ethical Approximate value of expension and certify that the in	nt of EXPENS cs Board. Amono formation conta	RTAINN SES relations of the control	MENT or	GIFTS (more	e than \$50) City  evernment s of receipt	in 2002 State
List individuals and organizations ame of provider  List, for 2002, sources of HONOR (more than \$50) not previously reayer  ave read the accompanying instructions amplete, and correct to the best of my known	ARIA and payme ported to the Ethic Approximate value of expension of expension of the expen	nt of EXPENS cs Board. Amono formation conta	RTAINN SES relations of the control	MENT or	GIFTS (more	e than \$50) City  evernment s of receipt	in 2002 State
List individuals and organizations ame of provider  List, for 2002, sources of HONOR (more than \$50) not previously reayer  aver ead the accompanying instructions a	ARIA and payme ported to the Ethic Approximate value of expension of expension of the expen	nt of EXPENS cs Board. hono formation conta	RTAINM SES relations of rarium	nted to	Circumstances ment of Economen left blank,	e than \$50) City  overnment s of receipt  nic Interests I have dor	in 2002 State
List individuals and organizations ame of provider  List, for 2002, sources of HONOR (more than \$50) not previously reaver	ARIA and payme ported to the Ethic Approximate value of expension of expension of the expen	nt of EXPENS cs Board. hono formation conta	RTAINM SES relations of rarium	nted to	GIFTS (more	e than \$50) City  overnment s of receipt  nic Interests I have dor	in 2002 State
List individuals and organizations ame of provider  List, for 2002, sources of HONOR (more than \$50) not previously reaver	ARIA and payme ported to the Ethic Approximate value of expension of expension of the expen	nt of EXPENS cs Board. Amores hono formation conta	RTAINM SES relations of rarium	nis State	Circumstances ment of Economen left blank,	e than \$50) City  overnment s of receipt  nic Interests I have dor	in 2002 State

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.

#### Jermstad, Sara

From:

Jermstad, Sara

Sent:

Monday, April 07, 2003 1:14 PM

To:

Rodriguez, Mariana

Subject:

Follow up to this morning's call

#### Good afternoon!

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

You should have received a hearing notice via email, which verifies 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