



**JIM DOYLE**  
**GOVERNOR**  
**STATE OF WISCONSIN**

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March 11, 2003

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Barbara Seldin to be a Professional Member of the Psychology Examining Board to serve a term expiring July 1, 2006.

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

Respectfully submitted,

  
Jim Doyle  
Governor

JED:AW



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

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March 10, 2003

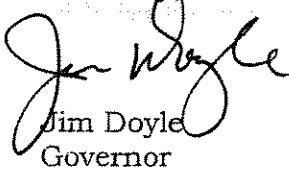
Dr. Barbara Seldin  
106 Woodside Court  
Neenah, WI 54956

Dear Dr. Seldin:

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

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

Sincerely,

  
Jim Doyle  
Governor

JED:AW



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

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**GOVERNOR'S APPOINTMENT**

**NAME:** Barbara Seldin

**MAILING ADDRESS:** 106 Woodside Court  
Neenah, WI 54956

**E-MAIL ADDRESS:** on the global list

**RESIDES IN:** Neenah, WI

**TELEPHONE:** (920) 566-3183(w)  
(920) 721-9294 (h)

**OCCUPATION:** Psychologist Supervisor  
Department of Corrections

**APPOINTED TO:** Psychology Examining Board  
Professional Member

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

**SUCCEEDS:** Itzhak Matusiak(currently vacant)

**SENATE CONFIRMATION:** Yes

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

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

## Barbara Seldin, Ph.D.

N 505 Willow Crest Court  
Appleton, Wisconsin 54915  
(920) 687-9222

### EDUCATION:

1980        The Catholic University of America, Washington, D.C. Ph.D. in Education-Counseling  
1976        The Catholic University of America, Washington, D.C. MA in Psychology (Honors)  
1966        University of Maryland, College Park, MD. Bachelor of Arts in English (Cum Laude)

### DISSERTATION:

A Comparison of Selected Personality Variables Among Assaultive and Non-Assaultive Female Offenders with Varying Sex Role Orientations.

### LICENSURE:

- ◆ Licensed Psychologist & Health Service Provider in Psychology, Indiana #20040624
- ◆ Licensed Psychologist, Wisconsin #844
- ◆ Licensed Psychologist, Minnesota #LP2424 (Voluntary Inactive Status)
- ◆ Certificate of Professional Qualification in Psychology #268 (Association of State and Provincial Psychology Boards)

### INTERNSHIP:

1977-1978    Internship in Clinical Psychology approved by the American Psychological Association, Wisconsin Division of Health and Social Services, Bureau of Corrections, Madison, Wisconsin

### PROFESSIONAL EXPERIENCE:

1980-1998    Licensed Psychologist practicing clinical, consulting, and forensic psychology. Clinical populations include children, adolescents, and adults in mental health centers, correctional facilities, hospitals, medical clinics, and Social Security Administration; Consultation to Health Maintenance Organizations, Medical Practices, Hospitals, and Family Businesses; Forensic Consultation and Expert Witness services to attorneys and courts in criminal responsibility/insanity determinations; dispositional hearings for juvenile and adult offenders, civil litigation in areas of personal injury, worker's compensation, child custody, and professional malpractice.

POSITIONS HELD:

- 2001 Psychological Services Supervisor, Redgranite Correctional Institution, Redgranite, Wisconsin
- 2000-2001 Associate Faculty, Indiana University South Bend, Department of Psychology
- 1992-1995 Senior Consulting Psychologist, Partners Health Plan, South Bend, Indiana
- 1996-1998 Consulting Psychologist, Memorial Hospital Family Practice Residency, South Bend,
- 1989-1991 Consulting Psychologist, Blue Cross Blue Shield of Minnesota, St. Paul, Minnesota
- 1988-1991 Consulting Psychologist, Golden Valley Health Center, Minneapolis, Minnesota
- 1985-1987 Psychologist, Ramsey Clinic Prepaid Psychiatry, St. Paul, Minnesota
- 1983-1985 Psychologist, The Duluth Clinic, Duluth, Minnesota
- 1983-1984 Consulting Psychologist, Human Resource Center, Superior, Wisconsin
- Consulting Psychologist, Division of Community Corrections, Superior, Wisconsin
- 1982-1983 Psychologist, Mendota Mental Health Institute, Forensic Rehabilitation, Madison, Wisconsin
- 1980-1982 Consulting Psychologist, Dane County Juvenile Court, Madison, Wisconsin
- 1978-1980 Psychological Associate, Wisconsin Bureau of Corrections, Madison, Wisconsin

PROFESSIONAL ASSOCIATIONS:

- ◆ Wisconsin Psychological Association – Member
- ◆ American College of Forensic Examiners – Member
- ◆ American Board of Forensic Examiners – Diplomate
- ◆ American Board of Forensic Medicine – Diplomate
- ◆ Indiana State Psychology Board – Chairperson (2000-2001); Member (1984-2001)
- ◆ Minnesota State Psychology Board – Member (1989-1991)

PRESENTATIONS:

- ◆ Rehabilitation of the Sociopathic Offender. Presentation to Correctional Officers of the Wisconsin Division of Corrections, Madison, Wisconsin, 1978
- ◆ Group Therapy with Persons Found Not Guilty By Reason of Insanity. Presentation to forensic rehabilitation staff at Mendota Mental Health Institute, Madison, Wisconsin, 1980
- ◆ Managing the Criminal Justice Client in the Outpatient Clinical Setting: Dual Roles, Confused Roles, or Undercover Agent? Continuing Education, Madison Center and Hospital, South Bend, Indiana, 1997
- ◆ The Role of Psychological Assessment in the Practice of Psychiatry. Presented to the Minnesota Association of Family Practice physicians, Duluth, Minnesota, 1984
- ◆ The Impaired Psychologist: Dual Relationships and Implications for the Ethical Practice of Psychology. Panel Member, Minnesota Psychologists in Private Practice, Minneapolis, Minnesota, 1989
- ◆ Rules of Conduct of the Minnesota State Board of Psychology. Panel Member, Minnesota Psychological Association Annual Meeting, Minneapolis, Minnesota, 1989
- ◆ Alcoholism and the Family. University of Notre Dame. Golden Dome Productions, 1999

- Examinations for Competency to Stand Trial. Indiana Psychological Association Annual Conference, Carmel, Indiana, 2000.

