



Jason Walker-Crawford

(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**

Walker-Crawford, Jason, of Stoughton, as a member of the Pharmacy Examining Board, to serve for the term ending July 1, 2013.

December 01, 2009 Referred to Committee on Health, Health Insurance, Privacy,
Property Tax Relief, and Revenue.

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
Walker-Crawford, 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


Kelly Becker
Committee Clerk

Herb

State of Wisconsin Government Accountability Board

Ethics & Accountability Division
P.O. Box 7984
212 E. Washington Ave, 3rd Floor
Madison, WI 53707-7984
Phone (608) 266-8005
Fax (608) 264-9319
E-mail: GABEthics@wi.gov



KEVIN J. KENNEDY
Director and General Counsel

12/2/2009

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: **Walker-Crawford, Jason D.**

Nomination Date: 11/30/2009

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

[illegible]

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
759 Koshkonong Rd	Christiana	Dane	WI	Farm

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
Farm	David E Walker - Crawford	Cambridge	WI

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 already 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 already 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 already 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
UW Credit Union	Madison	WI		✓
Wells Fargo	Sioux Falls	SD		✓
HSBC Bank		NY	✓	

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
UW Hospital + Clinics Authority	Madison	WI	Hospital + Clinics

- 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

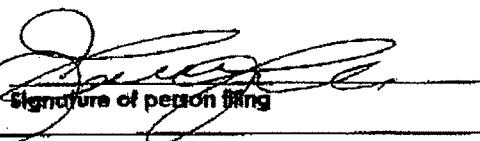
- 11. ENTERTAINMENT AND GIFTS.** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2008.

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 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

4/15/09
Date

608-206-3178
Daytime phone number
J Walker-Crawford@uwhealth.org
Email Address

The information sought in this form is required by §§19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form by the statutory deadline 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

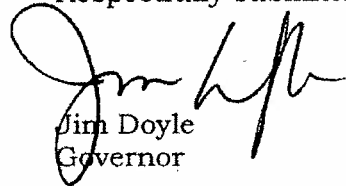
November 30, 2009

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do reappoint Jason Walker-Crawford to be a Pharmacist on the Pharmacy Examining Board to serve a term expiring July 1, 2013.

Mr. Walker-Crawford 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

November 30, 2009

Mr. Jason Walker-Crawford
624 West Jefferson Street
Stoughton, Wisconsin 53589

Dear Mr. Walker-Crawford:

I am pleased to reappoint you to the Pharmacy Examining Board, effective November 30, 2009. Your experience, knowledge, and dedication continue to 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 of Jim Doyle in black ink.

Jim Doyle
Governor



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

GOVERNOR'S APPOINTMENT

NAME: Jason Walker-Crawford

MAILING ADDRESS: 759 Koshkonong Rd.
Cambridge, WI 53523

E-MAIL ADDRESS: jwalker-crawford@uwhealth.org

RESIDES IN: Stoughton, WI

TELEPHONE: 608-206-3178 (h)

APPOINTED TO: Pharmacy Examining Board
Pharmacist 2

TERM: A term to expire July 1, 2013

SUCCEEDS: Himself

SENATE CONFIRMATION: YES

DATE OF APPOINTMENT: November 30, 2009

DATE OF NOMINATION: November 30, 2009