Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org. Filed in 1990 for calendar year 1989 This form must be filed with: State of Wisconsin Ethics Board 125 South Webster Street For office use only - Date Received Madison, Wisconsin 53702 266-8123 (608)State of Wisconsin Ethics Board STATEMENT OF ECONOMIC INTERESTS TATE ETHICS BOARD (first name & initial) POSITION HELD OR SOUGHT (include agency, division, or district if applicable) 53707 MAILING ADDRESS (Optional) DEFINITIONS AND EXPLANATORY MATERIAL IMMEDIATE FAMILY refers to your spouse and a relative who either receives most of his or her financial support from you or from whom you receive most of your support. ORGANIZATION refers to all corporations, partnerships, associations, trusts, and other legal entities regardless of form or tax status--except governments and individual people. LOBBYIST means an individual whose regular duties include trying to influence legislative or administrative action by communicating directly with a state official on another's behalf for pay. TRUST: If you or your immediate family, separately or together, are the only beneficiaries of a trust, treat the trust's assets as if you own them directly. If you or your immediate family has a proportional interest in a trust, treat that proportion of the trust's assets as if you own them directly. For example, if you and your immediate family have a 1/3 interest in a trust, complete your Statement as if you own 1/3 of each of the trust's assets. If you or a member of your immediate family created a trust and can revoke it without the beneficiaries' consent, treat its assets as if you own them directly. PUBLIC RECORDS: Statements of Economic Interests are open for public inspection. Wisconsin Statutes require the Ethics Board to notify a person whose Statement of Economic Interests was examined of the identity of the person who examined it. REPORT TO THE BEST OF INFORMATION AND BELIEF: Information required on this Statement must be provided on the basis of the best knowledge, information and belief of the individual filing the Statement. PENALTIES: Subchapter III, Chapter 19, Stats., authorizes this form and prescribes penalties for failure of a state official or a candidate or nominee for state public office to file this form with the Ethics Board in a timely manner. Penalties may include withholding State's payments, forfeitures, fines, reprimand, imprisonment, or, in the case of a candidate, exclusion from ballot. INCOME means gross income from whatever source derived as provided at sec. 61 of the Internal Revenue code. Address questions about "income" to your tax adviser. COMPLETE ITEMS 1 THROUGH 8. COMPLETE AND ATTACH SCHEDULES A, B, C, D, E, and F ONLY IF DIRECTED. Creditors Identify each creditor (including mortgage lender) to whom you or a member of your immediate family, separately or together, owed \$5,000 or more on December 31, 1989. If you or a member of your immediate family owns a farm or other unincorporated business, account for its debts. Account for a general partner's share of a partnership's debts. List a creditor to whom \$5,000 or more is owed even if that is the total of several smaller debts. if you do not have any business or personal debts of \$5,000 or more.

	Chex	ck One
City and State	\$50,000 or less	More than \$50,000
	City and State	City and State \$50,000 or less

Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org. 2. Offices and Directorships On December 31, 1989, were you or a member of your immediate family an officer or director of a business or organization other than a charitable, political, or nonprofit social or community service organization or a trust? Either check NO or check YES . If you check YES, complete Schedule A. Securities On December 31, 1989, did you or a member of your immediate family, directly or indirectly, separately or together, own securities valued at \$5,000 or more invested in one business or organization or Wisconsin governmental entity? Be sure to account for mutual funds, limited partnerships, and securities held in an Individual Retirement Account, in a deferred compensation plan, or in a trust. Either check NO or check YES . If you check YES, complete Schedule B. Salary and Wages List each employer that paid you or a member of your immediate family salary or wages of \$1,000 or more during 1989. (If your employer is the State of Wisconsin, list agency.) If no salary or wages were received, or if total was less than \$1,000, check here Business Interests, Rental Property, Farms, and Professional Practices On December 31, 1989, did you or a member of your immediate family, separately or together, operate your own business, or own or control a 10% or greater interest in a business, corporation, partnership, or rental property? Either check NO or check YES If you check YES, complete Schedule C. Travel. Lodging. Honorariums. Business Entertainment. and Gifts During 1989 did you receive lodging, transportation, money, reimbursed expenses, or anything of value with a combined value exceeding \$50 for the presentation of a talk, participation in a meeting, or publication of work? Did you receive any business entertainment, ticket, favor or item whose total value exceeded \$50 as a gift from a non-relative (even if the gift was unrelated to your official duties)? Either check NO or check YES If you check YES, complete Schedule D. 7. Real Estate On December 31, 1989, did you or a member of your immediate family hold an interest, including a partnership interest, valued at \$5,000 or more in real property located in Wisconsin (other than your principal residence) for which you have not already listed the full address on Schedule C? Account for real estate held in trust. or check YES . If you check YES, complete Schedule E. Either check NO All other Payments Received And Not Accounted for Previously With the exception of dividends, interest, sales of securities to unknown parties, insurance payments, inheritances, gifts, and return of capital, did you or a member of your immediate family receive \$1,000 or more during 1989 from any source that you have not already listed at Item 4 or on an accompanying schedule? Be sure you have accounted for every other source from which you or a member of your immediate family received payments totaling \$1,000 or more before deductions and depreciation and regardless of whether a payment is taxable (including payments from lobbyists, retirement benefits, directors and consultants fees, commissions, Social Security, and land contracts.) Either check NO or check YES . If you check YES, complete Schedule F. Statements of Economic Interests are open for public inspection. Wisconsin Statutes require the Ethics Board to notify a person whose Statement of Economic Interests was examined of the identity of the person who examined it. By signing this form I certify that the information contained in this Statement of Economic Interests and information I have filed with it is true, correct and complete to the best of my knowledge, information and belief. Signature of person filing Telephone number during business hours (Optional) Office Review

OpenSecrets.org

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Douglas J. La Follette, State	ements of Economic	Interests, 199	90-2020. Wiscons	sin Ethics Board, Q	penSecre	ts.org.
Return only if needed to con	nplete Statement)	NAME	Dove	La Folled	110	
	SC	HEDULES	AC			
	STATEMENT	of ECONOM	IIC INTERESTS	·		
SCHEDULE AOffices and D						
Political organiza	zation of which you or a zations (entities to whic ations (entities whose pr and community service	ch your gift is t rimary purpose	ax deductible),		ctor on Dece	mber 31,
Name of Business or Organi	zation	City an	d State	Position	Held	
ENTROPY, Inc. (	inactive)	Mass	WI	Pres		
A A STATE OF THE S				PI	ETURN TO I	TEM 3
market funds, limited partnership contracts.  Identify each business, organ directly or indirectly, separat  List reportable securities recompensation program.  You don't have to list securities by the State of Wisnot do business in this state of you	dization, or Wisconsin goodly or together, owned segardless of whether they writies held in a retirement consin or its authorities tate, BUT most major	overnmental ent securities valued y are held in an ant system; nor r	I at \$5,000 or more Individual Retirement nust you identify U. local governments.	a member of your im on December 31, 198 at Account or invested S. bonds or other gov You don't have to list	9.  I in a deferre ernment sec t organizatio	ed curities not ons that do
If no reportable securities, check her	e 🔼.					
Name of Issuer (List name of stock, bond, or mutual fund, not "IRA" or broker.)	Stock Exchange City of Issuer Note "Mutual F	or		Security mutual or money funds, etc. )	Check \$50,000 or less	One More than \$50,000
		·	- Account - Acco	THE RESIDENCE OF THE PROPERTY		A CONTRACTOR OF THE CONTRACTOR
						MOGENIA (M. M. M
2200				R	ETURN TO	ITEM 4

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Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org.

### SCHEDULE C .- Business Interests, Rental Property, Farms, and Professional Practices

1. Columns a, b, and c: Complete the first 3 columns for each self- or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate family, separately or together, owned or controlled a 10% or greater interest on December 31, 1989.

If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name; otherwise merely explain the nature of the enterprise. If rental property is owned or operated under a trade, partnership, or corporate name, list the name only; otherwise, give the address of each property. If you have an interest in a trust, see" TRUST" on page 1.

- 2. Column d: For each enterprise you have listed, identify its form by placing the appropriate letter in column d.
  - P Partnership or Proprietorship (any self- or family-owned business, if not incorporated)
  - S Service Corporation or corporation electing to be taxed under Subchapter S of the Internal Revenue code.
  - Corporation that is not an S corporation
- 3. Column e: For each enterprise you have marked P or S, indicate in column e whether you or a member of your immediate family's share of the gross rents, sales, fees, or receipts during 1989 (before deductions and depreciation) was Less than \$1,000, or \$1,000 or More by enter ing L or M. For each enterprise you have marked C, note whether you or a member of your immediate family received Less than \$1,000, or \$1,000 or More exclusive of dividends or interest. List only L or M, not a dollar amount.

. а	b	С	d	e
			<u>Form</u>	Gross Income
Name of Business, Corporation, Partnership		Nature of Enterprise		
Farm, or Address of Rental Property	City & State	(farming, law, rental property, etc.)	Enter P, S, or C	Enter L or M
ENTRUPY, Inc	Mad WI	(Thattire)	C	L
			***************************************	

Did you designate P M or S M for an enterprise listed above?

If no, you are finished with Schedule C. Return to Item 6 of your Statement. If yes, complete question 4 of this schedule.

### 4. Sources of Income:

For each enterprise you designated P M or S M, provide information about the sources from which the enterprise derived \$1,000 or more during 1989.

a. <u>Income From Individuals</u>: Merely list the general nature of the business or circumstances for which the enterprise received \$1,000 or more from an individual during 1989 (e.g., rental property, practice of law or accounting) OR, if you prefer, identify the individual. Account for income from a decedent's estate as income from an individual. If \$1,000 or more was received from a lobbyist, complete paragraph b.

If none, check here .	
Either General Nature of Business or Name of Inc	ividual
A CONTRACTOR OF THE CONTRACTOR	
b. <u>Income From Other Sources</u> : List each business, sole proprietorship, co association, 3rd party payer, lobbyist, or other entity from which the entermode, check here	mmercial tenant, governmental entity, labor union, exprise derived \$1,000 or more during 1989.
Sources of Income	City and State

RETURN TO ITEM 6



Douglas J. La Follette, Statements of	Economic Interests, 1990	0-2020. Wisconsin Ethics Board, OpenSecrets.org.
d.		Dougles la Fellette
(Return only if needed to complete Sta	atement) NAME	Dond La Mann
	SCHEDULES D	) F
STA	TEMENT OF ECONOMIC	INTERESTS
COMPANIE D. Brand Ladeler Hanne	warings Ducinoce Entarto	oinment and Gifts
SCHEDULE DTravel. Lodging, Honor		
1. REIMBURSED EXPENSES OR PAYMENTS		
List each source from which yon received le (excluding meals or drinks coincident with a participation in one meeting, or publication	a meeting) with a combined val	, reimbursed expenses, or any other thing of value alue exceeding \$50 for your presentation of a single talk,
List a payment even if you donated it to cha	arity.	
You need not list information about a paym	ient:	
If you already reported the payment to t If you can show by clear and convincir (1) unrelated to your official dutie	eady listed under Item 4 or from the Ethics Board as a matter of p ng evidence that the payment wo	n a source of income listed on Schedule C public record, or vas
If no payment must be listed, check here X.		wp-man-
Payer	Approximate Value	Circumstances
6		
2. TRAVEL, ENTERTAINMENT, AND GIFTS N		
sporting events or shows travel expenses.	meals or lodging, favors, serv d \$50 during 1989 and for whic	er than a relative) that furnished you with tickets to vices, property, loans, money, gifts, or anything of ch you neither paid nor rendered service in exchange. duties.
When calculating value, you need not consi Meals, lodging, or hospitality that an can clearly and convincingly s Campaign contributions publicly repo	individual furnished you at his show that the invitation was un	is or her own expense and not as a business expense if you inrelated to your public position,
If no reportable business entertainment or gift,	1/	•
"Relative" means your spouse, child, une spouse's parent, grandparent, grandch	cle, aunt, niece, nephew, or per ild, brother, or sister; or your l	rson to whom you are engaged to be married; your or your brother's or sister's spouse.
Name of Business, Organization, or In	ndividual Providing Gift	City and State
The second secon		

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### SCHEDULE E -- Real Estate

Identify the full address of real estate located in Wisconsin other than your principal residence in which you or a member of your immediate family held an interest, including a partnership interest, option, easement, or land contract, valued at \$5,000 or more on December 31, 1989 if you have not already listed the full address on Schedule C.