## CONTINUING EDUCATION: FORENSIC / CORRECTIONAL PSYCHOLOGY

- 1996:        Assessing Risk of Dangerousness:  
Solutions Training Institute
- 1997:        Recent Advances in the Treatment of Anxiety Disorders:  
American Psychological Association  
Sexual Crucible Approach:  
American Association of Sex Educators and Counselors  
Wechsler Memory Scale-III; WAIS-III:  
American Psychological Association  
Risk Management with Potentially Dangerous Patients:  
American Psychological Association
- 1998:        Intermediate & Advanced Forensic Practice:  
American Academy of Forensic Psychology  
Cross-Examination:  
American Academy of Forensic Psychology  
Expertise in Child Custody Evaluations:  
American Academy of Forensic Psychology  
Forensic Assessment of Sexual Discrimination & Harassment in the Workplace: American  
Academy of Forensic Psychology  
What Therapists Say to Patients: The Good, The Bad, and The Therapeutic:  
Solutions Training Institute  
Integrative Therapy: Psychoanalysis, Behavior Therapy, and The Relational World:  
Solutions Training Institute  
Special Topics in Civil Forensic Psychology: Workplace Discrimination  
American Academy of Forensic Psychology
- 1999:        Transformation Through Conflict  
Albert Einstein College of Medicine  
Clinical Ethics in the Information Age:  
Michael Freney Associates  
Working With Couples in Conflict:  
Indiana Psychological Association  
Conflict Resolution for the Family Business,  
Family Firm Institute
- 2000        Risk Assessment: Advanced Considerations  
American Academy of Forensic Psychology  
Risk Assessment of Sex Offenders  
American Academy of Forensic Psychology  
Comprehensive Examination of Malingering in Forensic Settings  
American Academy of Forensic Psychology  
Criminal Forensic Assessment  
American Academy of Forensic Psychology  
Neuropsychology for the Forensic Psychologist: Ethics, Law, & Practice  
American Academy of Forensic Psychology

A Guide to Indiana Worker's Compensation  
Indiana Psychological Association

2001

Ethics in Psychology  
ISHK Continuing Education

2002

Suicide Prevention, Intervention, & Treatment  
Wisconsin Department of Corrections Training Center

Wisconsin Mental Health & the Law  
Health ED, LLC

Wisconsin Chapter 980: Sexually Violent Person Commitment  
Wisconsin Department of Justice, Corrections, Health & Family Services



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](mailto: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

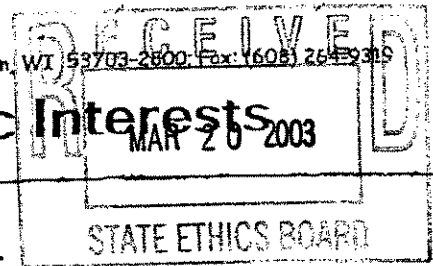
Nominee: Barbara Seldin  
Date: March 20, 2003



Mail or fax to: Wisconsin Ethics Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2600. Fax: (608) 266-8123

# Statement of Economic Interests

Filed in 2002 for calendar year 2001



Name: SELDIN, BARBARA  
(last name, first name & initial)

State position: REGULATION & LICENSING, DEPT. OF MEMBER - PSYCHOLOGY EXAMINING BOARD  
(held or sought) (include agency, division, branch or district, if applicable)

SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS.

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

## Part A As of December 31, 2001

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

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
listing (approx 34 pages) on file at the Ethics Bd <i>See attached</i>							

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

Name of business (if any) or business activity, or address of real estate	Municipality	State	If real estate, list County	Describe nature of business
53347 chelle LANE	GRANGER	IN	St. Joseph	RENTAL PROPERTY
53168 Cedar Lake DRIVE	GRANGER	IN	St. Joseph	RENTAL PROPERTY

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

Business	Partners, or officers and directors	City	State

b) For each enterprise you listed in Item #2 that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or income-producing real estate, list BUSINESSES, ORGANIZATIONS, and any LOBBYISTS that were CUSTOMERS, CLIENTS, or TENANTS that paid the enterprise \$1,000 or more in calendar year 2001.

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

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

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


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

Business or organization	City	State

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

Creditor	City	State	* / * one	
			\$50,000 or less	More than \$50,000
Wells Fargo BANK	Neenah	WI		✓
Mark McNamee	GRANGER	IN		✓

**Part B** For calendar year 2002

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

Name of employer (if State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
DOC	Redgranite	WI	Corrections
DOC	Green Bay	WI	Corrections

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

Source of income	City	State

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

Name of provider	City	State

10. List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to the Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

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

Signature of person filing: Barbara Seiden      Date: 3-20-03      Daytime phone #: 920 566-3183  
 E-mail address: Barbara.seiden@doc.state.wi.us

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

## Jermstad, Sara

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**From:** Seldin, Barbara DOC  
**Sent:** Monday, April 07, 2003 1:41 PM  
**To:** Jermstad, Sara  
**Subject:** RE: Follow up to this morning's call

Yes, you did give me the phone numbers. I am going to call each Senator at the end of this week to see if they want to meet with me. I am planning on attending the hearing. Thanks for following up with me.

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

**From:** Jermstad, Sara  
**Sent:** Monday, April 07, 2003 1:36 PM  
**To:** Seldin, Barbara DOC  
**Subject:** Follow up to this morning's call

Good afternoon!

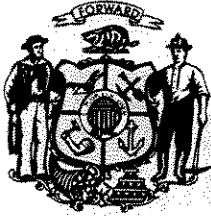
I'm assuming you are all set for the hearing on April 24 since I have already sent you a list of members and you indicated that you already sent a letter. I would still encourage you to call each of the members prior to the hearing in case they wish to meet with you personally - if you need their phone numbers (I can't remember if I gave that to you or not) please let me know.

You should have received the hearing notice via email verifying the date, time and location. If something should come up and you are unable to attend the hearing, please contact me ASAP.

Please let me know if you have any further questions or need additional information.

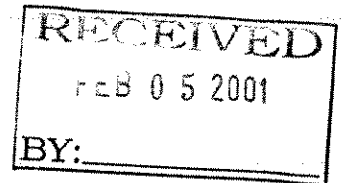
Sincerely,

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



**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**



January 25, 2001

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Kim Senglaub to the Occupational Therapists Affiliated Credentialing Board effective January 25, 2001, pursuant to the statute governing, to serve an initial term to expire July 1, 2003.

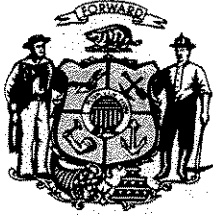
Ms. Senglaub will be available to the Senate for hearings and my staff will assist in any way they can.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Tommy G. Thompson".

TOMMY G. THOMPSON  
Governor

TGT/nkw



**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**

**GOVERNOR'S APPOINTMENT**

**NAME/MAILING ADDRESS:** Kim Senglaub  
3324 Ridgeline Drive  
Waukesha, WI 53188

**E-MAIL ADDRESS:** senglaub@execpc.com

**RESIDES IN:** Waukesha

**TELEPHONE:** 414/967-1050 (W)  
262/574-7597 (H)

**OCCUPATION:** Occupational Therapist  
Hand Surgery Ltd.

**APPOINTED TO:** Occupational Therapists Affiliated Credentialing Board  
(occupational therapist)

**TERM:** an initial term to expire July 1, 2003

**SUCCEEDS:** newly created in 1999 Wisconsin Act 180

**SENATE CONFIRMATION:** required

**DATE OF APPOINTMENT:** January 25, 2001

**DATE OF NOMINATION:** January 25, 2001

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

# **KIM M SENGLAUB, OTR CHT**

3324 Ridgeline Dr.  
Waukesha, WI 53188  
262-574-7597

## **EMPLOYMENT HISTORY:**

### **Hand Surgery Limited** Milwaukee, WI 53226

Employed from August 1999 to present

Treatment of upper extremity disorders, orthopedic injuries, neurological injuries, soft tissue problems, and cumulative trauma disorders. Student supervision for fieldwork placement. Specialty skills utilized include joint mobilization, manual edema mobilization, splinting, modalities, and final evaluation for permanent disability ratings.

### **Department of Regulation and Licensing** **O. T. Examining Board** Madison, WI 53608

Employed from September 1999 to present

Secretary for Occupational Therapy Examining Board. Review and recommend actions after grievances filed or for therapists requesting state certification. Public relations regarding legislature and current policies and practices within the Occupational Therapy profession.

