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Details: Leslie Patterson

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Rural Issues, Biofuels, and Information Technology (SC-RIBIT)

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 Rural Issues, Biofuels, and Information Technology

Patterson, Leslie, of Greenfield, as a member of the Rural Health Development Council, to serve for the term ending July 1, 2011.

May 18, 2009 Referred to Committee on Rural Issues, Biofuels, and Information Technology.

September 23, 2009 **PUBLIC HEARING HELD**

Present: (5) Senators Kreitlow, Jauch, Holperin, Kapanke and Kanavas.

Absent: (0) None.

Appearances For

- Leslie Patterson, Milwaukee — Rural Health Development Council

Appearances Against

- None.

Appearances for Information Only

- None.

Registrations For

- Libby Gerds, Madison — Office of Governor Jim Doyle

Registrations Against

- None.

Registrations for Information Only

- None.

September 23, 2009 **EXECUTIVE SESSION HELD**

Present: (5) Senators Kreitlow, Jauch, Holperin, Kapanke and Kanavas.

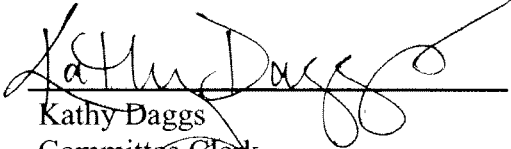
Absent: (0) None.

Moved by Senator Kreitlow, seconded by Senator Kanavas that **Patterson, Leslie** be recommended for confirmation.

Ayes: (5) Senators Kreitlow, Jauch, Holperin, Kapanke
and Kanavas.

Noes: (0) None.

CONFIRMATION RECOMMENDED, Ayes 5, Noes 0



Kathy Daggs
Committee Clerk

Vote Record

Committee on Rural Issues, Biofuels, and Information Technology

Date: 9-23-09

Bill Number: Leslie Patterson

Moved by: Kreitlow Seconded by: Kanavas

Motion: Approval

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Senator Pat Kreitlow, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Robert Jauch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Jim Holperin	<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"/>
Senator Ted Kanavas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:	<u>5</u>	<u>0</u>	<u> </u>	<u> </u>

Motion Carried

Motion Failed



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

PATTERSON L

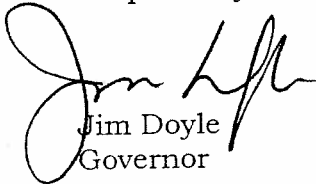
April 9, 2009

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Leslie Patterson to the Rural Health Development Council to serve a term expiring July 1, 2011.

Ms. Patterson 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

April 9, 2009

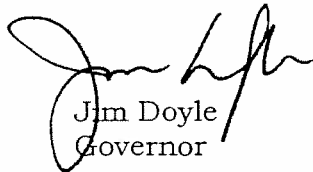
Ms. Leslie Patterson
4938 S. Heritage Dr.
Apt 201
Greenfield, WI 53220

Dear Ms. Patterson:

I am pleased to appoint you to the Rural Health Development Council, effective April 9, 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

February 16, 2009

CURRICULUM VITAE

*Leslie A. Patterson
Program Coordinator*

Medical College of Wisconsin-Family and Community Medicine

1. **Home Address:** 4938 S. Heritage Dr. Apt. 201
Greenfield, WI 53220
(715) 661-3806

2. **Office Address:** Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, WI 53226
Phone: (414) 456-8710
Fax: (414) 456-6524
E-mail: lpatterson@mcw.edu

3. **Place of Birth:** Park Falls, Wisconsin

4. **Citizenship:** U.S.A.

5. **Education:**

09/2000-05/2004	B.S., University of Wisconsin-Madison, Madison, WI
09/2007-Present	M.S. and Ph.D., University of Wisconsin-Milwaukee, Milwaukee, WI

6. **Postgraduate Employment and Training:**

07/2008-Present	Program Coordinator, Family and Community Medicine- Medical College of Wisconsin, Milwaukee, WI
07/2008-Present	Research Coordinator, Primary Care-VA Medical Center, Milwaukee, WI
08/2007-05/2008	Substitute Teacher, Hartland Lakeside Joint #3 School District, Hartland, WI
09/2005-10/2006	Chiropractic Assistant, Tramel Chiropractic, Eagan, MN
05/2005-09/2005	Administrative Assistant, Pamida, Park Falls, WI
06/2004-05/2005	Intern, Athletes In Action, UW-Madison, Madison, WI