Include your personal residence only if you conduct a business from the same address or rent out a portion of it-for example, a family farm, an attached office, a rental duplex. You need not list property located outside Wisconsin. You need not identify property in which you have less than a 10% interest. If you have an interest in real estate held in trust, see "TRUST" on page 1.

If no reportable real estate, check here \_\_\_\_\_.

County in which Property is Located	Location of Property (street address or fire number and municipality)	Type of Property (farm, recreational, apartment, or commercial)	Nature of Interest (own, lease, option, land contract, partnership)
Door	Gliddin Drive	Cabin	OWN

**RETURN TO ITEM 8** 

### SCHEDULE F--All Other Payments Received and Not Accounted for Previously

#### 1. PAYMENTS FROM OTHER INDIVIDUALS:

Did you or a member of your immediate family receive payments totaling \$1,000 or more in 1989 from an individual other than a lobbyist for which you have not already accounted at question 4 of Schedule C?

If you or a member of your immediate family owned an unincorporated business, farm, professional practice, or rental property, EITHER identify each individual who paid it \$1,000 or more OR list the nature of the business for which the income was received. Account for fees, commissions, and land contracts.

If not applicable,	check	here	X
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Person or General Nature of Business (rental property, practice of law, farming, etc.)

#### 2. ALL OTHER PAYMENTS:

Except for the exclusions noted below, identify every other source from which you or a member of your immediate family received income totaling \$1,000 or more in 1989 (before deductions or depreciation) that you have not accounted for at Item 4 on Schedule C.

Account for retirement and Social Security payments, directors fees, payments from lobbyists and governmental entities, fees, commissions, and land contracts. You needn't list information about the sale of stocks or bonds unless you know the identity of the purchaser. List the purchaser of securities or real estate if you know and your gain is \$1,000 or more. You needn't account for dividends, interest, insurance payments, scholarships (if no teaching or services required), inheritances, gifts, or return of capital.

If not applicable, check here

Source of Payment	City and State

This form must be filed with: State of Wisconsin Ethics Board 44 East Mifflin Street, Suite 601 Madison, Wisconsin 53703-2800 (608) 266-8123	Information must be curred December 31, 1990 For office use only - Date	and January 7, 1991.
	isconsin Ethics Board ECONOMIC INTERESTS DOVG 2 S	STATE ETHICS ROAP
(last name)	(first name & initial)	OTAIL LITHOU DOWN
POSITION HELD OR SOUGHT (include agency, division, or district if applicable)	State 848 Mad. 53	3707
MAILING ADDRESS (Optional) \$\frac{1}{2}\pi \chi \chi \chi \chi \chi \chi \chi \ch	848 Maa.	3+0+
LOBBYIST means an individual whose duties include trying with an elective state official, agency official, or legislative TRUST: If you or your immediate family, separately or tog own them directly. If you or your immediate family has a pre you own them directly. For example, if you and your immediate own 1/3 of each of the trust's assets. If you have a remainder of your or a member of your immediate family created a treas if you own them directly.  INCOME means gross income from whatever source derived about "income" to your tax adviser.  PENALTIES: Subchapter III, Chapter 19, Wisconsin Statutes, authorizes this public office to file this form with the Ethics Board in a timely manner. Penal the case of a candidate, exclusion from ballot.	employe on another's behalf for pay gether, are the only beneficiaries of a coportional interest in a trust, treat th liate family have a 1/3 interest in a tr r interest in a trust, obtain additional rust and can revoke it without the ben ed as provided at sec. 61 of the Interest is form and prescribes penalties for failure of a	n trust, treat the trust's assets as if you not proportion of the trust's assets as if you not proportion of the trust's assets as if rust, complete your Statement as if you linstructions from the Ethics Board.  Ineficiaries' consent, treat its assets  In the Revenue code. Address questions  In state official or a candidate or nominee for state
COMPLETE ITEMS 1 THROUGH 8. COMPLETE AND  1. Creditors Identify each creditor (including mortgage lender) to whom \$5,000 or more on the Appointment Date given at the upper	n you or a member of your immedia	
If you or a member of your immediate family on December general partner in a partnership, account for its debts. List several smaller debts.  Check here if you did not have any business or person	st a creditor to whom \$5,000 or more	l business (including a farm) or was a was owed even if that was the total of
Name of Creditor	City and State	<u>Check One</u> \$50,000 More than or less \$50,000

		Check One
Name of Creditor	City and State	\$50,000 More than or less \$50,000
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ETH-2. For use in 1991 (Rev. 11-90)	OVER	



2.	Offices and Directorships On the Appointment Date, were you or a member of your immediate family an officer or director of a business or organization other than a charitable, political, or nonprofit social or community service organization or a trust?
	Either check NO or check YES X. If you check YES, complete Schedule A.
3.	On the Appointment Date, did you or a member of your immediate family, directly or indirectly, separately or together, own securities valued at \$5,000 or more invested in one business or organization or Wisconsin governmental entity? Be sure to account for mutual funds, limited partnerships, and securities held in an Individual Retirement Account, in a deferred compensation plan, or in a trust.  Either check NO or check YES . If you check YES, complete Schedule B.
4.	Salary and Wages List each employer that paid you or a member of your immediate family salary or wages of \$1,000 or more during 1990. (If your employer was the State of Wisconsin, list agency.)  Sec of State Office
	If no salary or wages were received, or if total was less than \$1,000, check here .
5.	Business Interests. Rental Property. Farms. and Professional Practices  On the Appointment Date, did you or a member of your immediate family, separately or together, operate your own business, or own or control a 10% or greater interest in a business, corporation, partnership, or rental property?
	Either check NO or check YES X. If you check YES, complete Schedule C.
6.	Travel. Lodging. Honorariums. Business Entertainment, and Gifts  During 1990 did you receive lodging, transportation, money, reimbursed expenses, or anything of value with a combined value exceeding \$50 for the presentation of a talk, participation in a meeting, or publication of work? Did you receive any business entertainment, ticket, favor or item whose total value exceeded \$50 as a gift from a non-relative (even if the gift was unrelated to your official duties)?
	Either check NO X or check YES . If you check YES, complete Schedule D.
7.	Real Estate On the Appointment Date, did you or a member of your immediate family hold an interest, including a partnership interest, valued at \$5,000 or more in real property located in Wisconsin (other than your principal residence) for which you have not already listed the full address on Schedule C? Account for real estate held in trust.  Either check NO or check YES . If you check YES, complete Schedule E.
8.	All other Payments Received And Not Accounted for Previously  With the exception of dividends, interest, sales of securities to unknown parties, insurance payments, inheritances, gifts, and return of capital, did you or a member of your immediate family receive \$1,000 or more during 1990 from any source that you have not already listed at Item 4 or on an accompanying schedule? Be sure you have accounted for every other source from which you or a member of your immediate family received payments totaling \$1,000 or more before deductions and depreciation and regardless of whether a payment is taxable (including payments from lobbyists, retirement benefits, directors and consultants fees, commissions, Social Security, and land contracts.)  Either check NO  or check YES  If you check YES, complete Schedule F.
	ements of Economic Interests are open for public inspection. Wisconsin Statutes require the Ethics Board to notify a person whose ement of Economic Interests was examined of the identity of the person who examined it.
	signing this form I certify that the information contained in this Statement of Economic Interests and information I have filed with it
	correct and complete to the best of my knowledge, information and belief.
Şig	nature of person filing Date Telephone number during business hours (Optional)
	Office Review
	ip 1-11-91

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Page 8 of 160

turn only if needed to complete Statement)	NAME DOVE	( la tolleté
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	to	•
STATEMENT	OF ECONOMIC INTERESTS	
CHEDULE AOffices and Directorships		
Identify each business or organization of which you or Appointment Date, except:  Charitable organizations (entities to which Political organizations (entities whose property Nonprofit social and community services and Trusts.	ich your gift is tax deductible), mimary purpose is to influence vo	
Name of Business or Organization	City and State	Position Held
ENTROPY Inc (inactive)	Mad WI	Pres.
The American		
		Ī
HEDIII E. R. Securities		RETURN TO ITEM 3
"Securities" INCLUDES stocks, bonds, mutual funds, market funds, limited partnerships, and commodity futucontracts.		RETURN TO ITEM 3  CLUDES certificates of deposit, annuity issurance policies.
"Securities" INCLUDES stocks, bonds, mutual funds, market funds, limited partnerships, and commodity function tracts.  Identify each business, organization, or Wisconsin directly or indirectly, separately or together, owned	governmental entity in which you securities valued at \$5,000 or more	CLUDES certificates of deposit, annuity isurance policies.  or a member of your immediate family, are on the Appointment Date.
"Securities" INCLUDES stocks, bonds, mutual funds, market funds, limited partnerships, and commodity function contracts.  Identify each business organization or Wisconsin	governmental entity in which you securities valued at \$5,000 or more	CLUDES certificates of deposit, annuity isurance policies.  or a member of your immediate family, are on the Appointment Date.
market funds, limited partnerships, and commodity futu- contracts.  Identify each business, organization, or Wisconsin directly or indirectly, separately or together, owned List reportable securities regardless of whether the	governmental entity in which you securities valued at \$5,000 or more were held in an Individual Retire ent system; nor must you identify a spencies, or local governments.	CLUDES certificates of deposit, annuity isurance policies.  or a member of your immediate family, re on the Appointment Date.  ement Account or invested in a deferred  U.S. bonds or other government securities range of the count of the cou
"Securities" INCLUDES stocks, bonds, mutual funds, market funds, limited partnerships, and commodity fund contracts.  Identify each business, organization, or Wisconsin directly or indirectly, separately or together, owned.  List reportable securities regardless of whether the compensation program.  You don't have to list securities held in a retirem issued by the State of Wisconsin or its authorities not do business in this state, BUT most major	governmental entity in which you securities valued at \$5,000 or more were held in an Individual Retire ent system; nor must you identify a spencies, or local governments.	CLUDES certificates of deposit, annuity isurance policies.  or a member of your immediate family, re on the Appointment Date.  ement Account or invested in a deferred  U.S. bonds or other government securities record you don't have to list organizations that

(List name of stock, bond, or mutual fund, not "IRA" or broker.)	Stock Exchange or City of Issuer or Note "Mutual Fund"	Type of Security (stocks, bonds, mutual or money market funds, etc.)	<u>Check One</u> \$50,000 More than or less \$50,000
			RETURN TO ITEM 4

--OVER--

### SCHEDULE C-Business Interests. Rental Property. Farms. and Professional Practices

1. Columns a, b, and c: Complete the first 3 columns for each self- or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate family, separately or together, owned or controlled a 10% or greater interest on the Appointment Date

If the enterprise was owned or operated under a trade, partnership, or corporate name, list that name; otherwise merely explain the nature of the enterprise. If rental property was owned or operated under a trade, partnership, or corporate name, list the name only; otherwise, give the address of each property. If you had an interest in a trust, see" TRUST" on page 1.

- 2. Column d: For each enterprise you have listed, identify its form by placing the appropriate letter in column d.
  - P Partnership or Proprietorship (any self- or family-owned business, if not incorporated)
  - S Service Corporation or corporation electing to be taxed under Subchapter S of the Internal Revenue code.
  - C Corporation that is not an S corporation
- 3. Column e: For each enterprise you have marked P or S, indicate in column e whether you or a member of your immediate family's share of the gross rents, sales, fees, or receipts during 1990 (before deductions and depreciation) was Less than \$1,000, or \$1,000 or More by enter ing L or M. For each enterprise you have marked C, note whether you or a member of your immediate family received Less than \$1,000, or \$1,000 or More exclusive of dividends or interest. List only L or M, not a dollar amount.

8	b	С	d	е
			<u>Form</u>	Gross Income
Name of Business, Corporation, Partnership Farm, or Address of Rental Property	City & State	Nature of Enterprise (farming, law, rental property, etc.)	Enter P, S, or C	Enter L or M
ENTROPY, Inc	Mad HI	Inaclive	C	L-

Did you designate P M or S M for an enterprise listed above?

If no, you are finished with Schedule C. Return to Item 6 of your Statement. If yes, complete question 4 of this schedule.

### 4. Sources of Income:

For each enterprise you designated P M or S M, provide information about the sources from which the enterprise derived \$1,000 or more during 1990.