### **Concordia University** Mequon, WI 53092

Employed from September 1997 to present

Assistant Professor for Occupational Therapy curriculum course through May 1999. Assistant for Kinesiology and Professor for Kinesiology when primary instructor was not available. Assist with program development, course updates, student portfolios, and student writing performance.

### **Plastic Surgery Associates** Milwaukee, WI 53226

Employed from August 1996 to August 1999

Established hand clinic for three physicians. Developed protocols, procedures, client information sheets, and all office materials. Set up therapy clinic. Contracted with insurance companies for provider certification and pre-certification for treatment. Initiated Medicare certification. Treated general upper extremity disorders, cumulative trauma, mild to severe work related injuries, as well as other orthopedic, soft tissue, and neurological deficits. Specialty skills utilized include manual edema mobilization, joint mobilization, splinting, modalities, and final evaluation for permanent disability ratings.

## **KIM M SENGLAUB, OTR CHT**

**Waukesha Memorial Hospital**  
Waukesha, WI 53186

Employed from February 1993 to October 1997

Established Occupational Therapy services for outpatients at the satellite clinics and promoted therapy services. Treatment included acute and chronic hand and upper extremity injuries, biofeedback, modalities, and splinting. Areas of treatment within the hospital system included ICU, cardiac care, acute inpatient, rehabilitation, pain management, and outpatient. Various other diagnoses treated include traumatic brain injury, orthopedic injuries, soft tissue injuries, neurologic deficits, multiple trauma, and assisting in the NICU. Developed competencies for therapists, updated protocols and home programs. Assisted the coordinator for the department as needed for scheduling and administrative issues. Supervised COTA's and students.

**Alta Therapies Midwest**  
Milwaukee, WI 53223

Employed from February 1992 to February 1993

Treatment of orthopedic and neurological injuries for a geriatric clientele. Established treatment plans and attended care conferences for clients. Established system to monitor residents and initiate referral for therapy as needed. Assisted supervisor with case management and billing. Supervised COTA's. Developed the student supervision program for level two fieldwork placements.

### **PROFESSIONAL ACTIVITIES:**

Standard setting panel participant for NBCOT in February 2000. Served on the OTR panel to assist in setting standard of practice of occupational therapists.

Co-authoring Kinesiology text for Occupational Therapy students with focus on proper range of motion and manual muscle testing procedures for the body.

Secretary for WOTA annual conference committee 2001. Chair person for evaluation committee.

Volunteer for Friends of Autism foundation in Waukesha County area.

Active member in ASHT, AOTA, WOTA, and WSHT.

### **EDUCATION:**

**Mount Mary College**  
Milwaukee, WI 53226

Graduated with BS in Occupational Therapy Dec. 1991.



STATE OF WISCONSIN  
**ETHICS BOARD**

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

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

Roth Judd  
Director

**Nominee:** Kim Senglaub  
**Position:** Member, Occupational Therapists Affiliated Credentialing Board  
*(occupational therapist)*

**Statutory Reference:**

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

(am) Public members appointed under s. 15.406 shall not be, nor ever have been, licensed, certified, registered or engaged in any profession or occupation licensed or otherwise regulated by the affiliated credentialing board to which they are appointed, shall not be married to any person so licensed, certified, registered or engaged, and shall not employ, be employed by or be professionally associated with any person so licensed, certified, registered or engaged.

(b) The public members of the physical therapists affiliated credentialing board, podiatrists affiliated credentialing board or occupational therapists affiliated credentialing board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

15.406 Department of regulation and licensing; attached affiliated credentialing boards. (5) Occupational therapists affiliated credentialing board. There is created in the department of regulation and licensing, attached to the medical examining board, an occupational therapists affiliated credentialing board consisting of the following members appointed for 4-year terms:

- (a) Three occupational therapists who are licensed under subch. VII of ch. 448.
- (b) Two occupational therapy assistants who are licensed under subch. VI of ch. 448.
- (c) Two public members.

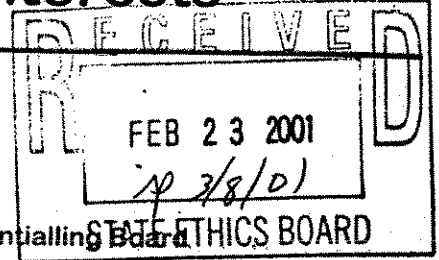
3/12/01 cw

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



# Statement of Economic Interests

Filed in 2001 for calendar year 2000



Name: Senglaub, Kim  
 State position: Regulation & Licensing, Dept. of Member  
 (held or sought) Occupational Therapists Affiliated Credentialing Board

SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS.

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

## Part A

As of December 31, 2000

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

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	more than \$50,000
DNT Nickel River LP	✓		✓			✓	✓

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

Name of business (if any) or business activity, or address of real estate	Municipality	State	If real estate, list County	Describe nature of business
Executive Pension Design Briggsville WI	Pewaukee	WI		stock in CO. → life insurance
	Briggsville	WI	Adams	leased land → farming

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

Business	Partners, or officers and directors	City	State
Executive Pension Design per file 3/8/01	James Senglaub	Waukesha	WI
	Jeff Senglaub	Delafield	WI
	Michael Senglaub	Cedarburg	WI

b) For each enterprise that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or income-producing real estate, list COMMERCIAL CUSTOMERS, CLIENTS, and TENANTS, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2000.

Commercial customer, client, tenant, or lobbyist	City	State
Grant Gullmor (tenant)	Wi Dells	WI
See affidavit rec'd 3/8/01. ip 3/8/01.		

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	
Rhineland property 4708 Creek Trail - per file 3/6/01	Rhineland	Oneida	OWN

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

Business or organization	City	State	Position
<i>Executive Pension Design</i>	<i>Kenosha</i>	<i>WI</i>	<i>Vice President</i>

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

Business or organization	City	State

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

Creditor	City	State	"✓" one	
			\$50,000 or less	More than \$50,000
<i>Firstar</i>	<i>Milwaukee</i>	<i>WI</i>	<input checked="" type="checkbox"/>	
<i>Principal Financial</i>				<input checked="" type="checkbox"/>
<i>St Francis Bank - per file 3/5/01</i>	<i>Milwaukee</i>	<i>WI</i>	<input checked="" type="checkbox"/>	

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

**Part B**

For calendar year 2000

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

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
<i>Hand Surgery Ltd</i>	<i>Milwaukee</i>	<i>WI</i>	<i>hand surgery and therapy</i>
<i>Executive Pension Design</i>	<i>Kenosha</i>	<i>WI</i>	<i>life insurance</i>

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

Source of income	City	State

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

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

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

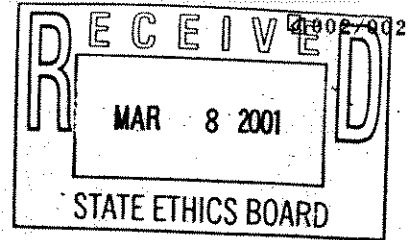
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
<i>Dept Regulations Licensing</i>	<i>\$ 500</i>		<i>continuing education course</i>

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

*[Signature]*      *Feb 15, 2001*      *262-574-7597*  
 Signature of person filing      Date      Daytime phone

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

Office Review



**Affidavit**

**Statement of Economic Interests  
Customers, Clients, and Tenants**

My spouse on December 31, 2000, had or may have had an ownership interest of 10% or more in Executive Pension Design. I do not have any knowledge relating to the identity of any of the customers, clients, or tenants of Executive Pension Design and I do not have a right to an accounting of this information.

