



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: Ethics@wi.gov.**Attach additional pages as needed/Please See Instructions.**

Last Name	First Name	Middle Initial	Start Date: (For new employees or nominees only)
<input type="checkbox"/> Check if a Current Official. <u>List State Position Held</u> (including agency, division, branch or district, if applicable):			
<input type="checkbox"/> Check if a Candidate. <u>List office sought</u> , including branch or district, if applicable, and election date.			

Part A As of December 31 or Nomination/Appointment Date/End 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. (Note change in reporting requirements eff. 4/17/2022 - see [instructions](#).)

Deferred Compensation Funds	"√" one		Deferred Compensation Funds	"√" one	
	\$5,000 to \$50,000	Over \$50,000		\$5,000 to \$50,000	Over \$50,000
Profile Series			Large Cap and Balanced 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			Vanguard Wellington Admiral		
Vanguard Target Retirement Income			Bond Funds		
			BlackRock US Debt Index		
			Dodge & Cox Income		
International Funds			Federated US Gov't Securities 2-5 Yr.		
American Funds EuroPacific			Vanguard Long-Term Investment Grade		
BlackRock EAFE Equity Index			Money Market Funds		
Small Cap Funds			Vanguard Adm Treasury Money Market		
BlackRock Russell 2000 Index			Fixed Income Funds		
DFA US Micro Cap			Stable Value		
Mid Cap Funds			FDIC Bank Option		
BlackRock Mid Cap Equity Index			Brokerage Funds		
T. Rowe Price Mid Cap Growth			Schwab PCRA		

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. (Note change in reporting requirements effective 4/17/2022 - see [instructions](#).)

Name Of Security	Type of security - "√" one					Amount - "√" one	
	Mutual or Money Market Fund	Stock/Option/Futures	Bond	Limited Partnerships	Wisconsin Governmental Securities	\$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	County	State	Describe nature of business

b) **Enterprise(s) NOT operating under a business or trade name, list here.**

Name of business	Municipality	County	State	Describe nature of business

3. **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

4. **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, from which the filer or a member of the filer's immediate family received \$10,000 or more in the calendar year, list businesses, organizations, and lobbyists that paid the enterprise \$10,000 or more in the calendar year. Check the far-right box if the organization authorized you to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative.

Businesses, organizations, or lobbyists that were customers, clients, or tenants	City	State	<input type="checkbox"/>

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
Street address or fire number	Municipality	County	(own, lease, option, easement, land contract)

6. **OFFICERS AND DIRECTORS.** List organizations not listed in item #2 of which you or a family member was an officer or director.

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	Over \$50,000

Part B For The Previous Calendar Year (January 1 to December 31)

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

Name of employer (If State of Wisconsin, identify agency/institution)	City	State	Nature of employer's business

10. **ADDITIONAL SOURCES OF INCOME.** Other sources from which you or your family received income of \$1,000 or more.

Source of Income	City	State

11. **ENTERTAINMENT/GIFTS.** Individuals or organizations that provided *you* with entertainment or gifts (over \$50 in the aggregate).

Name of provider	City	State

12. **HONORARIA AND EXPENSES.** Sources of honoraria and payment of expenses related to *your* state government duties (more than \$50 in the aggregate).

Date Received	Payer	Value of expenses	Amount of honorarium	Circumstances of receipt

Printed Name:	
Daytime Phone Number:	Email Address:
This filing is for: <ul style="list-style-type: none"> <input type="checkbox"/> Annual Filing due by April 30, _____ (fill in appropriate year) covering the preceding year <input type="checkbox"/> My nomination/appointment, which occurred or will occur on _____ (date) <input type="checkbox"/> 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