<b>a.</b>	Income From Individuals: Merely list the general nature of the business or circumstances for which the enterprise received
	\$1,000 or more from an individual during 1990 (e.g., rental property, practice of law or accounting) OR, if you prefer, identify
	the individual. Account for income from a decedent's estate as income from an individual. If \$1,000 or more was received from
	a lobbyist, complete paragraph b.

If none, check here and go on to Schedule C 4 b below.
Either General Nature of Business or Name of Individual
b. Income From Other Sources: List each business, sole proprietorship, commercial tenant, governmental entity, labor union, association, 3rd party payer, lobbyist, or other entity from which the enterprise derived \$1,000 or more during 1990.  If none, check here

Sources of Income	City and State

If no reportable business entertainment or gift, check here

"Relative" means your spouse, child, uncle, aunt, niece, nephew, or person to whom you are engaged to be married; your or your spouse's parent, grandparent, grandchild, brother, or sister; or your brother's or sister's spouse.

Name of Business, Organization, or Individual Providing Gift	City and State

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### SCHEDULE E--Real Estate

Identify the full address of real estate located in Wisconsin other than your principal residence in which you or a member of your immediate family held an interest, including a partnership interest, option, easement, or land contract, valued at \$5,000 or more on the Appointment Date if you have not already listed the full address on Schedule C.

Include your personal residence only if you conduct a business from the same address or rent out a portion of it-for example, a family farm, an attached office, a rental duplex. You need not list property located outside Wisconsin. You need not identify property in which you had less than a 10% interest. If you had an interest in real estate held in trust, see "TRUST" on page 1.

If no reportable real estate, check here \_\_\_\_\_.

County in which Property is Located	Location of Property (street address or fire number and municipality)	Type of Property (farm, recreational, apartment, or commercial)	Nature of Interest (own, lease, option, land contract, partnership)
100r	Glidden Drive	Calin	OWN

**RETURN TO ITEM 8** 

### SCHEDULE F -- All Other Payments Received and Not Accounted for Previously

### 1. PAYMENTS FROM OTHER INDIVIDUALS:

Did you or a member of your immediate family receive payments totaling \$1,000 or more in 1990 from an individual other than a lobbyist for which you have not already accounted for on Schedule C 4 a?

If you or a member of your immediate family owned an unincorporated business, farm, professional practice, or rental property, EITHER identify each individual who paid it \$1,000 or more OR list the nature of the business for which the income was received. Account for fees, commissions, and land contracts.

If not applicable, check here And go	on to Schedule F 2 below.
--------------------------------------	---------------------------

Person or General Nature of Business (rental property, practice of law, farming, etc.)

### 2. ALL OTHER PAYMENTS:

Except for the exclusions noted below, identify every other source from which you or a member of your immediate family received income totaling \$1,000 or more in 1990 (before deductions or depreciation) that you have not accounted for on Schedule C 4 b.

Account for retirement and Social Security payments, directors fees, payments from lobbyists and governmental entities, fees, commissions, and land contracts. You needn't list information about the sale of stocks or bonds unless you know the identity of the purchaser. List the purchaser of securities or real estate if you know and your gain was \$1,000 or more. You needn't account for dividends, interest, insurance payments, scholarships (if no teaching or services required), inheritances, gifts, or return of capital.

If not applicable, check here

· · · · · · · · · · · · · · · · · · ·	
Source of Payment	City and State

### DOUGLAS LA FOLLETTE



## SECRETARY OF STATE WISCONSIN



February 3, 1992

Roberta Evans Epsilon Sigma Alpha International 517 Valley Rd Madison WI 53714

Dear Roberta:

I recently received this vase from Mr. and Mrs. Chou-seng Tou, director of the Coordination Council for North American Affairs for Taiwan. Because of state ethics requirements, however, I am not able to keep it. Therefore, I am very happy to present it you for the purpose of your fundraising efforts on behalf of the Easter Seal Society of Wisconsin.

Best wishes and good luck on this worthy endeavor. Please let me know if I can be of further assistance to you in your efforts.

Sincerely,

Doug La Follette Secretary of State

DLF:TH



P3/24/92

Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org.





February 10, 1992

Mr. Doug La Follette Secretary of State 30 W. Mifflin Street P.O. Box 7848 Madison, WI 53707

Dear Mr. La Follette:

On behalf of all the members of the Beta Omicron chapter of Epsilon Sigma Alpha, thank you very much for the vase from Taiwan that you donated for our Casino auction for the Easter Seal Society. The vase was very beautiful and was a popular item during the auction.

Through the Casino evening, which the auction was a part of, Beta Omicron raised over \$600 for the Easter Seal Society of Wisconsin. Thanks to your generosity of the beautiful vase, and the generosity of others we had a successful evening.

Sincerely,

Roberta Evans

Beta Omicron Chapter Epsilon Sigma Alpha

> Mr. & Mrs. T. Evans 517 Valley Rd Madison, WI 53714



Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org.



State of Wisconsin Ethics Board 44 East Mifflin Street, Suite 601 Madison, Wisconsin 53703-2800 (608) 266-8123	For office use only - Date Rece	amm 0 1000	crets.org.
STATEMENT	Wisconsin Ethics Board OF ECONOMIC INTERESTS	ETHICS BUR	KDI
NAME La tollette	Doug		
(last name)	(first name & initial)		
IDENTIFY POSITION HELD OR SOUGHT (include agency, division, or district if applicable)	c. of State		
MAILING ADDRESS	48 Madison 5	57707	
LOBBYIST means an individual whose duties include try with an elective state official, agency official, or legislative trusts: If you or your immediate family, separately or sown them directly. If you or your immediate family has a you own them directly. For example, if you and your immown 1/3 of each of the trust's assets. If you have a remained If you or a member of your immediate family created as if you own them directly.  INCOME means gross income from whatever source derivations "income" to your tax adviser.  PENALTIES: Subchapter III, Chapter 19, Wisconsin Statutes, authorizes this office to file this form with the Ethics Board in a timely manner. Penalties to fa candidate, exclusion from ballot.	together, are the only beneficiaries of a trust proportional interest in a trust, treat that proportional interest in a trust, treat that proportional interest in a trust, chediate family have a 1/3 interest in a trust, cher interest in a trust, obtain additional instruct trust and can revoke it without the beneficial trust and provided at sec. 61 of the Internal R	, treat the trust's asso oportion of the trust's omplete your Stateme ctions from the Ethic ries' consent, treat its evenue code. Addre	ets as if you s assets as i ent as if you s Board. s assets ss question
COMPLETE ITEMS 1 THROUGH 8. COMPLETE AN	VD ATTACH SCHEDULES A. B. C. D. E. and F	ONLY IF DIRECTED	).
COMPLETE ITEMS 1 THROUGH 8. COMPLETE AND I. Creditors Identify each creditor (including mortgage lender) to who \$5,000 or more on December 31, 1991.  If you or a member of your immediate family on December general partner in a partnership, account for its debts. Leseveral smaller debts.  Check here if you did not have any business or personner.	om you or a member of your immediate familier 31, 1991 owned an unincorporated busin List a creditor to whom \$5,000 or more was o	ily, separately or tog	ether, owed
Identify each creditor (including mortgage lender) to who \$5,000 or more on December 31, 1991.  If you or a member of your immediate family on December general partner in a partnership, account for its debts. Leseveral smaller debts.	om you or a member of your immediate familier 31, 1991 owned an unincorporated busin List a creditor to whom \$5,000 or more was o	ily, separately or tog	ether, owed n) or was a the total of
Identify each creditor (including mortgage lender) to who \$5,000 or more on December 31, 1991.  If you or a member of your immediate family on Decemb general partner in a partnership, account for its debts. Leseveral smaller debts.  Check here if you did not have any business or performance in the partnership if you did not have any business or performance.	om you or a member of your immediate familiary of the state of the sta	ily, separately or tog ess (including a farn wed even if that was  Check \$50,000	ether, owed  n) or was a  the total of
Identify each creditor (including mortgage lender) to who \$5,000 or more on December 31, 1991.  If you or a member of your immediate family on Decemb general partner in a partnership, account for its debts. Leseveral smaller debts.  Check here if you did not have any business or performance in the partnership if you did not have any business or performance.	om you or a member of your immediate familiary of the state of the sta	ily, separately or tog ess (including a farn wed even if that was  Check \$50,000	ether, owed  n) or was a  the total of

ETH-1. For use in 1992 (Rev. 12-91)

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2.	Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org.  Offices and Directorships  On December 31, 1991, were you or a member of your immediate family an officer or director of a business or organization other than a charitable, political, or nonprofit social or community service organization or a trust?				
	Either check NO or check YES . If you check YES, complete Schedule A.				
3.	3. Securities On December 31, 1991, did you or a member of your immediate family, directly or indirectly, separately or together, own securivalued at \$5,000 or more invested in one business or organization or Wisconsin governmental entity? Be sure to account for mut funds, limited partnerships, and securities held in an Individual Retirement Account, in a defer compensation plan, or in a trust.  Either check NO or check YES. If you check YES, complete Schedule B.				
4.					
	If no salary or wages were received, or if total was less than \$1,000, check here				
5.	Business Interests, Rental Property, Farms, and Professional Practices  On December 31, 1991, did you or a member of your immediate family, separately or together, operate your own business, or own or control a 10% or greater interest in a business, corporation, partnership, or rental property?  Either check NO or check YES . If you check YES, complete Schedule C.				
6.	Travel. Lodging. Honorariums. Business Entertainment. and Gifts  During 1991 did you receive lodging, transportation, money, reimbursed expenses, or anything of value with a combined value exceeding \$50 for the presentation of a talk, participation in a meeting, or publication of work? Did you receive any business entertainment, ticket, favor or item whose total value exceeded \$50 as a gift from a non-relative (even if the gift was unrelated to your official duties)?  Either check NO or check YES . If you check YES, complete Schedule D.				
7.	Real Estate  On December 31, 1991, did you or a member of your immediate family hold an interest, including a partnership interest, valued at \$5,000 or more in real property located in Wisconsin (other than your principal residence) for which you have not already listed the full address on Schedule C? Account for real estate held in trust.  Either check NO or check YES . If you check YES, complete Schedule E.				
8.	All other Payments Received And Not Accounted for Previously  With the exception of dividends, interest, sales of securities to unknown parties, insurance payments, inheritances, gifts, and return of capital, did you or a member of your immediate family receive \$1,000 or more during 1991 from any source that you have not already listed at Item 4 or on an accompanying schedule? Be sure you have accounted for every other source from which you or a member of your immediate family received payments totaling \$1,000 or more before deductions and depreciation and regardless of whether a payment is taxable (including payments from lobbyists, retirement benefits, directors and consultants fees, commissions, Social Security, and land contracts.)  Either check NO  or check YES  If you check YES, complete Schedule F.				
State	ements of Economic Interests are open for public inspection. Wisconsin Statutes require the Ethics Board to notify a person whose ement of Economic Interests was examined of the identity of the person who examined it.				
true,	signing this form I certify that the information contained in this Statement of Economic Interests and information I have filed with it is correct and complete to the best of my knowledge, information and belief.				
Sign	nature of person filing Date Telephone number during business hours				



Douglas J. La Follette, Statements of Economic Interests, 1990-2020 Wisconsin Ethics Board, OpenSecrets.org.  (Return only if needed to complete Statement)  NAME
SCHEDULES AC
to
STATEMENT OF ECONOMIC INTERESTS
SCHEDULE AOffices and Directorships
Identify each business or organization of which you or a member of your immediate family was an officer or director on December 31, 1991, except:
Charitable organizations (entities to which your gift is tay deductible)

Charitable organizations (entities to which your gift is tax deductible), Political organizations (entities whose primary purpose is to influence voting), Nonprofit social and community service organizations, and Trusts.

Name of Business or Organization	City and State	Position Held

**RETURN TO ITEM 3** 

### SCHEDULE B -- Securities

"Securities" INCLUDES stocks, bonds, mutual funds, money market funds, limited partnerships, and commodity futures contracts.

"Securities" EXCLUDES certificates of deposit, annuity contracts, and insurance policies.

Identify each business, organization, or Wisconsin governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, owned securities valued at \$5,000 or more on December 31, 1991.

List reportable securities regardless of whether they were held in an Individual Retirement Account or invested in a deferred compensation program.