Because I know I must file this Statement of Economic Interests to the best of my knowledge, information, and belief, I have done the following to try to procure this information: *Check all that apply.*

- I have asked my spouse for this information, and my spouse has refused to provide it.
- I have asked my spouse for this information, my spouse has requested this information from \_\_\_\_\_, and \_\_\_\_\_ has refused to provide it.
- I have requested this information from \_\_\_\_\_, and \_\_\_\_\_ has refused to provide it.

Although I have no actual knowledge, I believe the customers, clients, and tenants of Executive Pension Design include the following organizations and lobbyists: UNKNOWN

The information I have listed on my Statement of Economic Interests and above is complete and correct to the best of my knowledge, information, and belief.

Kim Senglaub  
(signature)

3-6-01  
(date)

Kim Senglaub  
(print name as signed above)

State of Wisconsin  
County of Waukesha

Subscribed and sworn to before me this  
6<sup>th</sup> day of March, 2001.

[Signature]  
(signature of notary public)  
My commission expires 6-16-02

Gail Slaughter

## CURRICULUM VITAE

### GAIL C. SLAUGHTER

#### Personal Data

Home Address 2822 Lincoln Avenue, Two Rivers, WI, 54241  
Home Phone 920-794-1145  
Social Security Number 380-68-3306

#### Professional Education

May, 1986 Bachelor of Science - Occupational Therapy - University of Wisconsin -Milwaukee, WI

#### Professional Work History

9/03-Present Kohler Public Schools – Kohler, WI – Occupational Therapist  
8/00-Present Rehab Resources, Inc./Rehab Center of Sheboygan - Pediatric Occupational Therapist  
10/99-9/02 New Hope Center - Chilton, WI - Pediatric Occupational Therapist  
1/95-Present Private Practice – Occupational Therapist  
7/97-10/99 Two Rivers Community Hospital – Two Rivers, WI – Occupational Therapist, Pediatric and Adult Rehab  
9/92-6/95 Menomonee Falls School District – Menomonee Falls, WI – Pediatric Occupational Therapist  
3/88-9/92 St. Aemilian-Lakeside, Inc. – Milwaukee, WI – Pediatric Occupational Therapist  
1/87-3/88 New Medico Rehabilitation Center of Wisconsin – Waterford, WI – Occupational Therapist, Adult Head Injury Rehab  
8/86-1/87 Milwaukee Psychiatric Hospital – Wauwatosa, WI – Pediatric Occupational Therapist

#### Professional Registration

1986-Present State of Wisconsin License #1725-026  
Present NBCOT #301-990-7979  
1999 NDT Training Certification #2140  
2001-Present WOTA Member

#### Organization Membership

9/00-Present CCCase PTO, treasurer  
3/02-Present Lakeshore Unitarian Universalist Fellowship, president  
1/02-Present Unitarian Universalist Association North Central Area Council, Coordinator

Continuing Education

- 4/25-27/02      *Evaluation and Treatment of Sensory Processing Disorders-* Bonnie Hanschu
- 5/18/01      *Basic Kinesio Taping: Upper/Lower Extremity*
- 10/4/00      *International Association of Infant Massage Training*
- 11/98-7/99      NDT 8 Week Course – *Treatment of Children with Cerebral Palsy* – Milwaukee, WI
- 2/98      *Introduction to Handling of the Rob Cage* – Rona Alexander, PhD, SLP
- 3/97      *Assessment and Treatment of Arousal and attending in Infants and Young Children* – Georgia DeGangi, OTR, PhD, FAOTA
- 11/96      *Occupational Therapy Role in Treatment of Visual Dysfunction* – Dr. Dominic Maino and Shannon Downing-Baum, OTR
- 11/95      *NDT Handling Intensive* – Boehme Workshop
- 4/95      Southeast Wisconsin Autism Society Annual Conference
- 2/94      *Pediatric Myofascial Release* – John Barnes Workshop
- 4/93      *Advanced Topics in Hand Therapy for the Non-hand Therapist* – Sandi Artzburger, OTR
- 10/92      *Introduction to Neuro Developmental Treatment* – Boehme Workshop
- 5/91      *Sensory Integration Theory* – Lorna Jean King, OTR and Temple Grandin, PhD
- 3/91      Cranial-Sacral I Training – Upledger Institute
- 10/90      Pediatric Symposium – Patti Otter, Steven Kool, Regi Boehme, etc/
- 6/90      Avanti Camp St. Croix
- 6/89      Avanti Camp St. Croix

Professional Presentations

- 1/2002      *Theory and Principles of Sensory Integration Treatment* – Autism Society of the Lakeshore
- 2/00&2/01      *Sensory Development in Early Childhood* – Invest in Yourself Workshop, LTC
- 5/99      *Theory and Principles of Sensory Integration Treatment* – Communication Disorder and Early Childhood Education Department – UW-Oshkosh
- 10/97      *Autism Spectrum Disorders* – Northeastern Wisconsin Nurses Association
- 2/97      *Theory and Principles of Sensory Integration Treatment* – Autism Society of Southeastern Wisconsin
- 2/96      *Autism and the Role of Occupational Therapy* – Mount Mary College Occupational Therapy Department

Curriculum Vitae – Gail C. Slaughter – Page Three

- 3/96                    *Sensory Processing Disorders* – Two-day workshop for educators and therapists
- 2/96                    *Neurological Foundations for Behavior, Related to Adults with Autism* – Milwaukee, WI  
Group Home staff and family members of adult with Autism
- 1/96                    *Sensory Processing Disorders and Education Implications Related to Children with Autism,  
ADHD, Learning Disabilities, etc.* – Milwaukee Public Schools Early Childhood Personnel
- 10/94                   *Theory and Principles of Sensory Integration Treatment* – Education Staff working with  
children with Autism throughout Southeastern Wisconsin
- 10/94                   *Principles of Sensory Integration and the Effect on Attention, Arousal and Learning* –  
Support Group for parent of children with ADHD
- 3/92                    *Principles of Attention, Arousal and Attentional Difficulties* – St. Aemilian-Lakeside  
education, social work and childcare staff
- 10/90                   *Role of Occupational Therapy in Pediatrics* – UW-Milwaukee Introduction to Occupational  
Therapy, Guest Lecturer
- 11/88, 4/90, 11/91   *Use of Relaxation and Imagery to Improve Behavior Self-control* – WACBD Conference,  
CESA employees
- 7/90                    Coordinated and organized workshop on the administration of the “SPA” presented by Eileen  
Richter
- 9/89                    *Sensory Integration Theory and Classroom Implications* – St. Aemilian-Lakeside Education  
Department



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.

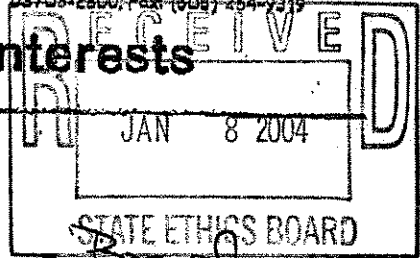
Sincerely,  
STATE OF WISCONSIN ETHICS BOARD

Nominee: Gail C. Slaughter  
Date: 1/9/04

Mail or fax to Wisconsin Ethics Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2600; Fax (608) 264-9319

# Statement of Economic Interests

Filed in 2003 for calendar year 2002



Name: SLAUGHTER, GAIL C.  
(last name, first name & initial)

State position: Occupational Therapy Licensing Board  
(held or sought) (include agency, division, branch or district, if applicable)

SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS.

