

WISCONSIN STATE
LEGISLATURE
COMMITTEE HEARING
RECORDS

2005-06

(session year)

Senate

(Assembly, Senate or Joint)

Committee on
Agriculture and
Insurance
(SC-AI)

File Naming Example:

Record of Comm. Proceedings ... RCP

- > 05hr_AC-Ed_RCP_pt01a
- > 05hr_AC-Ed_RCP_pt01b
- > 05hr_AC-Ed_RCP_pt02

COMMITTEE NOTICES ...

> Committee Hearings ... CH (Public Hearing Announcements)

> **

> Committee Reports ... CR

> **

> Executive Sessions ... ES

> **

> Record of Comm. Proceedings ... RCP

> **

INFORMATION COLLECTED BY COMMITTEE
CLERK FOR AND AGAINST PROPOSAL

> Appointments ... Appt

> **05hr_SC-AI_Appt_pt25**

Name: M. Greer

> Clearinghouse Rules ... CRule

> **

> Hearing Records ... HR (bills and resolutions)

> **

> Miscellaneous ... Misc

> **



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

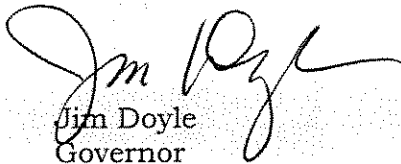
March 12, 2004

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Marthina L. Greer to be a veterinarian of the Veterinary Examining Board to serve a term expiring July 1, 2007.

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

Respectfully submitted,


Jim Doyle
Governor

JED:AW



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

March 12, 2004

Dr. Marthina L. Greer
W1934 County Trunk Highway AY
Lomira, WI 53048

Dear Dr. Greer:

I am pleased to appoint you to the Veterinary Examining Board, effective March 12, 2004. Your experience, knowledge, and dedication will be a true asset to my administration and a great benefit to the people of Wisconsin.

I look forward to working with you to find creative ways of delivering services and implementing positive change for the citizens of our state.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jim Doyle".

Jim Doyle
Governor

JED:AW



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

GOVERNOR'S APPOINTMENT

NAME: Marthina L. Greer
MAILING ADDRESS: W1934 County Trunk Highway AY
Lomira, WI 53048
E-MAIL ADDRESS: doublelegs@dotnet.com
RESIDES IN: Lomira, WI
TELEPHONE: (920) 269-4072 (w)
(920) 583-4059 (h)
OCCUPATION: Veterinarian
APPOINTED TO: Veterinary Examining Board
veterinarian
TERM: A term to expire July 1, 2007
SUCCEEDS: William Bartlett
SENATE CONFIRMATION: Yes
DATE OF APPOINTMENT: March 12, 2004
DATE OF NOMINATION: March 12, 2004

MARTHINA L. GREER D.V.M.
W1934 County Trunk Highway AY
Lomira WI 53048
920-583-4059, cell 920-979-6393
doublelegs@dotnet.com

(920) 269-4072 - work w/ ref.
(920) 269-7277 FAX E.T.

Skills Summary

Owner 1982 to present
Solo practitioner 1982 to 1995. Associates added 1995 to present
General small animal practice with emphasis on responsible pet ownership, nutrition, reproduction, and preventive medicine.
Manage staff of 3 doctors, technicians, lay staff, dog groomers, and dog trainers, total of 20 staff members 1982 to present.
Clinical Nutrition Trials for Hill's Pet Food 1997 to present.
Clinical Pharmaceutical Trials for Deprenyl Animal Health and Abbott 1995-1996.

Activities

- **WVMA Grievance Committee 2001 to 2003, chairperson, 2002 and 2003**
- **Canine Companions for Independence Volunteer Puppy Raiser 1995-2000.**
- **Northeast Wisconsin Veterinary Medical Association President 1996-1997.**
- **Lomira Public Library President 1995-2000.**
- **Member: WVMA, NEWVMA, Fond du Lac County Kennel Club, Lomira Chamber of Commerce, Pembroke Welsh Corgi Club of America.**