You don't have to list securities held in a retirement system; nor must you identify U.S. bonds or other government securities not issued by the State of Wisconsin or its authorities, agencies, or local governments. You don't have to list organizations that do not do business in this state, BUT most major businesses conduct business in Wisconsin. For securities held in trust, see "TRUST" on page 1 of your Statement.

If no reportable securities, check here



Name of Issuer (List name of stock, bond, or mutual fund, not "IRA" or broker.)	Stock Exchange or City of Issuer or Note "Mutual Fund"	Type of Security (stocks, bonds, mutual or money market funds, etc.)	Check One \$50,000 More the or less \$50,00
*		D	ETTIDALTO FTEMA

RETURN TO ITEM 4

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Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org. SCHEDULE C--Business Interests. Rental Property. Farms, and Professional Practices

1. Columns a, b, and c: Complete the first 3 columns for each business (including rental property, a farm, or consulting work), partnership, corporation or unincorporated business activity in which you or a member of your immediate family, separately or together, owned or controlled a 10% or greater interest on December 31, 1991.

If the enterprise was owned or operated under a trade, partnership, or corporate name, list that name; otherwise merely explain the nature of the enterprise. If rental property was owned or operated under a trade, partnership, or corporate name, list the name only; otherwise, give the address of each property. If you had an interest in a trust, see" TRUST" on page 1.

 For a regular C corporation under the Internal Revenue Code: Place a "√" in column d if you or a member of your immediate family derived \$1,000 or more of income from the corporation during 1991 exclusive of dividends and interest.

For a partnership, unincorporated business, service corporation organized under Chapter 180, subchapter XIX, Wis. Stats., or S corporation under the Internal Revenue Code: Place a "\" in column e if your or a member of your immediate family's share of the gross rents, sales, or receipts during 1991 was \$1,000 or more before deductions and depreciation.

			C
City, State	Nature of Enterprise (farming, law, rental property, etc)	For regular "C" corporations:  √ for \$1,000 or more	For unincorporated businesses, partnerships and certain corporations  √ for \$1,000 or more
	ity, State	(farming, law, rental	(farming, law, rental property, etc) corporations:  √ for \$1,000

- 3. Sources of Income: For each enterprise for which you checked column e, provide information about the sources from which the enterprise derived \$1,000 or more during 1991. If you left column e blank, skip this part and return to Item 6.
- a. Income From Individuals: List the general nature of the business or circumstances for which the enterprise received \$1,000 or more from an individual during 1991 (e.g., rental property, practice of law or accounting) OR, if you prefer, identify the individual. Account for income from a decedent's estate as income from an individual. If \$1,000 or more was received from a lobbyist, complete paragraph b.

2.10 (47 a 467 a 127 a an 1.57 a an 1.57 a an 1.57 a	
Either General Nature of Business or Name of Individual	

b. <u>Income From Other Sources</u>: List each business, sole proprietorship, commercial tenant, governmental entity, labor union, association, 3rd party payer, lobbyist, or other entity from which the enterprise derived \$1,000 or more during 1991.

If none, check here

Sources of Income	City and State

RETURN TO ITEM 6



Douglas J. La Follette, Statements of	f Economic Interests, 199	0-2020. Wisconsin Ethics Board, OpenSecrets.org.
(Return only if needed to complete St	tatement) NAME	Doug La tollette
	SCHEDULES to	D F
ST	ATEMENT OF ECONOM	IC INTERESTS
SCHEDULE D Travel. Lodging, Hono	rariums. Business Enter	tainment, and Gifts.
1. REIMBURSED EXPENSES OR PAYMENTS	FOR MEETINGS, TALKS, OR	PUBLISHED WORKS
List each source from which you received I meals or drinks coincident with a meeting) in one meeting, or publication of a work du	with a combined value excee	r, reimbursed expenses, or any other thing of value (excluding ding \$50 for your presentation of a single talk, participation
List a payment even if you donated it to che	arity.	
If you already reported the payment to the liftyou can show by clear and convincing (1) was unrelated to your official (2) was unrelated to discussion of the lifty was unrelated to discussion.	nunicipality of which your state ady listed under Item 4 or from the Ethics Board as a matter of evidence that the payment duties and did not arise from y f processes or issues initiated	n a source of income listed on Schedule C f public record, or our holding or having held a public office AND by or affecting state government.
If no payment must be listed, check here a	and go on to Schedule D 2 belo	w.
Payer	Approximate Value	Circumstances
whose total value exceeded \$50 during 1991 entertainment, even if unrelated to your office.  When calculating value, you need not consider Meals, lodging, or hospitality that an incomparing can clearly and convincingly standard contributions publicly report of no reportable business entertainment or gift, chemical can be considered as a contribution of the contrib	ntal entity, or individual (other lodging, favors, services, pro and for which you neither paicial duties.  der: individual furnished you at his how that the invitation was unted as required by law.  heck here	r than a relative) that furnished you with tickets to sporting perty, loans, money, gifts, or anything of pecuniary value, d nor rendered service in exchange. Account for all business or her own expense and not as a business expense if you are lated to your public position,  son to whom you are engaged to be married; your or your prother's or sister's spouse.
Name of Business, Organization, or Inc	dividual Providing Gift	City and State

ETH-1. For use in 1992 (Rev. 12-91)

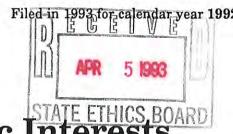
RETURN TO ITEM 7

Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org. SCHEDULE E--Real Estate Identify the full address of real estate located in Wisconsin other than your principal residence in which you or a member of your immediate family held an interest, including a partnership interest, option, easement, or land contract, valued at \$5,000 or more on December 31, 1991 if you have not already listed the full address on Schedule C. Include your personal residence only if you conduct a business from the same address or rent out a portion of it-for example, a family farm, an attached office, a rental duplex. You need not list property located outside Wisconsin. You need not identify property in which you had less than a 10% interest. If you had an interest in real estate held in trust, see "TRUST" on page 1. If no reportable real estate, check here County Location of Property Type of Property Nature of Interest in which Property (street address or fire number (farm, recreational, (own, lease, option, is Located and municipality) apartment, or commercial) land contract, partnership) DOOK Otidden Drive abin Olun **RETURN TO ITEM 8** SCHEDULE F -- All Other Payments Received and Not Accounted for Previously 1. PAYMENTS FROM OTHER INDIVIDUALS: Did you or a member of your immediate family receive payments totaling \$1,000 or more in 1991 from an individual other than a lobbyist for which you have not already accounted for on Schedule C 3 a? If you or a member of your immediate family owned an unincorporated business, farm, professional practice, or rental property, EITHER identify each individual who paid it \$1,000 or more OR list the nature of the business for which the income was received. Account for fees, commissions, and land contracts. If not applicable, check here \_\_\_\_ and go on to Schedule F 2 below. Person or General Nature of Business (rental property, practice of law, farming, etc.) 2. ALL OTHER PAYMENTS: Except for the exclusions noted below, identify every other source from which you or a member of your immediate family received income totaling \$1,000 or more in 1991 (before deductions or depreciation) that you have not accounted for on Schedule C 3 b. Account for retirement and Social Security payments, directors fees, payments from lobbyists and governmental entities, fees, commissions, and land contracts. You needn't list information about the sale of stocks or bonds unless you know the identity of the purchaser. List the purchaser of securities or real estate if you know and your gain was \$1,000 or more. You needn't account for dividends, interest, insurance payments, scholarships (if no teaching or services required), inheritances, gifts, or return of capital. If not applicable, check here Source of Payment City and State



Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org.

Wisconsin Ethics Board 44 E. Mifflin St., Suite 601 Madison, WI 53703-2800 (608) 266-8123



## Statement of Economic Interests

NAME	La Follette Doug
	(last name) (first name & initial)
STATE POSITION HELD OR SOUGHT	Sec of State
MAILING ADDRESS	(include agency, division, branch, or district, if applicable)
MILLING INDINEES	(street address or p.o. box)  Madrian WI 53707
	(city) (state) (zip)

Please return this completed form to the Wisconsin Ethics Board by April 30, 1993.

ABOUT THIS FORM: This Statement of Economic Interests has been prescribed by the Wisconsin Ethics Board pursuant to §19.44, Wisconsin Statutes. This Statement is divided into several parts. Most parts ask for information about you as well as members of your immediate family. The information requested concerns the previous calendar year and, for some items, requires a snapshot of economic interests held on a specified date.

Part 1 of this Statement asks you to identify your family's employers. Part 2 asks for information about your family's ownership interests in partnerships, corporations, proprietorships, firms, franchises, and other businesses and enterprises. Part 3 asks you to identify your family's real estate holdings. Part 4 asks you to identify certain of the clients, customers, and tenants of the businesses and real estate you listed in Parts 2 and 3. Part 5 asks you to identify sources from which you received business entertainment and other gifts. Part 6 asks you to identify sources from which you received honoraria or payment of expenses. Part 7 asks you to identify all other sources from which you or your family received income. Part 8 asks you to identify securities which your family owned either directly or indirectly. Part 9 asks you to identify certain organizations in which you or a member of your family was an officer or director. Part 10 asks you to identify certain organizations of which you or your family was an authorized representative or legal agent. Finally, Part 11 asks you to identify certain of your family's creditors.

Complete each part of this Statement. If any item does not apply,

✓ the box marked "None or Not Applicable." Attach additional pages if necessary.

Definitions: "Income" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest. Your "immediate family" includes your spouse, and any child, step-child, parent, or parent-in-law who receives more than one-half of his or her support from you or from whom you receive more than one-half of your support. A "lobbyist" is an individual whose duties include trying to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employe on another's behalf for pay.



### Part 1. Employers.

In this part, list each employer from which you or a member of your immediate family received income in 1992. You do not have to identify any source of income from which you or a member of your immediate family received less than \$1,000. You do not have to identify any employer who is an individual unless the income you or your family received came from the individual's operation of a business or the individual was a lobbyist.

Name of	employer	City and state	General nature of business
WEWIT OF I	4/1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Variations.	are of sieu
			✓ if None or Not Applicable □

## Part 2. Ownership interests in businesses.

In this part, list each partnership (general or limited), corporation (regardless of tax status and including service corporations), proprietorship, firm, franchise, or other business or enterprise in which you or a member of your immediate family, separately or together, owned a 10% or greater interest on December 31, 1992. Businesses can include farms, manufacturing companies, sales and service operations, real estate rental, and professional practices. If you or a family member was self-employed, but did not operate under a business name, merely list the business's customers and clients in Part 4. If you or a family member was engaged in renting real estate, but did not operate under a business name, merely list the address of the real estate in Part 3.

Name of business	City and state	General nature of business	Form of business organization (partnership, proprietorship, corporation, etc.)
			🗸 if None or Not Applicable 🛂

For the businesses listed above, your identification must be sufficient to enable a person to identify: (a) for a corporation, its officers and directors; and (b) for any other business, its owners. Because limited partnerships and corporations created or registered to do business in Wisconsin file this information with the Secretary of State as a matter of public record no further information is required as to them. For other types of businesses, identify the owners and partners below, or explain where such information is available as a public record.

