

☞ **09hr\_SC-HHIPTRR\_Appt\_Joseph\_pt01**



Maria Joseph

(FORM UPDATED: 08/11/2010)

**WISCONSIN STATE LEGISLATURE ...  
PUBLIC HEARING - COMMITTEE RECORDS**

**2009-10**

(session year)

**Senate**

(Assembly, Senate or Joint)

**Committee on ... Health, Health Insurance,  
Privacy, Property Tax Relief, and Revenue  
(SC-HHIPTRR)**

**COMMITTEE NOTICES ...**

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

**INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL**

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)  
(**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)  
(**sb** = Senate Bill)                              (**sr** = Senate Resolution)                              (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

## Senate

### Record of Committee Proceedings

#### **Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue**

**Joseph, Maria**, of Madison, as a member of the Board of Nursing, to serve for the term ending July 1, 2013.

October 05, 2009      Referred to Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue.

January 13, 2010      **PUBLIC HEARING HELD**

Present:    (7)      Senators Erpenbach, Carpenter, Robson, Lassa, Lazich, Kanavas and Darling.  
Absent:    (0)      None.

Appearances For

- Maria Joseph, Madison

Appearances Against

- None.

Appearances for Information Only

- None.

Registrations For

- Libby Gerds — Office of Governor Jim Doyle

Registrations Against

- None.

Registrations for Information Only

- None.

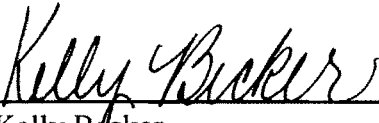
January 13, 2010      **EXECUTIVE SESSION HELD**

Present:    (7)      Senators Erpenbach, Carpenter, Robson, Lassa, Lazich, Kanavas and Darling.  
Absent:    (0)      None.

Moved by Senator Carpenter, seconded by Senator Lassa that **Joseph, Maria** be recommended for confirmation.

Ayes: (7) Senators Erpenbach, Carpenter, Robson,  
Lassa, Lazich, Kanavas and Darling.  
Noes: (0) None.

CONFIRMATION RECOMMENDED, Ayes 7, Noes 0

  
\_\_\_\_\_  
Kelly Becker  
Committee Clerk

1/13/10  
??

# Vote Record Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

Date: 1/13/09

Moved by: Carp.

Seconded by: Lassa

Appointments  
Enmarse

AB \_\_\_\_\_

SB \_\_\_\_\_

Clearinghouse Rule \_\_\_\_\_

AJR \_\_\_\_\_

SJR \_\_\_\_\_

Appointment \_\_\_\_\_

AR \_\_\_\_\_

SR \_\_\_\_\_

Other \_\_\_\_\_

Basting, T.  
Franklin, L.  
Joseph, M.  
Keintz, R.  
Klinowicz, J.  
Westendorf, M.

A/S Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_

A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

Be recommended for:

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

Committee Member

**Senator Jon Erpenbach, Chair**

Aye      No      Absent      Not Voting

**Senator Tim Carpenter**

**Senator Judith Robson**

**Senator Julie Lassa**

**Senator Mary Lazich**

**Senator Ted Kanavas**

**Senator Alberta Darling**

Totals: \_\_\_\_\_

Motion Carried

Motion Failed

Hea Hh

State of Wisconsin Government Accountability Board

Ethics & Accountability Division  
44 East Main, Ste. 601  
Madison, WI 53703  
Phone (608) 266-8123  
Fax (608) 264-9319  
E-mail: ethics@ethics.state.wi.us



KEVIN J. KENNEDY  
Director and General Counsel

10/6/2009

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 GOVERNMENT  
ACCOUNTABILITY BOARD

Nominee: **Joseph, Maria**

Nomination Date: 9/16/2009

**RECEIVED**

Mall box (to) Wisconsin Government Accountability Board, P.O. Box 2973, Madison, WI 53708-2973

**Statement of Economic Interests**

Filed in 2009 for calendar year 2008

OCT - 5 - 2009

Name: Joseph Maria  
(last name, first name & initial)

*TEW*  
Wisconsin Government Accountability Board  
Ethics & Accountability Division

State position: None  
(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.gov>.  
SUI have questions? For priority service send an e-mail to: [ethics@ethics.state.wi.gov](mailto:ethics@ethics.state.wi.gov); otherwise leave a detailed message at (800) 266-8123.  
\*\*Attach additional pages as needed/Please See Instructions.\*\*

**Part A** Information current as of 7/16/2009  
Insert actual or approximate date here

**1. INVESTMENTS.**

a) Funds Available in Wisconsin Deferred Compensation Program. These funds are available to participants in the Wisconsin Deferred Compensation program and many of them are also available for direct purchase, independent of that program. If you held an investment of \$5,000 or more in any of these funds - either directly or through the program - please check the appropriate box.

	Less than \$50,000			More than \$50,000			More than \$50,000	
	\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000
<del>Professional Services</del>			<del>Small Cap</del>			<del>Bond</del>		
Vanguard Retirement 2045			BGI Russell 2000 Index			BGI US Debt Index		
Vanguard Retirement 2025			DFA US Micro Cap			Federated US Government Securities 2-5 Yr.		
Vanguard Retirement 2025			<del>Mid Cap</del>			Vanguard Long-Term Investment Guide Adm		
Vanguard Retirement 2015			BGI Mid Cap Equity Index			<del>Money Market</del>		
Vanguard Target Retirement Income			T. Rowe Price Mid Cap Growth			Vanguard Admiral Treasury Money Market		
<del>Corporate Bonds</del>			<del>Large Cap</del>			<del>Fixed Return</del>		
American Euro Pacific Growth			Calvert Social Investment Equity			Stable Value Fund		
BGI EAFE Equity Index			Fidelity Contrafund			FDIC Bank Option		
			Vanguard Institutional Index Fund Plus					
			Vanguard Wellington - Admiral Shares					

b) Other Investments. List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.