Employment

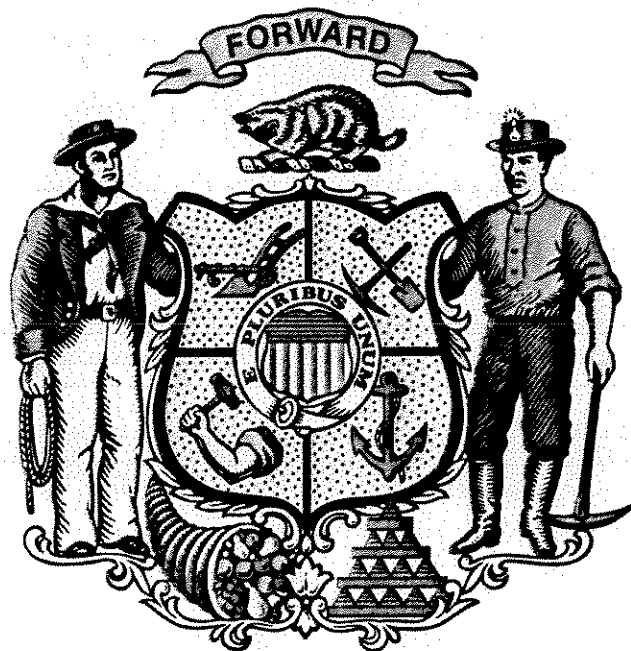
- **BROWNSVILLE/LOMIRA SMALL ANIMAL CLINIC LLC, Lomira WI 53048**
- **Owner, 1982 to Present**
- **Crawford Animal Hospital, West Allis Wisconsin, Staff Veterinarian 1982-1986.**
- **Animal Emergency Clinic, Milwaukee Wisconsin, Staff Veterinarian 1981-1982.**

Education

Doctor of Veterinary Medicine (D.V.M.) with honors, 1981.
Iowa State University College of Veterinary Medicine, Ames, Iowa.
Bachelor of Science (B.S.) with honors, 1978.
Iowa State University, Ames, Iowa.

Honors

Phi Zeta Honorary, Iowa State University College of Veterinary Medicine, 1980.
Phi Beta Kappa Honorary, Iowa State University, 1978.
Alpha Lambda Delta Honorary, Iowa State University, 1975.





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.

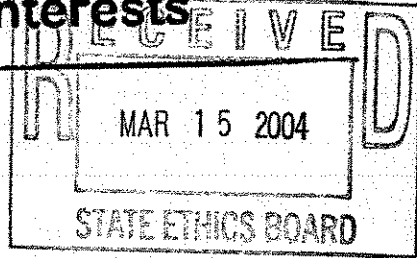
Sincerely,
STATE OF WISCONSIN ETHICS BOARD

Nominee: Marthina L. Greer
Date: 3/16/04

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

Statement of Economic Interests

Filed in 2004 for calendar year 2003



Name: MARTINA L. GREER
 (last name, first name & initial)

State position: VETERINARY EXAMINING BOARD
 (held or sought) (include agency, division, branch or district, if applicable)

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

Part A

As of December 31, 2003

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

Name of security	Type of security - "/>one					Amount - "/>one	
	stock/option/futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
STRONG FUNDS (ASSORTED)					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
VANGUARD 500 INDEX FUNDS					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WACITANIA SCORPER DYNAMIC G FUND					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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

Name of business (if any) or business activity, or address of real estate	Municipality	State	If real estate, list County	Describe nature of business
Brownsville LOMIRA SMALL ANIMAL	LOMIRA	WI	DODGE	VETERINARY HOSPITAL
Brownsville VET CLINIC	Brownsville	WI		VETERINARY BUSINESS
W934 CTH AY	LOMIRA	WI	DODGE	FARM LAND REALTY

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
Brownsville LOMIRA SMALL ANIMAL	MARTINA GREER DANIEL GRIPPITAI	LOMIRA	WI
Brownsville VET CLINIC	DANIEL GRIPPITAI	Brownsville	WI

b) For each enterprise you listed in item #2 that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or income-producing real estate, list BUSINESSES, ORGANIZATIONS, and any LOBBYISTS that were CUSTOMERS, CLIENTS, or TENANTS that paid the enterprise \$1,000 or more in calendar year 2003.

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

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
M&T BANK	LOMIRA	WI		
TERESA STATE BANK	LOMIRA	WI		
MORTGAGE SERVICE CENTER				
MBNA AMERICA - CREDIT CARD				

Part B For calendar year 2003

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

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
BROWNVILLE ANIMAL CLINIC	LOMIRA	WI	VETERINARY HOSPITAL

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

Source of income	City	State

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

Name of provider	City	State

10. List, for 2003, sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to the Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

I certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. In the event this Statement of Economic Interests is filed prior to December 31, 2003, I certify that I will amend it on or before January 9, 2004 if amendment is necessary to bring it into conformity with the true statement of my economic interests as of December 31, 2003. If any part has been left blank, I have done so intentionally because there is nothing to report.

Daytime phone #: 920 583 4059
 Signature of person filing: Mathew Greer Dm Date: 2/29/04
 E-mail address: doublegs@dstnet.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 §18.04(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.