Business	Name of owner or partner	City and state

🗸 if None or Not Applicable 🍱



art 3. Real estate.		
this part, identify all real estate located at 10% or greater interest valued at mily owned directly and real estate held for other enterprise. Do not list your principal	\$5,000 or more on December 3 or you or your family by: (a) a partn	<ol> <li>1, 1992. Include real estate you or ership; (b) a trust; (c) a corporation</li> </ol>
Location of property (Street address or fire number, municipality, and county)	Type of property (e.g., farm, recreational, commercial, rental)	Nature of interest (own, lease, option, ease- ment, or land contract)
Sturgen Bay, Dour Co	Cabin	own
art 4. Customers, clients, an	nd tenants.	
n this part, identify sources (for example businesses, enterprises, and real estates in the transfer or dividends) in 1992. C	e, customers, clients, or comme ate listed in Parts 2 or 3 receive customers, clients, and tenants m	d \$1,000 or more of payments (o ay include corporations, partners
n this part, identify sources (for example the businesses, enterprises, and real est than interest or dividends) in 1992. Conincorporated businesses, governmental enti	e, customers, clients, or comme ate listed in Parts 2 or 3 receive customers, clients, and tenants m	d \$1,000 or more of payments (o ay include corporations, partners
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Internal Revenue Code  a business's sources of income if your fa  an individual unless the individual was  a decedent's estate.  f a payment was received from one organizervices or sales your business provided to ano	e, customers, clients, or commerate listed in Parts 2 or 3 received sustomers, clients, and tenants in ties, labor unions, non-profit associate the corporation is a service corporationly's share of the business's gross a lobbyist ation or entity (as a commission reother, you should list both the payer	d \$1,000 or more of payments (o ay include corporations, partners tions, cooperatives, trusts, lobbyists, tion or is an "S" corporation under the proceeds was less than \$1,000 eccived by a realtor or travel agent and the customer as sources of incompared to the customer as sources of the customer as sources of the customer as sources.
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n this part, identify sources (for example he businesses, enterprises, and real estable han interest or dividends) in 1992. Conincorporated businesses, governmental entition not list:  • a corporation's sources of income unless Internal Revenue Code • a business's sources of income if your fa • an individual unless the individual was • a decedent's estate.  f a payment was received from one organizer or sales your business provided to and	e, customers, clients, or commerate listed in Parts 2 or 3 received sustomers, clients, and tenants in ties, labor unions, non-profit associate the corporation is a service corporationly's share of the business's gross a lobbyist ation or entity (as a commission reother, you should list both the payer	d \$1,000 or more of payment ay include corporations, partitions, cooperatives, trusts, lobby tion or is an "S" corporation undeproceeds was less than \$1,000 exceived by a realtor or travel at and the customer as sources of



✓ if None or Not Applicable □

## Part 5. Business entertainment and other gifts.

In this part, list all individuals and organizations from which you received, in 1992, entertainment or gifts having a total value of more than \$50. Include tickets to sporting or theatrical events, golfing fees, prizes, samples and promotional items, items from sales representatives or as part of business promotions, and similar items. You do not have to report gifts received by other members of your family if they were not intended for you. A "gift" includes any money, property, favor, service, entertainment, travel, or payment furnished without valuable consideration. A "gift" does not include political contributions reported to the Elections Board, or meals, beverages, or lodging that an individual offers as hospitality at his or her own expense, and not as a business expense, for reasons unrelated to your holding public office. You do not have to report gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiance(e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law.

Name of giver City and state	,
	D/

✓ if None or Not Applicable 🛂

Part 6. Honoraria and payment of expenses.

In this part, list each individual or organization from which <u>you</u> received, in 1992, lodging, transportation, meals, expenses, or honoraria having a total value of \$50 or more, for the presentation of a talk, participation in a meeting, or a published work about issues initiated by or affecting state government or state agencies.

Payer	Approximate	Amount of	Circumstances
	value of expenses	honorarium	of receipt
	y y		
7.0			
it from the agency of which	ch your state public office is a	part; (3) If you receive	hin 30 days; (2) If you received ed it from a source listed in d as a matter of public record.

✓ if None or Not Applicable 4

## Part 7. Other sources of income.

In this part, identify any other sources, not previously identified, from which you or a member of your immediate family received income (other than dividends or interest) of \$1,000 or more in 1992. Include honoraria not elsewhere reported, Social Security payments, retirement benefits, directors' fees, commissions, proceeds from the sale of real estate, and the like. You do not have to list insurance benefits, inheritances, or scholarships (if no teaching or services were required in return). You do not have to list proceeds from the sale of securities unless you know the purchaser's identity. You do not have to list individuals, unless the individual was a lobbyist.

Source of income City and state

✓ if None or Not Applicable 🕌



그는 사람들이 그리는 이 그들이 다구나 하는 것으로 하는 것으로 하는 것이 모든 것이다. 그 사람들이 없는 것이다.	Name Doug		leste
Part 8. Stocks, bonds, mutual funds, a	nd the like.		
In this part, list each reportable security that you or ber 31, 1992. "Securities" include stocks, bonds, mutual f ty futures contracts. "Securities" do not include savings a contracts.	unds, money market funds, li	mited partnershi	ps, and commod
Reportable securities include only those securities owned beetly, separately or together, with a value of \$5,000 or moved directly and securities held for you or your family by whose investments you or your family directs; (b) an indivipartnership, or other entity which you or your family contracts.	ore. Reportable securities inc by: (a) a deferred compensation idual retirement account (IRA	lude securities yo n, profit-sharing,	u or your family or pension plar
You do not have to list a security:  • if your family's total share in the securities of the corp  • if the security was issued by the federal government  • if the security was issued by an organization that doe	or by other governmental ent		consin
For each security listed, place a check in one of the c nterest in the security.	olumns at the right to indi	cate the value o	of your family'
Name of security		Value \$50,000 or less	Value More than \$50,000
First Common Kizith Fout (IR) MTG Obligation Trust bb Smith Barney Income & Growth (I	4) (EPH) TPH)	X	
1.7 <b>f</b> 19 cm			

Business or organization	City and state	Position	
T.			

✓ if None or Not Applicable 🛂



## Part 10. Representation of organizations.

In this part, list each business, labor union, association, cooperative, partnership, or other organization of which you or a member of your immediate family was, on December 31, 1992, an authorized representative or legal agent. List any organization which you represented in the organization's dealings with others or on whose behalf you were authorized to speak. Include business clients for which you provided legal representation in dealings with other parties, organizations on whose behalf you publicly appeared, and partnerships in which you were a general partner. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purpose is to influence voting); non-profit social or community service organizations; trusts; federal, state, or local governments or governmental agencies; or organizations for which your efforts did not include representation to third parties. You do not have to list organizations already identified in Parts 1, 2, or 9.

Business or organization	City and state
	✓ if None or Not Applicable 🖳
	II None or Not Applicable

Part 11. Creditors.

List each creditor to whom you or members of your immediate family, on December 31, 1992, owed, individually or together, \$5,000 or more. For each creditor listed, place a check in one of the columns at the right to indicate the amount owed. Include business creditors if you or a member of your immediate family was personally liable for the debt. Include your portion of any partnership debts.

Creditor City and state	Amount \$50,000 or less	Amount More than \$50,000

✓ if None or Not Applicable

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.

4/2/93

Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines your Statement. No personally identifiable information is likely to be used for purposes other than those for which it is collected.

Failure to file a completed form may result in a forfeiture of up to \$500.

Office Review 4/5/93

Eth 851. For use in 1993 (Rev. 3/93)



Wisconsin Ethics Board 44 E. Mifflin St., Suite 601 Madison, WI 53703-2800 (608) 266-8123



## **Statement of Economic Interests**

NAME

La Follette

Doug

(first name & initial)

STATE POSITION HELD OR SOUGHT

(include agency, division, branch, or district, if applicable)

Please return this completed form to the Wisconsin Ethics Board by April 30, 1994.

ABOUT THIS FORM: This Statement of Economic Interests has been prescribed by the Wisconsin Ethics Board pursuant to §19.44, Wisconsin Statutes. This Statement is divided into several parts. Most parts ask for information about you as well as immediate family members. The information requested concerns the previous calendar year and, for some items, requires a snapshot of economic interests held on a specified date.

Part 1 of this Statement asks you to identify your family's employers. Part 2 asks for information about your family's ownership interests in partnerships, corporations, proprietorships, firms, franchises, and other businesses and enterprises. Part 3 asks you to identify your family's real estate holdings. Part 4 asks you to identify certain of the clients, customers, and tenants of the businesses and real estate you listed in Parts 2 and 3. Part 5 asks you to identify sources from which you received business entertainment and other gifts. Part 6 asks you to identify sources from which you received honoraria or payment of expenses. Part 7 asks you to identify all other sources from which you or your family received income. Part 8 asks you to identify securities which your family owned either directly or indirectly. Part 9 asks you to identify certain organizations in which you or an immediate family member was an officer or director. Part 10 asks you to identify certain organizations of which you or your family was an authorized representative or legal agent. Finally, Part 11 asks you to identify certain of your family's creditors.

Complete each part of this Statement. If any item does not apply, check (/) the box marked "None or Not Applicable."

Attach additional pages if necessary.

Definitions: "Income" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest. "Immediate family member" means your spouse, and any child, step-child, parent, or parent-in-law who receives more than one-half of his or her support from you or from whom you receive more than one-half of your support. A "lobbyist" is an individual whose duties include trying to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employee on another's behalf for pay.



## Part 1. Employers.

List each employer from which you or an immediate family member received income of \$1,000 or more in 1993. You do not have to identify any source of income from which you or an immediate family member received less than \$1,000. You do not have to identify any employer who is an individual unless the income you or your family received came from the individual's operation of a business or the individual was a lobbyist.

Name of employer (If State of Wisconsin, identify agency or institution)	City and state	General nature of business
State of Wisconsin, Identity agency or institution)	Madrson	Sec. of State

Check (/) if None or Not Applicable

## Part 2. Ownership interests in businesses.

List each partnership (general or limited), corporation (regardless of tax status and including service corporations), proprietorship, limited liability company, firm, franchise, or other business or enterprise in which you or an immediate family member, directly or indirectly, separately or together, owned at least a 10% interest on December 31, 1993. Businesses can include farms, manufacturing companies, sales and service operations, real estate rental, and professional practices. If you or an immediate family member was self-employed, but did not operate under a business name, merely list the business's customers and clients in Part 4. If you or an immediate family member was engaged in renting real estate, but did not operate under a business name, merely list, in Part 3, the address of the real estate and, in Part 4, the commercial tenants.

Name of business	City and state	General nature of business	Form of business organization (service, subchapter S or C corporation, partnership, proprietorship, etc.)

Check (/) if None or Not Applicable

For the businesses listed above, your identification must be sufficient to enable a person to identify: (a) for a corporation, its officers and directors; and (b) for any other business, its owners. Because limited partnerships and corporations created or registered to do business in Wisconsin file this information with the Secretary of State as a matter of public record, no further information is required about them. For other types of businesses, identify the owners and partners below, or explain where such information is available as a public record.

Business	Name of owners or partners	City and state



	Name	roug LaFollette
rt 3. Real estate.		
erest valued at \$5,000 on December	r 31, 1993. Include real estate you st; or (d) other enterprise. Do not l	liate family member held at least a 10 or your family owned directly or throught your principal residence unless you us
Location of property (street address or fire number, municipality, and county)	Type of property (e.g., farm, recreational, commercial, rental)	Nature of interest (own, lease, option, easement, land contract)
Glidden Drive near Sturgen Bay	Cabin	OWN
,	×	
ntify each commercial customer, cli re in 1993 to any partnership, limit	and tenants.  ient, tenant, other commercial seed liability company, sole prop	rietorship, service corporation, or "
entify each commercial customer, cline in 1993 to any partnership, limit poration under the Internal Revenu	and tenants.  ient, tenant, other commercial seed liability company, sole prop	ource, or lobbyist which paid \$1,000 crietorship, service corporation, or "
entify each commercial customer, cliore in 1993 to any partnership, limit rporation under the Internal Revenu u do not have to list:	and tenants.  ient, tenant, other commercial s  ed liability company, sole prop  e Code that you listed in Part 2	ource, or lobbyist which paid \$1,000 rietorship, service corporation, or " or 3.
ore in 1993 to any partnership, limit reporation under the Internal Revenu u do not have to list:  • a corporation's sources of income if t Internal Revenue Code  • an individual who was not a lobbyist • a decedent's estate.	and tenants.  ient, tenant, other commercial seed liability company, sole propie Code that you listed in Part 2  the corporation was not a service company which you or an immediate family	ource, or lobbyist which paid \$1,000 orietorship, service corporation, or "or 3.  or poration or an "S" corporation under t
entify each commercial customer, clime in 1993 to any partnership, limit reporation under the Internal Revenue do not have to list:  • a corporation's sources of income if the Internal Revenue Code  • an individual who was not a lobbyist • a decedent's estate.	and tenants.  ient, tenant, other commercial seed liability company, sole propie Code that you listed in Part 2  the corporation was not a service company, which you or an immediate family clients.	ource, or lobbyist which paid \$1,000 crietorship, service corporation, or "
entify each commercial customer, clime in 1993 to any partnership, limit poration under the Internal Revenue do not have to list:  • a corporation's sources of income if t Internal Revenue Code  • an individual who was not a lobbyist  • a decedent's estate.  rou listed a business in Part 2 or 3 from have to list that business's customers or	and tenants.  ient, tenant, other commercial seed liability company, sole propie Code that you listed in Part 2  the corporation was not a service company, which you or an immediate family clients.	cource, or lobbyist which paid \$1,000 orietorship, service corporation, or "or 3.  corporation or an "S" corporation under to member received less than \$1,000, you
entify each commercial customer, clime in 1993 to any partnership, limit poration under the Internal Revenue do not have to list:  • a corporation's sources of income if t Internal Revenue Code  • an individual who was not a lobbyist  • a decedent's estate.  rou listed a business in Part 2 or 3 from have to list that business's customers or	and tenants.  ient, tenant, other commercial seed liability company, sole propie Code that you listed in Part 2  the corporation was not a service company, which you or an immediate family clients.	cource, or lobbyist which paid \$1,000 orietorship, service corporation, or "or 3.  corporation or an "S" corporation under to member received less than \$1,000, you



Check (✓) if None or Not Applicable

## Part 5. Business entertainment and other gifts.

List all individuals and organizations from which you received, in 1993, entertainment or gifts having a total value of more than \$50. Include tickets to sporting or theatrical events, golfing fees, prizes, samples and promotional items, items from sales representatives or as part of business promotions, and similar items. You do not have to report gifts received by immediate family members if they were not intended for you. A "gift" includes any money, property, favor, service, entertainment, travel, or payment furnished without valuable consideration. A "gift" does not include political contributions reported to the Elections Board, or meals, beverages, or lodging that an individual offers as hospitality at his or her own expense, and not as a business expense, for reasons unrelated to your holding state public office. You do not have to report gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiance(e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law.