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

## Part A Information current as of 12/18/2003

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

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/option/futures	bond	limited partnership	Wisconsin governmental security	mutual or money market fund	\$50,000 or less	More than \$50,000
<u>ING Variable Acct Goal</u>	✓					✓	
<u>ING Variable Acct, Sponser</u>	✓					✓	

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

Name of business (if any) or business activity, or address of real estate	Municipality	State	If real estate, list County	Describe nature of business
<u>Paul Slaughter, OTR Private practice</u>	<u>Two Rivers</u>	<u>WI</u>		<u>Provide OT services</u>

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

Business	Partners, or officers and directors	City	State

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

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

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

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



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

Business or organization	City	State	Position
Husband - Mishicot Education Assn	Mishicot	WI	President

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

Business or organization	City	State

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

Creditor	City	State	Amount	
			500,000 or less	More than 500,000
Shoreline Credit Union	Two Rivers	WI	✓	
CUNA Mutual Mortgage	Madison	WI	✓	✓

**Part B** For calendar year 2002

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

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Rehab Resources, Inc	Beaureham	WI	Pediatric Rehab Services
Mishicot Public School	Mishicot	WI	Education

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

Source of income	City	State
Private Practice for Occupational Therapy	Two Rivers	WI

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

Name of provider	City	State

10. List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to the Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

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

Daytime phone 920-901-1168  
 Signature of person filing: Saul Slaughter, DTR Date: 12/19/03 E-mail address: slaughterg@Kohler.K12.WI.US

The information sought in this form is required by §§19.43 and 18.44, 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.

DEC 14 2001

STATE OF WISCONSIN  
OFFICE OF THE GOVERNOR

December 13, 2001

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

Dear Senator Roessler:


Thank you for your recent letter recommending David Slautterback for appointment to the Board on Aging and Long Term Care.

We received numerous nominations and applications for the positions available on the Board. The Governor was especially pleased with the level of interest shown by citizens across the State.

Although Mr. Slautterback was not selected for a position at this time, please be assured we will retain his material on file for future openings.

Again, thank you for writing.

Sincerely,

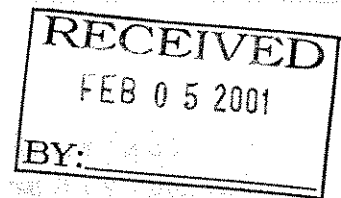
  
NORA K. WEBER  
Appointments Director

nkW



**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**



January 25, 2001

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Dr. William Solboe to the Occupational Therapists Affiliated Credentialing Board effective January 25, 2001, pursuant to the statute governing, to serve an initial term to expire July 1, 2003.

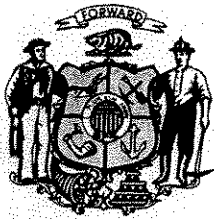
Dr. Solboe will be available to the Senate for hearings and my staff will assist in any way they can.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Tommy G. Thompson".

TOMMY G. THOMPSON  
Governor

TGT/nkw



**SCOTT McCALLUM**

**Governor  
State of Wisconsin**

**GOVERNOR'S APPOINTMENT**

**AMENDED NOTICE**

**NAME/MAILING ADDRESS:** Mr. William Solboe  
4209 N. Murray Avenue  
Shorewood, WI 53211

**E-MAIL ADDRESS:** wsolboe@mail.com

**RESIDES IN:** Shorewood

**TELEPHONE:** 414/332-7406 (H)

**OCCUPATION:** Disabilities Specialist  
Student Accessibility Center-UW Milwaukee

**APPOINTED TO:** Occupational Therapists Affiliated Credentialing Board  
(public member)

**TERM:** an initial term to expire July 1, 2003

**SUCCEEDS:** newly created in 1999 Wisconsin Act 180

**SENATE CONFIRMATION:** required

**DATE OF APPOINTMENT:** January 25, 2001

**DATE OF NOMINATION:** January 25, 2001

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

**AMENDED: 03/05/01**



STATE OF WISCONSIN  
**ETHICS BOARD**

RECEIVED  
MAR 08 2001  
BY:

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

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

Roth Judd  
Director

**Nominee:** William Solboe  
**Position:** Member, Occupational Therapists Affiliated Credentialing Board  
*(public member)*

**Statutory Reference:**

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

(am) Public members appointed under s. 15.406 shall not be, nor ever have been, licensed, certified, registered or engaged in any profession or occupation licensed or otherwise regulated by the affiliated credentialing board to which they are appointed, shall not be married to any person so licensed, certified, registered or engaged, and shall not employ, be employed by or be professionally associated with any person so licensed, certified, registered or engaged.

(b) The public members of the physical therapists affiliated credentialing board, podiatrists affiliated credentialing board or occupational therapists affiliated credentialing board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

15.406 Department of regulation and licensing; attached affiliated credentialing boards. (5) Occupational therapists affiliated credentialing board. There is created in the department of regulation and licensing, attached to the medical examining board, an occupational therapists affiliated credentialing board consisting of the following members appointed for 4-year terms:

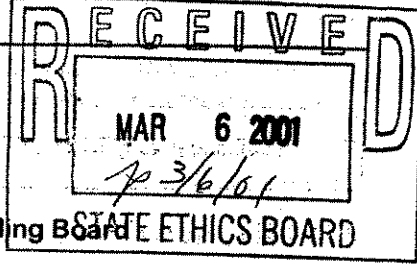
- (a) Three occupational therapists who are licensed under subch. VII of ch. 448.
- (b) Two occupational therapy assistants who are licensed under subch. VI of ch. 448.
- (c) Two public members.

3/7/01 w

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

# Statement of Economic Interests

Filed in 2001 for calendar year 2000



Name: Solboe, William  
 State position: Regulation & Licensing, Dept. of Member  
 (held or sought) Occupational Therapists Affiliated Credentialing Board

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

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

## Part A

As of December 31, 2000

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

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
SCUDDER GROWTH & INCOME					✓	✓	
PAINE WEBER MONEY FUND					✓	✓	
WADDELL & REED					✓	✓	

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

Name of business (if any) or business activity, or address of real estate	Municipality	State	If real estate, list County	Describe nature of business
SOLBOE SUNNFJORD LLC	SHOREWOOD	WI		DESKN / SALE OF BOARD GAME
1303 LOST DAUPHIN RD.	DE PERE	WI	BROWN	RENTAL PROPERTY

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

Business	Partners, or officers and directors	City	State
<del>SOLBOE SUNNFJORD LLC</del>	<del>WILLIAM SOLBOE</del>	<del>SHOREWOOD</del>	<del>WI</del>

b) For each enterprise that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or income-producing real estate, list COMMERCIAL CUSTOMERS, CLIENTS, and TENANTS, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2000.

