

☞ **09hr_SC-**

PHSILTCJC_Appt_Taylor_pt01



Details: Dale Taylor

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Public Health, Senior Issues, Long-Term Care, and Job Creation (SC-PHSILTCJC)

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**

April 6, 2010

EXECUTIVE SESSION HELD

Present: (5) Senators Carpenter, Coggs, Vinehout, Schultz
and Kapanke.

Absent: (0) None.

Moved by Senator Vinehout, seconded by Senator Carpenter that
Taylor, Dale be recommended for confirmation.

Ayes: (5) Senators Carpenter, Coggs, Vinehout,
Schultz and Kapanke.

Noes: (0) None.

CONFIRMATION RECOMMENDED, Ayes 5, Noes 0



Russell DeLong
Committee Clerk

Vote Record
**Committee on Public Health, Senior Issues, Long-Term Care,
and Job Creation**

Date: 4/6/10
 Moved by: Vinehout

Seconded by: Carpenter

AB _____ SB _____ Clearinghouse Rule _____
 AJR _____ SJR _____ Appointment Taylor Dale
 AR _____ SR _____ Other _____

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

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Senator Tim Carpenter, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Spencer Coggs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Kathleen Vinehout	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Dale Schultz	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Dan Kapanke	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:	<u>5</u>	<u>0</u>	_____	_____

Motion Carried Motion Failed



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

March 4, 2010

Dr. Dale B. Taylor, Ph.D.
1613 Sunrise Lane
Eau Claire, Wisconsin 54703

Dear Dr. Taylor:

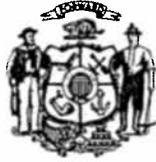
I am pleased to reappoint you to the Board on Aging and Long Term Care, effective May 1, 2010. Your experience, knowledge, and dedication continue to be a true asset to my administration and a great benefit to the people of Wisconsin.

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,



Jim Doyle
Governor



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

GOVERNOR'S APPOINTMENT

NAME: Dale Taylor

MAILING ADDRESS: 1613 Sunrise Lane
Eau Claire, WI 54703

E-MAIL ADDRESS: dtaylor9029@charter.net

RESIDES IN: Eau Claire, WI

TELEPHONE: (715) 836-9029 (h)

APPOINTED TO: Board on Aging and Long Term Care
public member 6

TERM: A term to expire May 1, 2015

SUCCEEDS: Dr. Dale B. Taylor Ph.D.

SENATE CONFIRMATION: YES

DATE OF APPOINTMENT: May 1, 2010

DATE OF NOMINATION: March 4, 2010



Long Term Care

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

3/11/2010

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: **Taylor, Dale B.**
Nomination Date: 3/4/2010

Statement of Economic Interests

Filed in 2010 for calendar year 2009 by

Taylor, Dale B.

Aging and Long Term Care Board

Member

RECEIVED
10 MAR -5 AM 11:10
STATEMENT
INVESTMENT
BOARD

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://ethics.state.wi.us>.
Still have questions? For priority service send an e-mail to: GABEthics@wi.gov; otherwise leave a detailed message at (808) 281-2028.
ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

Part A As of December 31, 2009

1. INVESTMENTS

a) WISCONSIN DEFERRED COMPENSATION PROGRAM If you held an investment in a fund available within the Wisconsin Deferred Compensation Program, please place a checkmark next to each fund in which you held \$5,000 or more, whether held privately or through the Program.

