

09hr\_SC-HHIPTRR\_Appt\_Klimowicz\_pt01



Jason Klimowicz

(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**

**Klimowicz, Jason**, of Madison, as a member of the Health Insurance Risk-Sharing Plan Authority, to serve for the term ending May 1, 2011.

September 30, 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

- Jason Klimowicz, 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 **Klimowicz, Jason** be recommended for confirmation.

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

CONFIRMATION RECOMMENDED, Ayes 7, Noes 0

A handwritten signature in cursive script that reads "Kelly Becker". The signature is written in black ink and is positioned above a horizontal line.

Kelly Becker  
Committee Clerk

1/13/10  
2,2

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

Senator Tim Carpenter

Senator Judith Robson

Senator Julie Lassa

Senator Mary Lazich

Senator Ted Kanavas

Senator Alberta Darling

	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Senator Jon Erpenbach, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Tim Carpenter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Judith Robson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Julie Lassa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Mary Lazich	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Ted Kanavas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Alberta Darling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Motion Carried

Motion Failed

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](mailto:ethics@ethics.state.wi.us)



KEVIN J. KENNEDY  
Director and General Counsel

9/29/2009

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: **Kilmowicz, Jason**  
Nomination Date: 9/10/2009

Mail or fax to: Wisconsin Government Accountability Board, P.O. Box 2973, Madison, WI 53701-2973; Fax: (608) 264-9319

# Statement of Economic Interests

Filed in 2009 for calendar year 2008

**RECEIVED**

Name: Klimowicz, Jason H  
(last name, first name & initial)

State position: HIRSP Authority Board of Directors  
(held or sought) (include agency, division, branch or district, if applicable)

SEP 25 2009

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT [www.wisconsin.gov](http://www.wisconsin.gov)... **Wisconsin Government Accountability Board**  
Ethics & Accountability Division

\*\*Attach additional pages as needed/Please See Instructions.

Part A Information current as of 9/4/2009  
insert nomination/appointment 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.

	one			one			one	
	\$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
<b>Life Series</b>			<b>Small Cap</b>			<b>Bond</b>		
Vanguard Retirement 2045			BGI Russell 2000 Index			BGI US Debt Index		
Vanguard Retirement 2035			DFA US Micro Cap			Federated US Government Securities 2-5 Yr.		
Vanguard Retirement 2025			<b>Mid Cap</b>			Vanguard Long-Term Investment Grade Adm		
Vanguard Retirement 2015			BGI Mid Cap Equity Index			<b>Money Market</b>		
Vanguard Target Retirement Income			T. Rowe Price Mid Cap Growth			Vanguard Admiral Treasury Money Market		
			<b>Large Cap</b>			<b>Fixed Returns for the Quarter</b>		
			Calvert Social Investment Equity			Stable Value Fund		
			Fidelity Contrafund			FDIC Bank Option		
<b>International</b>								
American Euro Pacific Growth								
BGI EAFE Equity Index			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

**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).

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

**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

**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
Summit Credit Union	MADISON	WI		✓

**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
Disability Rights Wisconsin	MADISON	WI	Law Firm
Dane County Mental Health	MADISON	WI	Mental health provider
Mental Health Solutions	MADISON	WI	Mental health provider
Fiscal Assistance	MADISON	WI	Personal care provider

**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


**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

**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

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.

Signature of person filing:  Date: 9-4-09 Daytime phone #: 608-267-0214 E-mail address: Jason.Klimowicz@DRWI.org

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 Government Accountability Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(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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September 10, 2009

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Jason Klimowicz to be a Consumer Advocate on the Health Insurance Risk-Sharing Plan Authority to serve a term expiring May 1, 2011.

Mr. Klimowicz 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 "Jim Doyle".

Jim Doyle  
Governor



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

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September 10, 2009

Mr. Jason Klimowicz  
959 Clarence Court  
Madison, WI 53715

Dear Mr. Klimowicz:

I am pleased to appoint you to the Health Insurance Risk-Sharing Plan Authority, effective September 10, 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,

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

Jim Doyle  
Governor



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

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GOVERNOR'S APPOINTMENT

**NAME:** Jason Klimowicz

**MAILING ADDRESS:** 959 Clarence Court  
Madison, WI 53715

**E-MAIL ADDRESS:** jason.klimowicz@drwi.org

**RESIDES IN:** Madison, WI

**TELEPHONE:** 608-217-1182 (h)

**APPOINTED TO:** Health Insurance Risk-Sharing Plan Authority  
Consumer Advocate

**TERM:** A term to expire May 1, 2011

**SUCCEEDS:** Ms. Dianne Greenley

**SENATE CONFIRMATION:** YES

**DATE OF APPOINTMENT:** September 10, 2009

**DATE OF NOMINATION:** September 10, 2009

**JASON H. KLIMOWICZ**

959 Clarence Court

Madison, WI 53715

(608) 217-1182

[jason.klimowicz@drwi.org](mailto:jason.klimowicz@drwi.org)

**Education**

University of Wisconsin-Madison:

*Juris Doctor cum laude, May 1995*

Top 15% of Class

Member of Moot Court Board, 1993-1994

American Jurisprudence Award in Torts.

Dean's Honor List, Fall 1992

*Bachelor of Science Electrical Engineering, May 1991*

Dean's Honor List, Fall 1987

**Legal Experience**

**Disability Rights Wisconsin - Madison, WI**

*Attorney*

*2005 to Present*

My responsibilities include providing technical support and training to Disability Benefit Specialists at Aging and Disability Resource Centers throughout Wisconsin. The areas of support and training include public and private benefits such as Social Security Disability Insurance, Supplemental Security Income, Medicare, Medicaid, COBRA, HIRSP, and Employer Group Health Insurance. I also represent clients before administrative law judges and courts in public benefit cases.

**UAW Legal Services - Janesville, WI**

*Attorney*

*2002 to 2005*

My responsibilities included real estate, contracts, and consumer rights litigation. My duties also included representing clients during all aspects of real estate transactions. I was responsible for managing a high volume of cases in an efficient manner.

**Sole Practitioner - Madison, WI**

*Attorney*

*1995 to 2002*

My practice consisted of litigating tenant and consumer rights cases and criminal and juvenile delinquency cases at the trial and appellate level. My practice also included civil rights, bankruptcy, and personal injury law.

**Wisconsin Coalition for Advocacy - Madison, WI**

*Law Clerk*

*1994 to 1995*

My responsibilities included researching and drafting briefs, motions, and memoranda. I interviewed patients at mental health institutions and advocated on their behalf.

**Legal Experience cont.**

**Judge Richard Brown, Wisconsin Court of Appeals District II**

*Law Clerk Internship*

*Spring 1994*

My duties included researching and writing memoranda and drafting opinions.

**Legal Action of Wisconsin, Inc. – Kenosha, WI**

*Law Clerk Internship*

*Summer 1993*

I researched and wrote briefs. I informed clients of their family and public benefit rights.

**Awards and Seminars**

2008 Disability Hearings Seminar CLE – presented on Social Security Law

2002 National Business Institute CLE - presented on landlord-tenant law

2001 Lorman CLE – presented on landlord-tenant law

1997 Western District of Wisconsin Bar Association Pro Bono Service Award