City and state

Check (✓) if None or Not Applicable

## Part 6. Honoraria and payment of expenses.

List each individual or organization from which <u>you</u> received, in 1993, lodging, transportation, meals, expenses, or honoraria having a total value of more than \$50, for the presentation of a talk, participation in a meeting, or for a published work about issues initiated by or affecting state government or state agencies. Honoraria you or an immediate family member received that were unrelated to state issues should be accounted for in Part 7.

You do not have to list information about a payment: (1) if you returned it within 30 days; (2) if you received it from the agency of which your state public office is a part; (3) if you received it from a source listed in Part 1 or Part 4; or (4) if you already reported the payment to the Ethics Board as a matter of public record.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
		and the town from the	

Check (/) if None or Not Applicable

## Part 7. Other sources of income.

Identify any other sources, not previously identified, from which you or an immediate family member received income (other than dividends or interest) of \$1,000 or more in 1993. Include honoraria not elsewhere reported, Social Security payments, retirement benefits, directors' fees, commissions, proceeds from the sale of real estate, and the like. You do not have to list insurance benefits, inheritances, scholarships (if no teaching or services were required in return), or Wisconsin Retirement Fund benefits. You do not have to list proceeds from the sale of securities unless you know the purchaser's identity. You do not have to list individuals, unless the individual was a lobbyist.

Source of income	City and state	
·		
2		

4 Page 32 of 160 Check ( /) if None or Not Applicable



each reportable security that you or an imperment of the security securities include stocks, bornodity futures contracts. "Securities" do not include contracts.  by name securities you or your family owned discussion, profit-sharing, or pension plan whose in	nediate family member owne ds, mutual funds, money marke	t funds, limited pa	artnerships,
ember 31, 1993. "Securities" include stocks, bor nodity futures contracts. "Securities" do <b>not</b> include cance contracts.  by name securities you or your family owned dis	ds, mutual funds, money marke ude savings accounts, certificate	t funds, limited pa	artnerships, a
			ty contracts,
unt (IRA); (c) a trust; or (d) a corporation, part uple, list "Fidelity Income Fund mutual fund" a unt."	nvestments you or your family din nership, or other entity which y	rects; (b) an individ you or your famil	dual retireme y controls. H
do not have to list a security:  if your family's total share in the securities of the if the security was issued by the federal governm if the security was issued by an organization that	ent or by other governmental ent does no business in Wisconsin.	tities outside Wisco	
each security listed, place a check in one of trest in the security.  Name of security	he columns at the right to ind  Type of security	Value	f your famil
First Commercially EA	rype of security	\$50,000 or less	More than \$50,000
rey fus third Contary D		Fyv) X	
ang = Wellington	n te	X	
	and the second s		
	*		
	Ob 1- (4	N. A.	[
rt 9. Offices and directorships.	Cneck (✓	) II None or Not	Applicable 4
each business, labor union, association, coop ly member was, on December 31, 1993, an exizations (entities to which a contribution is tax de luence voting); non-profit social or community ser- commental agencies.	officer or director. You do no ductible); political organizations (	ot have to identify entities whose prin	y any charital mary purpose
	ty and state I	Position	
each business, labor union, association, coop ly member was, on December 31, 1993, an nizations (entities to which a contribution is tax de luence voting); non-profit social or community ser	erative, or other organization officer or director. You do no ductible); political organizations (	ot have to identify entities whose prin	an imm



## Part 10. Representation of organizations.

List each business, labor union, association, cooperative, partnership, or other organization of which you or an immediate family member was, on December 31, 1993, an authorized representative or legal agent. List any organization which you or an immediate family member represented in the organization's dealings with others or on whose behalf you or an immediate family member was authorized to speak. Include business clients for which you or an immediate family member provided legal representation in dealings with other parties, organizations on whose behalf you or an immediate family member publicly appeared, and partnerships in which you or an immediate family member was a general partner. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purpose is to influence voting); non-profit social or community service organizations; trusts; federal, state, or local governments or governmental agencies; or organizations for which your efforts did not include representation to third parties. You do not have to list organizations already identified in Parts 1, 2, or 9.

Tarus 1, 2, 01 9.			
Business or organization	City and sta	ate	
		. 100-	
	Check	( /) if None or Not A	Applicable 4
Part 11. Creditors.			
the amount owed. Include business Include your portion of any partnership Creditor	creditor listed, place a check in one of the creditors if you or an immediate family member debts.  City and state	ber was personally liab	le for the deb
Orcumor	Only and state	\$50,000 or less	More than \$50,000
	Check	(√) if None or Not A	pplicable
certify that the information complete, and correct to the	n contained in this Statement of best of my knowledge, informatio	Economic Intere	sts is true
July li Hell	4/1/94	266-8	7718
Signature of person filing	Date	Daytime teleph	one number

Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines your Statement. No personally identifiable information is likely to be used for purposes other than those for which it is collected.

Failure to file a completed form may result in a forfeiture of up to \$500.

Office Review
4/5/94



Mail or Fax to:

Wisconsin Ethics Board 44 E. Mifflin St., Suite 601 Madison, WI 53703-2800 Fax: (608) 264-9309



Filed in 1995 for calendar year 1994

Print legibly in black ink or type

# Statement of Economic Interests

NAME

La Follette Doug

(last name) (first name & initial)

STATE POSITION HELD OR SOUGHT

Sec. of State
(include agency, division, branch, or district, if applicable)

ABOUT THIS FORM: This Statement of Economic Interests has been prescribed by the Wisconsin Ethics Board pursuant to §19.44, Wisconsin Statutes. The Statement is divided into several parts. Most parts ask for information about you as well as immediate family members. The information requested concerns the previous calendar year and, for some items, requires a snapshot of economic interests held on a specified date.

Part 1 of this Statement asks you to identify your family's employers. Part 2 asks for information about your family's ownership interests in businesses and enterprises. Part 3 asks you to identify your family's real estate holdings. Part 4 asks you to identify certain of the clients, customers, and tenants of the businesses and real estate you listed in Parts 2 and 3. Part 5 asks you to identify sources from which you received business entertainment and other gifts. Part 6 asks you to identify sources from which you received honoraris or payment of expenses. Part 7 asks you to identify all other sources from which you or your family received income. Part 8 asks you to identify securities which your family owned either directly or indirectly. Part 9 asks you to identify certain organizations in which you or an immediate family member was an officer or director. Part 10 asks you to identify certain organizations of which you or your family was an authorized representative or legal agent. Finally, Part 11 asks you to identify certain of your family's creditors.

Complete each part of this Statement. If any item does not apply, check (/) the box marked 'None or Not Applicable.'

Attach additional pages if necessary.

Definitions: "Income" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest. 'Immediate family member" means your spouse, and any child, step-child, parent, or parent-in-law who receives more than one-half of his or her support from you or from whom you receive more than one-half of your support. A 'lobbyist" is an individual whose duties include trying to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employee on another's behalf for pay.

- Questions about completing this form? Call (608) 266-8115.
- Other inquiries (608) 266-8123.







#### Part 1. Employers.

List each employer from which you or an immediate family member received income of \$1,000 or more in 1994. You do not have to identify any source of income from which you or an immediate family member received less than \$1,000. You do not have to identify any employer who is an individual unless the income you or your family received came from the individual's operation of a business or the individual was a lobbyist.

Name of employer	City and state	General nature of business
Check (/) if None or Not Applicable  Name of employer  If State of Wisconsin, identify agency or institution)  State of Not Sconsin	Madison	Sec. of State
		P. 7. 3. 114 particular de la constanta de la

#### Part 2. Ownership interests in businesses.

List each partnership (general or limited), corporation (regardless of tax status and including service corporations), proprietorship, limited liability company, firm, franchise, or other business or enterprise in which you or an immediate family member, directly or indirectly, separately or together, owned at least a 10% interest on December 31, 1994. Businesses can include farms, menufacturing companies, sales and service operations, real estate rental, and professional practices. If you or an immediate family member was self-employed, but did not operate under a business name, merely list the business's customers and clients in Part 4. If you or an immediate family member was engaged in renting real estate, but did not operate under a business name, merely list, in Part 3, the address of the real estate and, in Part 4, the commercial tonants.

Check (/) if None or No	t Applicable		
Name of business	City and state	General nature of business	Form of business organization (service corporation, subchapter 8 or C corporation, partnership, proprietorship, etc.)
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		\$ 160, 160 to 160,	
	The state of the s		
	1		

For the businesses listed above, your identification must be sufficient to enable a person to identify: (a) for a corporation, its officers and directors; and (b) for any other business, its owners. Because limited partnerships and corporations created or registered to do business in Wisconsin file this information with the Secretary of State as a matter of public record, no further information is required about them. For other types of businesses, identify the owners and partners below, or explain where such information is available as a public record.

Check (/) if None or Not /	heck (√) if None or Not Applicable		
Business	Name of owners or partners	City and state	
		·	



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			>	

#### Part 3. Real estate.

Identify all real estate located in Wisconsin in which you or an immediate family member held at least a 10% interest valued at \$5,000 on December 31, 1004. Include real estate you or your family owned directly or through:

(a) a partnership; (b) a corporation; (c) a trust; or (d) other enterprise. Do not list your principal residence unless you used it for the conduct of a business or for rental purposes.

Check (*/) if None or Not Applicable Location of property (street address or fire number, municipality, and county)	Type of property (e.g., farm, recreational, commercial, rental)	Nature of interest (own, lease, option, easement, land contract)
Sturgeon Bay	Labin	OWN

#### Part 4. Customers, clients, and tenants (other than individuals\*).

Identify every source of income of \$1,000 or more in 1994 of every business that you listed in Part 2, except a C corporation, and for property listed in Part 8. This means identify each customer, client, tenant, and other source.

\*Do not identify an individual unless the individual was a lobbytst.

If your business received income from a third-party payer (such as a fee, commission, or insurance payment received by a realter, travel agent, or medical practice), list the third-party payer as well as the customer, client, or tenant.

You do not have to list;

- a corporation's sources of income if the corporation was not a service corporation or an "S" corporation under the Internal Revenue Code
- an individual who was not a lobbyist
- a decedent's estate.
- customers, clients, or tenants of a business in Part 2 or property in Part 8 from which you or an immediate family member received less than \$1,000.

AlCheck (/) if None or Not Applicable	
SCheck (/) if None or Not Applicable Customer, client, or tenant	City and state
***************************************	
The state of the s	



X



#### Part 5. Business entertainment and other gifts.

List all individuals and organizations from which you received, in 1994, entertainment or gifts having a total value of more than \$50. Include tickets to sporting or theatrical events, golfing fees, prizes, samples and promotional items, items from sales representatives or as part of business promotions, and similar items. You do not have to report gifts received by immediate family members if they were not intended for you. A "gift" includes any money, property, favor, service, entertainment, travel, or payment furnished without valuable consideration. A "gift" does not include political contributions reported to the Elections Board, or meals, beverages, or lodging that an individual offers as hospitality at his or her own expense, and not as a business expense, for reasons unrelated to your holding state public office. You do not have to report gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiance(e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law.

