

Statement of Economic Interests

IF YOU ARE A CURRENT OFFICIAL, PLEASE CONSIDER FILING ELECTRONICALLY AT https://sei.wi.gov BEFORE USING THIS PAPER FORM. FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT https://ethics.wi.gov. Email further questions to: https://ethics.wi.gov. **Attach additional pages as needed/Please See Instructions. **

Last Name	First Name	Middle Initial	Start Date or (if nominated) Nomination Date		
☐ Check if a Current Official. <u>List State Position Held</u> (including agency, division, branch or district, if applicable):					
☐ Check if a Candidate. List office sought, including branch or district, if applicable, and election date.					

Part A

As of December 31 or Nomination/Appointment Date

1. INVESTMENTS.

a) **Funds Available in Wisconsin Deferred Compensation Program.** These funds are available to participants in the Wisconsin Deferred Compensation 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		
Deferred Compensation Funds	\$5,000 to	Over	Deferred Compensation Funds	\$5,000 to	Over	
	\$50,0000	\$50,000		\$50,0000	\$50,000	
Profile Series			Large Cap Funds			
Vanguard Retirement 2055 Fund			American Beacon Bridgeway			
Vanguard Retirement 2045 Fund			Calvert US Large Cap			
Vanguard Retirement 2035 Fund			Fidelity Contrafund			
Vanguard Retirement 2025 Fund			Vanguard Institutional Index Plus			
Vanguard Retirement 2015 Fund			Bond Funds			
Vanguard Target Retirement Income			BlackRock US Debt Index			
International Funds			Federated US Gov't Securities 2-5 Yr.			
American Funds EuroPacific			Vanguard Long-Term Investment Grade			
BlackRock EAFE Equity Index			Fixed Income Funds			
Small Cap Funds			FDIC Bank Option			
BlackRock Russell 2000 Index			Stable Value			
DFA US Micro Cap			Money Market Funds			
Mid Cap Funds			Vanguard Adm Treasury Money Market			
BlackRock Mid Cap Equity Index			Brokerage Funds			
T. Rowe Price Mid Cap Growth			Schwab SDB Sweep			
Balanced Funds			Schwab SDB Securities			
Vanguard Wellington Adm			Schwab SDB Sweep Roth			
			Schwab SDB Securities Roth			

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. Please attach a list with additional items if necessary.

		Amount -	'√" one				
	Mutual or	Stock/			Wisconsin		
	Money Market	Option/		Limited	Governmental	\$5,000 To	More Than
Name Of Security	Fund	Futures	Bond	Partnerships	Securities	\$50,000	\$50,000

Name of business	Municipality	County	State	Desc	ribe nature of busin	ness
	. ,	,				
			·I			
BUSINESS PARTNERS. For each enterpring ourself), unless the information is already				•		other t
Business	· -	ers, or officers		1	City	Stat
Busiliess	raitii	ers, or officers	and une	ctors	City	Stat
COMMERCIAL CUSTOMERS, CLIENTS, A					•	
corporation (SC), limited liability compar he filer or a member of the filer's ir			_	•	·	
organizations, and lobbyists that paid the	·-					
organization authorized you to represe	•			-	_	
epresentative.						
Businesses, organizations, or lobbyist	s that were custon	ners, clients, o	r	City	y State	! "✓
tenants						
NON-COMMERCIAL REAL ESTATE. List th	e specific location c	f WISCONSIN	REAL ESTA	ATE in which you	u or your family had	an inte
except your principal residence and real	estate whose locat	ion you listed	in item 2			
LOCATION OF P	ROPERTY			NATU	JRE OF INTEREST	
Street address or fire number	Municipality	County	(ow	n, lease, optior	n, easement, land c	ontract
OFFICERS AND DIRECTORS. List organiza	tions not listed in it	em #2 of whic	h you or	a family membe	er was an officer or	directo
Business or organization	Cit	v	State		Position	
Dustriess of Organization		7	State		rosition	
I and the second	1		1			

2. BUSINESS ACTIVITIES. List businesses, farms, rental, commercial, and income-producing real estate; and business activities in

County

State

Describe nature of business

Municipality

which you or your family had at least a 10% or greater interest.

Name of business

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

CREDITORS. List cre	editors to which you or your fami	ly owed \$5,000 or mo	re				
						\$50,000	√" one Over
	Creditor		City		State	or less	\$50,00
art B	For The Previo	ous Calendar Y	'ear (J	anuai	ry 1 to I	Decemb	oer 31
EMPLOYERS. List yo	our and your family's EMPLOYER:	S (\$1,000 or more of in	ncome).				
	lame of employer onsin, identify agency/institution) City	State	N	lature of em	nployer's bu	ısiness
ADDITIONAL SOUR	CES OF INCOME. Other sources f	rom which you or you	r family re	ceived ir	ncome of \$1	.,000 or mo	re.
Source of Income	e					City	Sta
ENTERTAINMENT/C	GIFTS. Individuals or organization	s that provided <i>you</i> w	ith enterta	ninment	or gifts (ove	er \$50 in the	aggregat
Name of provide	er					City	Sta
					l		
HONORARIA AND E	EXPENSES. Sources of honoraria regate).	and payment of expe	nses relate	ed to <i>you</i>	ur state gov	ernment du	ıties (moı
		Approximate value of expenses	Amour	t of	_	ernment du	•
than \$50 in the aggi	regate).	Approximate	Amour	t of	_		

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, 4, or 6.)

City

State

Business or organization

Printed Name:					
Daytime Phone Number:	Email Address:				
This filing is for:					
☐ Annual Filing due by April 30, (fill in appropri	ate year) covering the preceding year				
☐ My nomination/appointment, which occurred or will occ	cur on (date)				
$\ \square$ My candidacy to participate in an election. The election	date is:(election date)				
This filing includes (#) of pages					
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. In the event this Statement of Economic Interests is filed prior to December 31st for the following calendar year, I certify that I will amend it on or before the statutory filing deadline to accurately reflect my economic interests as of December 31st. If any part has been left blank, I have done so intentionally because there is nothing to report. The information sought in this form is required by Wis. Stat. §§19.43 and 19.44, Wis. Admin. Code § UWS 8.06, UW Board of Regents Policy, or Supreme Court Rule 60.05. 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 Wisconsin Ethics Commission will notify you of the identity of any person who examines your Statement. In accordance with Wis. Stat. §15.04(1)(m), the Wisconsin Ethics Commission states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.					
Signature of person required to file	Date Signed				