7. **Award and Honors:**
- | | |
|-----------------|--|
| 12/2000-05/2004 | University of Wisconsin-Madison
Dean's List |
| 12/2000-05/2004 | Academic All Big Ten |
8. **Memberships in Professional and Honorary Societies:**
- | | |
|-----------------|---|
| 12/2000-05/2004 | National Society of Collegiate
Scholars |
| 07/2008-Present | NASPA (Student Affairs
Administrators in Higher Education) |
| 07/2008-Present | Society of Teachers in Family
Medicine |
9. **Research Grants, Contracts, Awards, Projects:**

Peer Review

Title: Empowering Individuals to Improve Their
Hypertension Control through Peer Support

Source: Healthier Wisconsin Partnership Program (HWPP)

Role: Research Coordinator

Dates: July 1, 2006-June 31, 2009

Direct Funds: \$450,000

Peer Review

Title: Strong Rural Communities Initiative

Source: Healthier Wisconsin Partnership Program (HWPP)

Role: Program Coordinator

Dates: July 1, 2006-June 31, 2009

Direct Funds: \$450,000

Peer Review

Title: BRANCH OUT

Source: HWPP

Role: Program Coordinator

Dates: July 1, 2007-July 31, 2010

Direct Funds: \$450,000

Peer Review

Title: Academic Administrative Units in Primary Care,
Family Medicine

Source: Health Resources and Service Administration
(HRSA)

Role: Program Coordinator

Dates: September 1, 2008- August 31, 2011
Direct Funds: \$430,573

Peer Review

Title: An RCT of a Peer Support Intervention to Improve Hypertension
Source: Department of Veterans Affairs
Role: Research Coordinator
Dates: July 1, 2008-June 31, 2011
Direct Funds: \$866, 200

10. Invited Lectures/Workshops/Presentations/Site Visits:

Local

Patterson, L., Mina, L., Seckman, D., Cutler, S., Careers in Student Affairs Administration, University of Wisconsin-Milwaukee, December 2, 2008

11. Community Service Activities:

“Bookin’ It with Bucky”

09/2000-05/2005: Primary school reading program sponsored by the University of Wisconsin-Madison Athletic Department, Madison, WI

“DARE: Drug Abuse Resistance Education” Role Model

09/1997-Present: Drug, alcohol, and peer education training program for middle school students, sponsored by Park Falls Public Schools, Park Falls, WI

“Blood: Water Mission”

09/2005-05/2006: Campaign volunteer to raise awareness and support for clean blood and clean water in Africa, sponsored by the University of Wisconsin-Madison Athletic Department



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

GOVERNOR'S APPOINTMENT

NAME: Leslie Patterson

MAILING ADDRESS: 4938 S. Heritage Dr.
Apt 201
Greenfield, WI 53220

E-MAIL ADDRESS: lpatterson@mcw.edu

RESIDES IN: Greenfield, WI

TELEPHONE: 715-661-3806 (w)
414-456-8710 (h)

APPOINTED TO: Rural Health Development Council
Medical College of WI Representative

TERM: A term to expire July 1, 2011

SUCCEEDS: Mr. Eric Gass

SENATE CONFIRMATION: Yes

DATE OF APPOINTMENT: April 9, 2009

DATE OF NOMINATION: April 9, 2009

State of Wisconsin Government Accountability Board

Ethics & Accountability Division
44 East Mifflin, 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

5/19/2009

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: **Patterson, Leslie**

Nomination Date: 4/9/2009

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	✓

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

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 \$6,000 or more.

Creditor	City	State	Type	
			\$6,000 or less	More than \$6,000
Wells Fargo (Student Loan Provider)	Sioux Falls	SD	✓	
Great Lakes Higher Education Corp	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
Medical College of Wisconsin	Milwaukee	WI	Medical College

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 to 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.

Leslie A Patterson 4-10-09 Daytime phone # 414-456-8710
 Signature of person filing Date E-mail address lpatterson@mcw.edu

The information sought in this form is required by §§18.43 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.