Profile Series	More than \$5,000		Small Cap	More than \$50,000		Bond	More than \$50,000	
	\$5,000 to \$50,000	\$5,000 to \$50,000		\$5,000 to \$50,000	\$5,000 to \$50,000		\$5,000 to \$50,000	\$5,000 to \$50,000
Vanguard Retirement 2045	<input type="checkbox"/>	<input type="checkbox"/>	BGI Russell 2000 Index	<input type="checkbox"/>	<input type="checkbox"/>	BGI US Debt Index	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2035	<input type="checkbox"/>	<input type="checkbox"/>	DFA US Micro Cap	<input type="checkbox"/>	<input type="checkbox"/>	Federated US Government Securities 2-5yr	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2025	<input type="checkbox"/>	<input type="checkbox"/>	Mid Cap			Vanguard Long-term Investment Grade Adm	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2015	<input type="checkbox"/>	<input type="checkbox"/>	BGI Mid Cap Equity Index	<input type="checkbox"/>	<input type="checkbox"/>	Money Market		
Vanguard Target Retirement Income	<input type="checkbox"/>	<input type="checkbox"/>	T Rowe Price Mid Cap Growth	<input type="checkbox"/>	<input type="checkbox"/>	Vanguard Admiral Treasury Money Market	<input type="checkbox"/>	<input type="checkbox"/>
International			Large Cap			Fixed Returns for the Quarter		
American Euro Pacific Growth	<input type="checkbox"/>	<input type="checkbox"/>	Calvert Social Investment Equity	<input type="checkbox"/>	<input type="checkbox"/>	Stable Value	<input type="checkbox"/>	<input type="checkbox"/>
BGI EAFE Equity Index	<input type="checkbox"/>	<input type="checkbox"/>	Fidelity Contrafund	<input type="checkbox"/>	<input type="checkbox"/>	FDIC Bank Option	<input type="checkbox"/>	<input type="checkbox"/>
			Vanguard Institutional Index Plus	<input type="checkbox"/>	<input type="checkbox"/>			
			Vanguard Wellington-Admiral Shares	<input type="checkbox"/>	<input type="checkbox"/>			

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.

MUTUAL OR MONEY MARKET FUND	(check one)	\$5,000 to \$50,000	More than \$50,000
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOCKS/OPTIONS/FUTURES	(check one)	\$5,000 to \$50,000	More than \$50,000
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BONDS	(check one)	\$5,000 to \$50,000	More than \$50,000
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIMITED PARTNERSHIPS	(check one)	\$5,000 to \$50,000	More than \$50,000
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WISCONSIN GOVERNMENTAL SECURITIES	(check one)	\$5,000 to \$50,000	More than \$50,000
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Name of business	Municipality or Town	County	State	Describe nature of business
1613 Sunrise Lane	Eau Claire	Eau Claire	WI	self publish my book

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 2009.

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	"✓"
			<input type="checkbox"/>
			<input type="checkbox"/>

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
1613 Sunrise Lane	Jennifer Taylor	Eau Claire	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 Street address or fire number	Municipality or town	County	Nature of interest (e.g. own, lease, option, easement, land contract)

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 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 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. (check one)

Creditor	City	State	\$5,000 to \$50,000	More than \$50,000
Mutual Savings Bank	Eau Claire	WI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part B For calendar year 2009

9. EMPLOYERS List your and your family's EMPLOYERS (\$1,000 or more of income) in 2009.

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's business
Augsburg College	Minneapolis	MN	Higher education

10. ADDITIONAL SOURCES OF INCOME List other sources from which you or your family received income of \$1,000 or more in 2009.

Source of income	City	State
Employee Trust Funds	Madison	WI
Social Security Administration	Washington	DC

11. ENTERTAINMENT AND GIFTS List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2009.

Name of provider	City	State

12. HONORARIA AND EXPENSES List, for 2009, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Government Accountability Board.

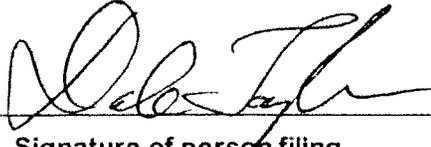
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

FILING NOTES -or- COMMENTS

If we saw an opportunity to clarify a prior report, we added comments or filing tips below. Please review any comments and make the appropriate corrections.

CERTIFICATION

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

Daytime phone # (715) 836-9029

02/27/2010

Date

~~dtaylor0029@charter.net~~

E-mail address

taylordb@uwec.edu

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.

Mail or fax to: Wisconsin Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984; Fax: (608) 264-9319

Eth 1 Personalized. For use in 2010