Commercial customer, client, tenant, or lobbyist	City	State
ALEX VIGIL AND OTHER TENANTS OF 1313 LOST DAUPHIN RD.	DE PERE	WI

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

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

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

Business or organization	City	State	Position
SOLBOE SUNNFJORD LLC	SHREWOOD	WI	PRESIDENT

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

Business or organization	City	State
N/A		

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

Creditor	City	State	"✓" one	
			\$5,000 or less	More than \$5,000
FIRST BANK			✓	
IMAGINASIUM DESIGN STUDIO	GREEN BAY	WI	✓	
FIRST NORTHERN SAVINGS BANK	GREEN BAY	WI		✓

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

**Part B** For calendar year 2000

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

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
UNIVERSITY OF WISCONSIN - MILWAUKEE	MILWAUKEE	WI	DISABILITY SPECIALIST / STUDENT ADVISOR
MEDICAL COLLEGE OF WISCONSIN	BROOKFIELD	WI	TESTING TECHNICIAN

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

Source of income	City	State
RENTAL PROPERTY	DE PERE	WI

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

Name of provider	City	State

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

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

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

Signature of person filing: [Signature] Date: 3/2/01 Daytime phone #: (414) 229-6730

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

Office Review

**Jermstad, Sara**

---

**From:** William Solboe [william@dsad.uwm.edu]  
**Sent:** Thursday, March 15, 2001 2:17 PM  
**To:** 'Sen.Roessler@legis.state.wi.us'  
**Subject:** Senate Hearing / Occupational Therapist Affiliated Credentialing Board

Dear Senator Roessler -

I have been nominated for appointment as a public member of the Occupational Therapist Affiliated Credentialing Board. My hearing is scheduled for Wednesday, March 20th. If you have any questions or need any information from me before the hearing, please contact me. I look forward to meeting you and serving on the board.

William Solboe  
Disabilities Specialist  
University of Wisconsin Milwaukee  
Student Accessibility Center  
phone: (414) 229-6730  
fax: (414) 229-2237

*Register  
plsum  
in class*



AUG 27 2001

ARTHUR L. SRB  
2199 HIDDEN COVE LANE  
MOSINEE, WISCONSIN 54455  
715-693-3297

Senator Carol Roessler  
Room 403 100 N. Hamilton, State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Senator Roessler,

I am honored that Governor Scott McCallum has nominated me for appointment as a citizen member to the Wisconsin Dentistry Examining Board

My 40 years as a journalist covering statehouse issues, and over 60 years as a recipient of dental services have given me a healthy respect for the profession, and an appreciation for the importance of the examining board process.

I believe the analytical thinking and probing nature of my profession will stand me in good stead as a conscientious and productive member of the board. My resume is enclosed.

I would greatly appreciate your support of my candidacy, and would be pleased to meet with you by phone or in person, should you wish to do so.

Respectfully,



Arthur L. Srb

Att: 1

## Resume of

ARTHUR L. SRB  
2199 Hidden Cove Lane  
Mosinee, Wisconsin 54455  
Phone: 715-693-3297

I AM SEEKING OPPORTUNITIES TO BE OF SERVICE TO MY COMMUNITY AND MY STATE THROUGH ACTIVE PARTICIPATION AS A CITIZEN MEMBER OF ANY OF A NUMBER OF BOARDS UNDER GUBERNATORIAL APPOINTMENT.

My current activities include church, the Lions Club, and regular part-time employment, which keep me in contact with a broad spectrum of the public. In addition, I keep abreast of current events through daily newspapers as well as radio and television news.

### Professional Highlights:

- Forty Two years as a professional journalist with United Press and The Associated Press, covering my native Nebraska as well as Iowa, Illinois, and Wisconsin politics, general news, and sports.
- Thirty years as Correspondent, heading the Madison office of the Associated Press.
- 1997 Newsmen of the Year, as selected by my peers in Wisconsin
- 1995 winner of the Associated Press World-Wide Award for Enterprise Journalism
- Three years as a part-time member of Governor Thompson's Press Office

### Avocational Interests:

- Gardening: I enjoy this both at home as well as giving lawn and garden advice as part-time employment
- Presbyterian Church: An active choir member, as well as having served as both Deacon and Elder over the years.
- Member MonteVerdi Master Chorale, a baroque 80 voice audition choir which performs regionally in Central Wisconsin

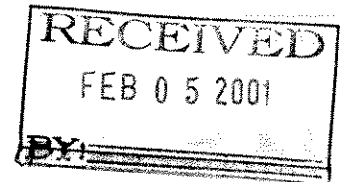
### Family:

- Father of two grown children:
  - John Srb: Aurora, Colorado
  - Deborah Srb Hardaway: Newport Coast, California



**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**



January 25, 2001

To the Honorable Members of the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Linda Roos-Stutz to the Occupational Therapists Affiliated Credentialing Board effective January 25, 2001, pursuant to the statute governing, to serve an initial term to expire July 1, 2002.

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

Respectfully submitted,

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

TOMMY G. THOMPSON  
Governor

TGT/nkw



**TOMMY G. THOMPSON**

**Governor  
State of Wisconsin**

**GOVERNOR'S APPOINTMENT**

**NAME/MAILING ADDRESS:** Linda Roos-Stutz  
1613 Fairlawn Avenue  
North Fond du Lac, WI 54937

**E-MAIL ADDRESS:** rstutz@execpc.com

**RESIDES IN:** North Fond du Lac

**TELEPHONE:** 920/929-3539 (W)  
920/923-5948 (H)

**OCCUPATION:** Certified Occupational Therapy Assistant  
Fond du Lac County

**APPOINTED TO:** Occupational Therapists Affiliated Credentialing Board  
(occupational therapist assistant)

**TERM:** an initial term to expire July 1, 2002

**SUCCEEDS:** newly created in 1999 Wisconsin Act 180

**SENATE CONFIRMATION:** required

**DATE OF APPOINTMENT:** January 25, 2001

**DATE OF NOMINATION:** January 25, 2001

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

1613 Fairlawn Av  
North Fond du Lac, WI 54937

Phone (920) 923-5948(H)  
(920)929-3539(W)  
E-mail rstutz@execpc.com

# Linda Roos-Stutz

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## Employment

May 1985-Present Fond du Lac County Department of Community Programs Fond du Lac, WI

### **Certified Occupational Therapy Assistant**

- Current responsibilities include: Documentation, Group Facilitation, Direct Patient Care/Contact, Maintaining Supplies and Equipment utilized by patient population, Input in Multidisciplinary Team Meetings, Quality Assurance/Consumer Satisfaction Survey Review, Student fieldwork supervision.
- Types of consumers served: Acute psychiatric clients, AODA, Developmentally Disabled, Adolescent/Conduct Disorders, and Geriatric/Dementia clients.

January 1985-May 1985 Manitowoc County Health Care Center

### **Certified Occupational Therapy Assistant**

Responsibilities included: Direct resident care/contact, Large group activity planning and facilitation, Recreational activities for both elderly and developmentally disabled residents.

## Education

1982 - 1984 Fox Valley Technical College Appleton, WI

### **Associate Degree Occupational Therapy Assistant**

1982 West Bend East High School High School Diploma

## Accreditation

NBCOT Certification March 1985

Wisconsin Dept.  
of Regulation and Licensing Certification 1991- Present

## Professional memberships

Current Wisconsin Occupational Therapy Association Member

Standard and Ethic Committee Chair WOTA November '94-'99.  
Wiscouncil Chair 1993-94

Member of the WOTA Conference Planning Committee '90 and '99

COE Student Representative '83-'84



STATE OF WISCONSIN  
**ETHICS BOARD**

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

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

Roth Judd  
Director

Nominee: Linda Roos-Stutz  
Position: Member, Occupational Therapists Affiliated Credentialing Board  
(*occupational therapist assistant*)

**Statutory Reference:**

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

(am) Public members appointed under s. 15.406 shall not be, nor ever have been, licensed, certified, registered or engaged in any profession or occupation licensed or otherwise regulated by the affiliated credentialing board to which they are appointed, shall not be married to any person so licensed, certified, registered or engaged, and shall not employ, be employed by or be professionally associated with any person so licensed, certified, registered or engaged.