Name of security	Type of security - <input checked="" type="checkbox"/> one					Amount - <input checked="" type="checkbox"/> one	
	Stock/option/futures	Bond	Limited partnership	Wisconsin governmental security	Mutual or money market fund	\$5,000 to \$50,000	More than \$50,000

Not Applicable - Number One Parks A and B,

2. **BUSINESS ACTIVITIES.** List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

a) Enterprise(s) operating under a business or trade name, list here.

Name of business	Municipality or Town	County	State	Describe nature of business

b) Enterprise(s) NOT operating under a business or trade name, list here.

Street address or fire number	Municipality or Town	County	State	Describe nature of business

3. **COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS.** For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, list businesses, organizations, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2008.

Check if the organization authorized you to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative.

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

4. **BUSINESS PARTNERS.** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business	Partners, or officers and directors	City	State

5. **NON-COMMERCIAL REAL ESTATE.** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you listed in Item 2).

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

6. **OFFICERS AND DIRECTORS.** List organizations of which you or a family member was an officer or director (unless listed in Item #2.)

Business or organization	City	State	Position

Numbers 2, 3, 4, 5 and 6. Not Applicable.

7. AGENT, REPRESENTATIVE OR SPOKESPERSON. List each organization that authorized you or a family member to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless listed in Item 2, 3, or 6.)

Business or organization	City	State
not applicable		

8. CREDITORS. 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
U.W. Credit Union	Madison	WI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CITI MORTGAGE				

**Part B**

For calendar year 2008

9. EMPLOYERS. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2008.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
1. Karmenta Center 2-21-07 to 7-6-08	Madison	WI	Nursing Home
2. Oak Park Place 7-1-08 to Present	Madison Cottage Grove	WI	Nursing Home

10. ADDITIONAL SOURCES OF INCOME. List other sources from which you or your family received income of \$1,000 or more in 2008.

Source of income	City	State
Maintenance from Divorce	Madison	WI

11. ENTERTAINMENT AND GIFTS. List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2008.

Name of provider	City	State
not applicable		

12. HONORARIA AND EXPENSES. List, for 2008, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Government Accountability Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
not applicable			

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.

*Maria Joseph* 09/11/09  
Signature of person filing Date

Daytime phone # (608) 288-8087

E-mail address MERSHY12@hotmail.com

The information sought in this form is required by §§18.43 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 Government Accountability Board will notify you of the identity of any person who examines your Statement. In accordance with §18.04(1)(m), Wisconsin Statutes, the Government Accountability Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.





**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

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October 5, 2009

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Maria Joseph to be a LPN on the Board of Nursing to serve a term expiring July 1, 2013.

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

Respectfully submitted,



Jim Doyle  
Governor



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

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October 5, 2009

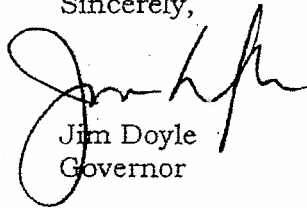
Ms. Maria Joseph  
2925 Wimbledon Way  
Madison, WI 53713

Dear Ms. Joseph:

I am pleased to appoint you to the Board of Nursing, effective September 16, 2009. 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,



Jim Doyle  
Governor



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

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GOVERNOR'S APPOINTMENT

**NAME:** Maria Joseph

**MAILING ADDRESS:** 2925 Wimbledon Way  
Madison, WI 53713

**E-MAIL ADDRESS:** mershy12@hotmail.com

**RESIDES IN:** Madison, WI

**TELEPHONE:** 608-249-2137 (w)  
608-288-8087 (h)

**APPOINTED TO:** Board of Nursing  
LPN

**TERM:** A term to expire July 1, 2013

**SUCCEEDS:** Ms. Margaret J. Heine

**SENATE CONFIRMATION:** YES

**DATE OF APPOINTMENT:** September 16, 2009

**DATE OF NOMINATION:** September 16, 2009

608. 249. 2137 (B)  
608. 469. 4533 (C)  
608. 288. 8087 (H)

**Maria Joseph**  
**2925 Wimbledon Way**  
**Madison, WI. 53713**

**Summary of Qualifications:**

Five years experiences a Licensed Practical Nurse. Prior to that, worked as both a Co-worker and an Outreach Worker with the "Missionaries of Charity", an organization founded by Mother Teresa in Calcutta India.

**Work Experience;**

**Licensed Practical Nurse, 2007 – Present**  
**Karmenta Health Center, Madison, Wisconsin**

In this capacity, my duties include, administration of medications, injections and direct patient care

- Proficient in dementia care specific to Alzheimer's disease and geriatric care.
- Managing and directing Certified Nursing Assistants

**Licensed Practical Nurse, 2003 – 2007**  
**Oak Park Nursing and Rehabilitation, Madison Wisconsin.**

- In this capacity, my duties include, administration of medications, injections and direct patient care
- Proficient in dementia care specific to Alzheimer's disease and geriatric care.
- Managing and directing Certified Nursing Assistants

**Coordinator of Summer Camps – 1990 – 1997, Cochin, India**  
Teacher and organizer for all activities at summer camp. Activities included children's theatre, music, Arts and crafts and clay modeling.

**Specialized Teaching – 1983- 1990, Raksha School, India**

- Taught students with disabilities activities of daily living

**Education**

**Licensed Practical Nurse: Madison Area Technical College – 2003**

**Teaching Degree :** Specialized in British Methods of Teaching – 1982, Loreto College, Calcutta, India