Check (/) if None or Not Applicable	
Name of giver	City and state

#### Part 6. Honoraria and payment of expenses.

List each individual or organization from which <u>you</u> received, in 1994, lodging, transportation, meals, expenses, or honoraria having a total value of more than \$50, for the presentation of a talk, participation in a meeting, or for a published work about issues initiated by or affecting state government or state agencies. If an immediate family member received that were unrelated to state issues should be accounted for in Part 7.

You do not have to list information about a payment: (1) if you returned it within 30 days; (2) if you received it from the agency of which your state public office is a part; (3) if you received it from a source listed in Part 1 or Part 4; or (4) if you already reported the payment to the Ethics Board as a matter of public record.

Payer	Not Applicable Approximate value of expenses	Amount of honorarium	Circumstances of receipt
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			و و و و و و و و و و و و و و و و و و و
	***************************************		

#### Part 7. Other sources of income.

Identify any other sources, not previously identified, from which you or an immediate family member received income (other than dividends or interest) of \$1,000 or more in 1994. Include honoraria not elsewhere reported, Social Security payments, retirement benefits, directors fees, commissions, proceeds from the sale of real estate, and the like. You do not have to list insurance benefits, inheritances, scholarships (if no teaching or services were required in return), or Wisconsin Retirement Fund benefits. You do not have to list proceeds from the sale of securities unless you know the purchaser's identity. You do not have to list individuals, unless the individual was a lobbyist.

Check (/) if None or Not Applicable Source of income	
Source of income	City and state





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Name Dws	La Follesta

#### Part 8. Stocks, bonds, mutual funds, and the like.

List securities, as explained below, that you and your immediate family owned on December 31, 1994 whose value was \$5,000 or more on that date.

List the following types of securities:

- stocks
- bondá
- mutual funds
- · money market funds
- securities issued by the State of Wisconsin
- securities issued by governmental entities within Wisconsin
- limited partnerships
- commodity futures contracts

#### Do not list:

- any security in which your family's interest was less than \$5,000 on December 31, 1994
- savings accounts
- checking accounts
- · certificates of deposit
- annuities
- · insurance contracts
- any security issued by the federal government or a government outside Wisconsin
- any security issued by an organization that does not do business in Wisconsin

Be sure to include securities held for you or your family in:

- · a deferred compensation plan, profit-sharing plan, or pension plan whose investments you or your family directs
- an individual retirement account (IRA)
- · a corporation, partnership, or other entity which you or your family controls.

List the security by name. Be specific. For example, list "Fidelity Puritan Fund — mutual fund" and "IBM Corporation — stock." Do not list "deferred compensation plan" or "IRA" or "Merrill Lynch account," since these terms do not identify the actual underlying securities.

For each security you list, place a check in one of the columns at the right to indicate the value of your family's interest in the security on December 31, 1994.

Check (1) if None or Not Applicable

Name of security

Type of security

Value \$50,000 More than or less \$50,000

First Commonwealth Fund Mutual fund (IRA)

Smith Barney Innual towarth Mutual fund X

Drey Lus third Crystury

Vangari Wellington

#### Part 9. Offices and directorships.

List each business, labor union, association, cooperative, or other organization of which you or an immediate family member was, on December 31, 1994, an officer or director. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purposa is to influence voting); non-profit social or community service organizations; trusts; or federal, state, or local governments or governmental agencies.

Check (/) if None or Not Applicable Business or organization	City and state	Position	

XX . .



Part 10. Representation of organizations.

List each business, labor union, association, cooperative, partnership, or other organization of which you or an immediate family member was, on December 31, 1994, an authorized representative or legal agent. List any organization which you or an immediate family member represented in the organization's dealings with others or on whose behalf you or an immediate family member was authorized to speak. Include business clients for which you or an immediate family member provided legal representation in dealings with other parties, organizations on whose behalf you or an immediate family member publicly appeared, and partnerships in which you or an immediate family member was a general partner. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purpose is to influence voting); non-profit social or community service organizations; trusts; federal, state, or local governments or governmental agencies; or organizations for which your efforts did not include representation to third parties. You do not have to list organizations already identified in Parts 1, 2, or 9.

Part 11. Creditors. List each creditor to whom you or immediate family member on December 31, 1994. For each creditor listed, place a chethe amount owed. Include business creditors if you or an immediate linear partnership debts.	ick in one of the colum iate family member was p	ns at the rig	th to indicat
List each creditor to whom you or immediate family member on December 31, 1994. For each creditor listed, place a che the amount owed. Include business creditors if you or an immed Include your portion of any partnership debts.	ick in one of the colum iate family member was p	ns at the rig	th to indicat
Chook (A) if Nana as Not Applicable	MANUFACTURE II II A		
Check (/) if None or Not Applicable Creditor City and stat	0	Amount \$50,000 or less	Amount More than \$50,000
Part 12. Information as of date office assured your Statement must identify significant changes in your fit of 1994 and the date you began your new term. Identify at relinquished during the first two days of 1995 and the Part to Check (/) if None or Not Applicable	nancial interests that c ny reportable financial	occurred bet l interest yo	ween the end u acquired o
Before signing, please review your Statement to be sure the information or checked the box for "None or Not Applicable." I certify that the information contained in this St	W		

complete, and correct to the best of my knowledge, information, and belief.

Signature of person filing Date Daytime telephone number

Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), Wisconsin Statutes, the Ethics Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

Failure to file a completed form may result in a forfeiture of up to \$500.







Mail or Fax to:

Wisconsin Ethics Board 44 E. Mifflin St., Suite 601 Madison, WI 53703-2800 Fax: (608) 264-9309



Filed in 1996 for calendar year 1995

Print legibly in black ink or type

# **Statement of Economic Interests**

La Follette, Douglas

SECRETARY OF STATE, OFFICE OF SECRETARY OF STATE NAME

STATE POSITION

Please return this completed form to the Wisconsin Ethics Board by April 30, 1996.

ABOUT THIS FORM: This Statement of Economic Interests has been prescribed by the Wisconsin Ethics Board pursuant to §19.44, Wisconsin Statutes. The Statement is divided into several parts. Most parts ask for information about you as well as immediate family members. The information requested concerns the previous calendar year and, for some items, requires a snapshot of economic interests held on a specified date.

Part 1 of this Statement asks you to identify your family's employers. Part 2 asks for information about your family's ownership interests in businesses and enterprises. Part 3 asks you to identify your family's real estate holdings. Part 4 asks you to identify certain of the clients, customers, and tenants of the businesses and real estate you listed in Parts 2 and 3. Part 5 asks you to identify sources from which you received business entertainment and other gifts. Part 6 asks you to identify sources from which you received honoraria or payment of expenses. Part 7 asks you to identify all other sources from which you or your family received income. Part 8 asks you to identify securities which your family owned either directly or indirectly. Part 9 asks you to identify certain organizations in which you or an immediate family member was an officer or director. Part 10 asks you to identify certain organizations of which you or your family was an authorized representative or legal agent. Finally, Part 11 asks you to identify certain of your family's creditors.

Complete each part of this Statement. If any item does not apply, check (/) the box marked "None or Not Applicable."

Attach additional pages if necessary.

Definitions: "Income" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest. "Immediate family member" means your spouse, and any child, step-child, parent, or parent-in-law who receives more than one-half of his or her support from you or from whom you receive more than one-half of your support. A "lobbyist" is an individual whose duties include trying to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employee on another's behalf for pay.

- Questions about completing this form? Call (608) 266-8115.
- Other inquiries (608) 266-8123.



#### Part 1. Employers.

List each employer from which you or an immediate family member received income of \$1,000 or more in 1995. You do not have to identify any source of income from which you or an immediate family member received less than \$1,000. You do not have to identify any employer who is an individual unless the income you or your family received came from the individual's operation of a business or the individual was a lobbyist.

Name of employer (If State of Wisconsin, identify agency or institution)	City and state	General nature of busines	
of Wisconsin	Madison	Sec of State	

#### Part 2. Ownership interests in businesses.

List each partnership (general or limited), corporation (regardless of tax status and including service corporations), proprietorship, limited liability company, firm, franchise, or other business or enterprise in which you or an immediate family member, directly or indirectly, separately or together, owned or controlled at least a 10% interest on December 31, 1995. Businesses can include farms, manufacturing companies, sales and service operations, real estate rental, and professional practices. If you or an immediate family member was self-employed, but did not operate under a business name, merely list the business's customers and clients in Part 4. If you or an immediate family member was engaged in renting real estate, but did not operate under a business name, merely list, in Part 3, the address of the real estate and, in Part 4, the commercial tenants.

Name of business	City and state	General nature of business	Form of business organization (service corporation, subchapter S or C corporation, partnership, proprietorship, etc.)

For the businesses listed above, your identification must be sufficient to enable a person to identify: (a) for a corporation, its officers and directors; and (b) for any other business, its owners. Because limited partnerships and corporations created or registered to do business in Wisconsin file this information with the Secretary of State as a matter of public record, no further information is required about them. For other types of businesses, identify the owners and partners below, or explain where such information is available as a public record.

eck (/) if None or No Business	Name of owners or partners	City and state

Douglas J. La Follette, Statements of Economic Inter-				
	Name	Doug	La Foll	este

#### Part 3. Real estate.

Identify all real estate located in Wisconsin in which you or an immediate family member held at least a 10% interest valued at \$5,000 on December 31, 1995. Include real estate you or your family owned directly or through:
(a) a partnership; (b) a corporation; (c) a trust; or (d) other enterprise. Do not list your principal residence unless you used it for the conduct of a business or for rental purposes.

Location of property (street address or fire number, municipality, and county)	Type of property (e.g., farm, recreational, commercial, rental)	Nature of interest (own, lease, option, easement, land contract)
Sturgeon Bay	Cabin	OWN
	•	

#### Part 4. Customers, clients, and tenants (other than individuals\*).

Identify every source of income of \$1,000 or more in 1995 of every business that you listed in Part 2, except a C corporation, and for every property listed in Part 3. This means identify each customer, client, tenant, and other source of income.

\*Do not identify an individual unless the individual was a lobbyist.

If your business received income from a third-party payer (such as a fee, commission, or insurance payment received by a realtor, travel agent, or medical practice), list the third-party payer as well as the customer, client, or tenant.

You do not have to list:

- a corporation's sources of income if the corporation was not a service corporation or an "S" corporation under the Internal Revenue Code
- sources of income of a business in Part 2 or property in Part 3 from which you or an immediate family member received less than \$1,000.
- an individual who was not a lobbyist
- · a decedent's estate.