(b) The public members of the physical therapists affiliated credentialing board, podiatrists affiliated credentialing board or occupational therapists affiliated credentialing board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

15.406 Department of regulation and licensing; attached affiliated credentialing boards. (5) Occupational therapists affiliated credentialing board. There is created in the department of regulation and licensing, attached to the medical examining board, an occupational therapists affiliated credentialing board consisting of the following members appointed for 4-year terms:

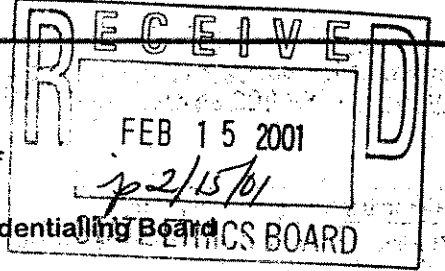
- (a) Three occupational therapists who are licensed under subch. VII of ch. 448.
- (b) Two occupational therapy assistants who are licensed under subch. VI of ch. 448.
- (c) Two public members.

2/15/01 CW

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

# Statement of Economic Interests

Filed in 2001 for calendar year 2000



Name: Roos-Stutz, Linda  
 State position: Regulation & Licensing, Dept. of Member  
 (held or sought) Occupational Therapists Affiliated Credentialing Board

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

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

## Part A

As of December 31, 2000

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

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited - partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
Fidelity Mutual Funds					X	✓	
Alger Mutual Funds					X	✓	
Putman					X	✓	
Kemper					X	✓	

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

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

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

Business	Partners, or officers and directors	City	State

b) For each enterprise that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or income-producing real estate, list COMMERCIAL CUSTOMERS, CLIENTS, and TENANTS, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2000.

Commercial customer, client, tenant, or lobbyist	City	State

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

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

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

Business or organization	City	State	Position
Wisconsin Occupational Therapy Association Wisconsin	Madison	WI	Standards & Ethics Chair
Village of North Fond du Lac (spouse)	North Fond du Lac	WI	Chair
			EMS Director

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

Business or organization	City	State

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

Creditor	City	State	"v" one	
			\$5,000 or less	More than \$5,000
Homeside Lending Company	San Antonio	TX	✓	
BANK ONE Savings & Loan	Fond du Lac	WI	✓	

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

**Part B** For calendar year 2000

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

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Fond du Lac County	Fond du Lac	WI	Mental Health Care
Village of North Fond du Lac	N. Fond du Lac	WI	Emergency Medical Services

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

Source of income	City	State

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

Name of provider	City	State

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

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

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

Linda M. Ross Statz  
Signature of person filing

2-12-01  
Date

(920) 929-2537  
Daytime phone

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

Office Review



## **Jermstad, Sara**

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**From:** Asbjornson, Karen  
**Sent:** Friday, February 23, 2001 8:11 AM  
**To:** Jermstad, Sara  
**Subject:** FW: Occupational Therapy Affiliated Credentialling Board Nominee

CR email - constit up before Human Services Committee

Karen Asbjornson  
Office of Senator Roessler  
Karen.Asbjornson@legis.state.wi.us

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

**From:** Randy Stutz [mailto:rstutz@execpc.com]  
**Sent:** Friday, February 23, 2001 7:01 AM  
**To:** Sen.Roessler@legis.state.wi.us  
**Subject:** Occupational Therapy Affiliated Credentialling Board Nominee

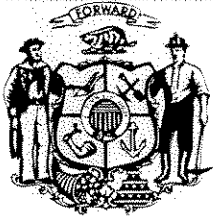
Dear Senator Roessler

My name is Linda Roos-Stutz. I am a resident of your district and we have had some previous conversations regarding OT issues. I am writing to you to clarify my background. I am coming before your committee of Human Services and Aging regarding my nomination to the OT Affiliated Credentialling Board.

I graduated from Fox Valley Technical College in 1984 with an Associate Degree as an Occupational Therapy Assistant. I have worked full time for the past 15 years for Fond du Lac County. I provide a variety of mental health consumers. Professionally, I am a member of the Wisconsin Occupational Therapy Association (WOTA). I am NBCOT certified. I have been the Chair of Wiscouncil 1993-1994 (which is a group of OTs in collaborating with the OT academic programs in WI). As a member of the WOTA Board of Directors, I held the Standard and Ethics Chair position 11/94-11/99. I continue to be a resource person for questions related to COTA supervision and use of OT aides in the clinic. I am very consumer oriented in my practice. I am motivated to make a positive contribution to the Occupational Therapy Affiliated Credentialling Board to help insure practicing OT's and OTA's are competent therapists, following guidelines set by the Dept. of Regulation and Licensing.

If I can answer any questions you may have about myself or my background please feel free to contact me at my e-mail address or my work phone #(920)929-3539. Thank you for your consideration. I look forward to meeting with you the day of the hearings. Linda Roos-Stutz

*Please put in file  
for hearing day*



**SCOTT McCALLUM**

**Governor  
State of Wisconsin**

January 7, 2002

To the Honorable Members of the Senate:

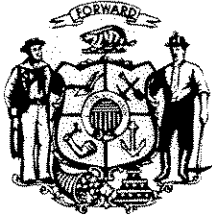
I am pleased to nominate and with the advice and consent of the Senate, do reappoint K. Denise Svetly to the Barbering and Cosmetology Examining Board effective July 1, 2002, pursuant to the statute governing, to serve a four year term to expire July 1, 2006.

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

Respectfully submitted,

Scott McCallum  
Governor

SM/nkw



**SCOTT McCALLUM**

**Governor  
State of Wisconsin**

**GOVERNOR'S APPOINTMENT**

**NAME/MAILING ADDRESS:** K. Denise Svetly  
Electrolysis Clinic of South Central Wisconsin  
924 Eighth Avenue  
Baraboo, WI 53913

**E-MAIL ADDRESS:** not available

**RESIDES IN:** Reedsburg

**TELEPHONE:** 608/356-5250 (W)  
608-524-5836

**OCCUPATION:** Licensed Electrologist  
Electrolysis Clinic of South Central Wisconsin

**APPOINTED TO:** Barbering and Cosmetology Examining Board  
(electrologist)

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

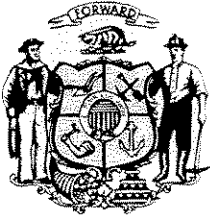
**SUCCEEDS:** herself

**SENATE CONFIRMATION:** required

**DATE OF APPOINTMENT:** July 1, 2002

**DATE OF NOMINATION:** January 7, 2002

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



SCOTT McCALLUM

Governor  
State of Wisconsin

January 7, 2002

K. Denise Svetly  
Electrolysis Clinic of South Central Wisconsin  
924 Eighth Avenue  
Baraboo, WI 53913

Dear Ms. Svetly:

This letter is to confirm your nomination to the Barbering and Cosmetology Examining Board effective July 1, 2002 to serve a four year term to expire July 1, 2006.

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

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

Sincerely,

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

Scott McCallum  
Governor

SM/nkw



# Electrolysis Clinic of South Central Wisconsin

924 Eighth Avenue • Baraboo, Wisconsin 53913 • (608) 356-5250

K. Denise Svetly

## Professional Experience

March 1998 - Present

Electrolysis Clinic of South Central Wisconsin  
924 Eighth Avenue  
Baraboo, Wisconsin 53913  
(608) 356-5250  
Wisconsin State Licensed Electrologist/Owner

- Demonstrate professional skills, knowledge and abilities consistent with current recognized and accepted professional standards of practice.
- Assess health status of all clients and maintain/update health records as needed throughout the course of treatment.
- Plan client treatment goals including consideration of clients' perspectives and expectations.
- Provide clients with information relevant to the electrology process which enable informed decisions regarding treatment.
- Monitor clients' responses to treatment and revise treatment plans as needed throughout the course of treatment.
- Comply with applicable Federal, State and Local regulations and laws which affect the practice of electrology.
- Participate in activities that promote professional growth and development including maintaining memberships in relevant professional organizations.
- Participate in appropriate continuing educational activities to maintain and enhance professional knowledge and skills.



May '94 - June '95      Wisconsin Dells Visitor and Convention Bureau  
701 Superior Street  
Wisconsin Dells, Wisconsin 53965  
(608) 254-8088  
Position: Group Tour Services/Administrative Assistant

- Provided informational services to all group inquiries at the Visitor Bureau.
- Developed, organized and implemented familiarization tours throughout the Wisconsin Dells area.
- Provided administrative support to all Visitor Bureau staff.

August '91 - January '94      Market Day Corporation  
1250 North Mittel Boulevard  
Wood Dale, Illinois 60191-1076  
Position: Zone Sales Manager

- Managed the East Zone of the Chicago District consisting of an outside sales agent and team of 16 staff.
- Planned and conducted monthly sales meetings to introduce new guidelines, present new products, share promotional ideas, encourage team spirit and provide personal and professional training.
- Responsible for new account acquisitions including presentations to school boards, PTA/PTO groups, school administrators, etc.

August '85 - August '91      Fuji Photo Film USA, Inc.  
1285 Hamilton Parkway  
Itasca, Illinois 60143-1147  
(708) 773-7200  
Position: Supervisor - Equipment/Parts

- During my employment with Fuji, I held a variety of positions:

Supervisor: Equipment/Parts	1989-1991
Equipment/Parts Coordinator	1988-1989
Senior Product Control Specialist	1987-1988
Product Control Coordinator	1986-1987
Secretary	1985-1986

## Education

Eau Claire School of Electrolysis  
2115 East Clairemont Avenue #3A  
Eau Claire, Wisconsin 54701-4769  
(715) 832-1183  
Graduated - December 9, 1997

Illinois State University  
Normal, Illinois  
1980-1985  
Degree: Bachelor's of Science in Education

Grenoble University  
Grenoble, France  
1984 - Study Abroad Program

## Professional Memberships

- Wisconsin Electrology Association
- American Electrology Association

## Professional References

Joyce Munson, R.N., C.P.E.  
Eau Claire School of Electrolysis  
2115 East Clairemont Avenue #3A  
Eau Claire, Wisconsin 54701-4769  
(715) 832-1183

Bonnie Buri, L. E.  
First Choice Electrolysis  
808 30<sup>th</sup> Street  
Monroe, Wisconsin 53566  
(608) 328-2874

Mike & Lyn Robinson  
Lookin' Good Hair Design  
924 Eighth Avenue  
Baraboo, Wisconsin 53913  
(608) 356-5250



STATE OF WISCONSIN  
**ETHICS BOARD**

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

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

Roth Judd  
Director

**Nominee:** K. Denise Svetly  
**Position:** Member, Barbering & Cosmet. Exam. Bd.  
Regulation & Licensing, Dept. of  
(*electrologist*)

**Statutory Reference:**

15.08 Examining boards and councils. (1) SELECTION OF MEMBERS. All members of examining boards shall be residents of this state \* \* \* No member may serve more than 2 consecutive terms. No member of an examining board may be an officer, director or employe of a private organization which promotes or furthers the profession or occupation regulated by that board.

(1m)(am) Public members appointed under s. 15.405 or 15.407 shall not be, nor ever have been, licensed, certified, registered or engaged in any profession or occupation licensed or otherwise regulated by the board, examining board or examining council to which they are appointed, shall not be married to any person so licensed, certified, registered or engaged, and shall not employ, be employed by or be professionally associated with any person so licensed, certified, registered or engaged.

15.405(17) BARBERING AND COSMETOLOGY EXAMINING BOARD. \* \* \* The barbering and cosmetology examining board shall consist of 9 members appointed for 4-year terms. Four members shall be licensed barbers or cosmetologists, 2 members shall be public members, one member shall be a representative of a private school of barbering or cosmetology, one member shall be a representative of a public school of barbering or cosmetology and one member shall be a licensed electrologist. Except for the 2 members representing schools, no member may be connected with or have any financial interest in a barbering or cosmetology school . . .

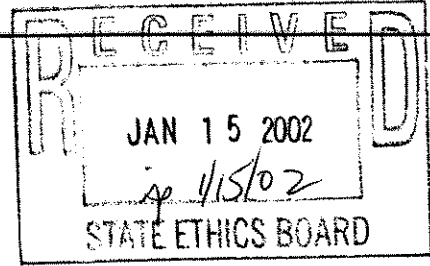
1/17/02 cc

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



# Statement of Economic Interests

Filed in 2002 for calendar year 2001



Name: Svetly, K. Denise

State position: Regulation & Licensing, Dept. of Member  
(held or sought) Barbering & Cosmet. Exam. Bd.

SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS.

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

## Part A As of December 31, 2001

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

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
PUTNAM NEW OPPORTUNITIES CI-A					✓	✓	
PUTNAM VOYAGEUR FUND CI-A					✓	✓	
PUTNAM INVESTORS FUND CI-B					✓	✓	
PUTNAM VISTA FUND CI-B					✓	✓	
PUTNAM VOYAGEUR FUND CI-B					✓	✓	

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

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

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

Business	Partners, or officers and directors	City	State
N/A			

b) For each enterprise you listed in Item #2 that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or income-producing real estate, list BUSINESSES, ORGANIZATIONS, and any LOBBYISTS that were CUSTOMERS, CLIENTS, or TENANTS that paid the enterprise \$1,000 or more in calendar year 2001.

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

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

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

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

Business or organization	City	State	Position
N/A			

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

Business or organization	City	State
N/A		

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

Creditor	City	State	"✓" one	
			\$5,000 or less	More than \$5,000
HOMESIDE LENDING	PALATINE, IL	IL		✓
15 NATIONAL OF BARABOO	BARABOO	WI	✓	

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

**Part B**

For calendar year 2001

8. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2001.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
ELECTROLYSIS CLINIC OF S.C. WISCONSIN	BARABOO	WI	SERVICE, ELECTROLYSIS
FED. CORRECT. INSTITUTE - OXFORD DEPT. OF JUSTICE	OXFORD	WI	DEPT. OF JUSTICE

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

Source of income	City	State

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

Name of provider	City	State

11. List, for 2001, sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to the Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

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

Signature of person filing: K. Denise Swets Daytime phone #: 608-356-5250  
 Date: JAN 13 2002 E-mail address: denise@jv.net.com

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