Customer, client, or tenant	City and state
Castonici, oneno, or bondito	Oity and state



Via

#### Part 5. Business entertainment and other gifts.

List all individuals and organizations from which you received, in 1995, entertainment or gifts having a total value of more than \$50. Include tickets to sporting or theatrical events, golfing fees, prizes, samples and promotional items, items from sales representatives or as part of business promotions, and similar items. You do not have to report gifts received by immediate family members if they were not intended for you. A "gift" includes any money, property, favor, service, entertainment, travel, or payment furnished without valuable consideration. A "gift" does not include political contributions reported to the Elections Board, or meals, beverages, or lodging that an individual offers as hospitality at his or her own expense, and not as a business expense, for reasons unrelated to your holding state public office. You do not have to report gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiancé(e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law.

	giver		City and state
	Aller and the state of the stat		
Part 6. Honoraria	and payment of expe	nses.	
expenses, or honoraria h: a talk, participation in a	organization from which you aving a total value of more tha a meeting, or for a published acies. Honoraria you or an imme or in Part 7.	un \$50, for attendance a d work about issues i	et a conference, presentation of initiated by or affecting sta
if you returned it within 30 of received it from a source lis matter of public record.	mation about lodging, transportati lays; (2) if you received it from the ted in Part 1 or Part 4; or (4) if y	e agency of which your sta	te public office is a part: (3) if vo
Check (🗸) if None or l	Not Applicable		
Payer	Approximate	Amount of	Circumstances
	value of expenses	honorarium	of receipt
· ·			
Part 7. Other sour	ces of income.		
received income (other the reported, Social Security pay and the like. You do not have in return), or Wisconsin Retirknow the purchaser's identity	es, not previously identified, han dividends or interest) of s ments, retirement benefits, direct e to list insurance benefits, inherita rement Fund benefits. You do not y. You do not have to list individua	\$1,000 or more in 1995. cors' fees, commissions, preances, scholarships (if no the baye to list proceeds from	Include honoraria not elsewher oceeds from the sale of real estate eaching or services were require the sale of securities upless ye
Identify any other source received income (other the reported, Social Security pay and the like. You do not have in return), or Wisconsin Retirknow the purchaser's identity.  Check (/) if None or N	es, not previously identified, han dividends or interest) of sements, retirement benefits, direct to list insurance benefits, inheritatement Fund benefits. You do not y. You do not have to list individuated Applicable	\$1,000 or more in 1995.  cors' fees, commissions, presences, scholarships (if no the have to list proceeds from als, unless the individual to	Include honoraria not elsewher occeeds from the sale of real estate eaching or services were required the sale of securities unless you was a lobbyist.
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Identify any other source received income (other the reported, Social Security pay and the like. You do not have in return), or Wisconsin Retirknow the purchaser's identity.  Check (/) if None or N	es, not previously identified, han dividends or interest) of sements, retirement benefits, direct to list insurance benefits, inheritatement Fund benefits. You do not y. You do not have to list individuated Applicable	\$1,000 or more in 1995.  cors' fees, commissions, presences, scholarships (if no the have to list proceeds from als, unless the individual to	Include honoraria not elsewher occeeds from the sale of real estate eaching or services were required the sale of securities unless you was a lobbyist.



t securities, as explained below, that yo ose value was \$5,000 or more on that date.	u and vour immediate family ow		2 22 22
ose value was 40,000 or more on mai date.		ed on Dece	ember 31, 199
t the following types of securities:	Do not list:		
stocks	<ul> <li>any security in which your far</li> </ul>	nily's interest	·
oonds	was less than \$5,000 on Decen	nber 31, 1995	
mutual funds	<ul> <li>savings accounts</li> </ul>		
money market funds	<ul> <li>checking accounts</li> </ul>		
securities issued by the	<ul> <li>certificates of deposit</li> </ul>		
State of Wisconsin	<ul><li>annuities</li></ul>		
securities issued by governmental	<ul> <li>insurance contracts</li> </ul>		2.5
entities within Wisconsin	<ul> <li>any security issued by the fed</li> </ul>	eral governme	ent or
imited partnerships	a government outside Wiscon	sin	
commodity futures contracts	<ul> <li>any security issued by an orga do business in Wisconsin</li> </ul>	nization that	does not
cornoration nartherenin or other entity which	you or your family controls		
the security by name. Be specific. For M Corporation stock." Do not list fount," since these terms do not identify the each security you list, place a check in cally's interest in the security on December Check (/) if None or Not Applicable  Name of security	for example, list "Fidelity Puritan is deferred compensation plan" or ne actual underlying securities.  One of the columns at the right to it also it is a security of the columns at the right to it is a security of the right to it.	"IRA" or "I	Merrill Lynch
t the security by name. Be specific. F M Corporation stock." Do not list ount," since these terms do not identify the each security you list, place a check in cally's interest in the security on December	or example, list "Fidelity Puritan is deferred compensation plan" or ne actual underlying securities.	"IRA" or "Indicate the	walue of you
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the security by name. Be specific. F M Corporation stock." Do not list ount," since these terms do not identify the each security you list, place a check in cally's interest in the security on December Check (/) if None or Not Applicable  Name of security  Sign Common mallh Fund	for example, list "Fidelity Puritan and deferred compensation plan" or the actual underlying securities.  One of the columns at the right to it also a security	"IRA" or "Indicate the  Value \$50,000	value of your  Value  More than
t the security by name. Be specific. F M Corporation stock." Do not list ount," since these terms do not identify the each security you list, place a check in cally's interest in the security on December Check (/) if None or Not Applicable  Name of security  First Common wallh Fund  Mith Barnay Income + Growth	for example, list "Fidelity Puritan" or deferred compensation plan" or ne actual underlying securities.  one of the columns at the right to it al, 1995.  Type of security  Mutual fund (IRA)  Mutual fund fund	"IRA" or "Indicate the  Value \$50,000	value of your  Value  More than
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the security by name. Be specific. F M Corporation stock." Do not list ount," since these terms do not identify the each security you list, place a check in a ily's interest in the security on December Check (/) if None or Not Applicable  Name of security  Name of security  The Barney Income + Growth	for example, list "Fidelity Puritan" or deferred compensation plan" or ne actual underlying securities.  one of the columns at the right to it al, 1995.  Type of security  Mutual fund (IRA)  Mutual fund fund	"IRA" or "Indicate the  Value \$50,000	value of your  Value  More than
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t the security by name. Be specific. F M Corporation stock." Do not list ount," since these terms do not identify the each security you list, place a check in cally's interest in the security on December Check (/) if None or Not Applicable  Name of security  First Common wallh Fund  MY Fund Contage  Dray Fund Contage  A Contage  Many Fund Contage  Ma	or example, list "Fidelity Puritan is deferred compensation plan" or ne actual underlying securities.  one of the columns at the right to it 31, 1995.  Type of security  Mutual fund (IRA)  Mutual fund - Def comp	"IRA" or "Indicate the  Value \$50,000	value of your  Value  More than

Business or organization	City and state	Position



#### Part 10. Representation of organizations.

List each business, labor union, association, cooperative, partnership, or other organization of which you or an immediate family member was, on December 31, 1995, an authorized representative or legal agent. List any organization which you or an immediate family member represented in the organization's dealings with others or on whose behalf you or an immediate family member was authorized to speak. Include business clients for which you or an immediate family member provided legal representation in dealings with other parties, organizations on whose behalf you or an immediate family member publicly appeared, and partnerships in which you or an immediate family member was a general partner. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purpose is to influence voting); non-profit social or community service organizations; trusts; federal, state, or local governments or governmental agencies; or organizations for which your efforts did not include representation to third parties. You do not have to list organizations already identified in Parts 1, 2, or 9.

Check (/) if None or Not Applicable Business or organization	City and st	tate	
Part 11. Creditors.			
ist each creditor to whom you or immedia in December 31, 1995. For each creditor li he amount owed. Include business creditors include your portion of any partnership debts.	sted, place a check in one of t	he columns at the rig	ht to indica
Check (🗸) if None or Not Applicable			
Creditor	City and state	Amount \$50,000 or less	Amount More than \$50,000
sefore signing, please review your Statem	ent to be sure that for each 1	part, you have listed	the requir
nformation or checked the box for 'None or	Not Applicable."		
nformation or checked the box for 'None or certify that the information contain	Not Applicable." ned in this Statement of	Economic Interes	
Sefore signing, please review your Statementormation or checked the box for 'None or certify that the information contain omplete, and correct to the best of the	Not Applicable." ned in this Statement of	Economic Interes	ts is true,

OpenSecrets.org

Office Review

A 4/4/96

Failure to file a completed form may result in a forfeiture of up to \$500.

no personally identifiable information is likely to be used for purposes other than those for which it is collected.

Mail or Fax to:

Wisconsin Ethics Board 44 E. Mifflin St., Suite 601 Madison, WI 53703-2800 Fax: (608) 264-9309



Filed in 1997 for calendar year 1996

Print legibly in black ink or type

# **Statement of Economic Interests**

NAME:

La Follette, Douglas

SECRETARY OF STATE, OFFICE OF SECRETARY OF STATE

STATE POSITION HELD OR SOUGHT:

STATE POSITION SECRETARY OF STA

Please return this completed form to the Wisconsin Ethics Board by April 30, 1997.

ABOUT THIS FORM: This Statement of Economic Interests has been prescribed by the Wisconsin Ethics Board pursuant to §19.44, Wisconsin Statutes. The Statement is divided into several parts. Most parts ask for information about you as well as immediate family members. The information requested concerns the previous calendar year and, for some items, requires a snapshot of economic interests held on a specified date.

Part 1 of this Statement asks you to identify your family's employers. Part 2 asks for information about your family's ownership interests in businesses and enterprises. Part 3 asks you to identify your family's real estate holdings. Part 4 asks you to identify certain of the clients, customers, and tenants of the businesses and real estate you listed in Parts 2 and 3. Part 5 asks you to identify sources from which you received business entertainment and other gifts. Part 6 asks you to identify sources from which you received honoraria or payment of expenses. Part 7 asks you to identify all other sources from which you or your family received income. Part 8 asks you to identify securities which your family owned either directly or indirectly. Part 9 asks you to identify certain organizations in which you or an immediate family member was an officer or director. Part 10 asks you to identify certain organizations of which you or your family was an authorized representative or legal agent. Finally, Part 11 asks you to identify certain of your family's creditors.

Complete each part of this Statement. If any item does not apply, check (/) the box marked "None or Not Applicable."

Attach additional pages if necessary.

Definitions: "Income" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest. "Immediate family member" means your spouse, and any child, step-child, parent, or parent-in-law who receives more than one-half of his or her support from you or from whom you receive more than one-half of your support. A "lobbyist" is an individual whose duties include trying to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employee on another's behalf for pay.

- Questions about completing this form? Call (608) 266-8115.
- Other inquiries (608) 266-8123.



#### Part 1. Employers.

List each employer from which you or an immediate family member received income of \$1,000 or more in 1996. You do not have to identify any source of income from which you or an immediate family member received less than \$1,000. You do not have to identify any employer who is an individual unless the income you or your family received came from the individual's operation of a business or the individual was a lobbyist.

Name of employer	City and state	General nature of business
If State of Wisconsin, identify agency or institution)	madison	Sec of Stat
Uni of Alaska	Juneau, AK	Visiting Professor
		/

### Part 2. Ownership interests in businesses.

List each partnership (general or limited), corporation (regardless of tax status and including service corporations), proprietorship, limited liability company, firm, franchise, or other business or enterprise in which you or an immediate family member, directly or indirectly, separately or together, owned or controlled at least a 10% interest on December 31, 1996. Businesses can include farms, manufacturing companies, sales and service operations, real estate rental, and professional practices. If you or an immediate family member was self-employed, but did not operate under a business name, merely list the business's customers and clients in Part 4. If you or an immediate family member was engaged in renting real estate, but did not operate under a business name, merely list, in Part 3, the address of the real estate and, in Part 4, the commercial tenants.

Name of business	City and state	General nature of business	Form of business organization (service corporation, subchapter S or C corporation, partnership, proprietorship, etc.)
			400
1			

For the businesses listed above, your identification must be sufficient to enable a person to identify: (a) for a corporation, its officers and directors; and (b) for any other business, its owners. Because limited partnerships and corporations created or registered to do business in Wisconsin file this information with the Secretary of State as a matter of public record, no further information is required about them. For other types of businesses, identify the owners and partners below, or explain where such information is available as a public record.

Business	Name of owners or partners	City and state

Douglas J. La Follette, Statements of Eco		LEILOH,
	Name	vg LaFolletti
Part 3. Real estate.		
dentify all real estate located in Wisconnterest valued at \$5,000 on December a) a partnership; (b) a corporation; (c) a trust for the conduct of a business or for rental p	31, 1996. Include real estate yo t; or (d) other enterprise. Do not surposes.	u or your family owned directly or through
Check (✓) if None or Not Applicable  Location of property	Type of property	Nature of interest
(street address or fire number, municipality, and county)  Glidden Drivl Mear  Sturgeon Bay	(e.g., farm, recreational, commercial, rental)	(own, lease, option, easement, land contract)
- Sturgeon Bay		*
dentify every source of income of \$1,00 C corporation, and for every property li	0 or more in 1996 of every bu	siness that you listed in Part 2, except
dentify every source of income of \$1,000 corporation, and for every property libther source of income.	00 or more in 1996 of every bu sted in Part 3. This means ide	siness that you listed in Part 2, except
Identify every source of income of \$1,000 C corporation, and for every property list ther source of income.  Do not identify an individual unless the figure of the source	00 or more in 1996 of every busted in Part 3. This means ide e individual was a lobbyist.	siness that you listed in Part 2, except entify each customer, client, tenant, and make the customer and the
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#### Part 5. Business entertainment and other gifts.

List all individuals and organizations from which you received, in 1996, entertainment or gifts having a total value of more than \$50. Include tickets to sporting or theatrical events, golfing fees, prizes, samples and promotional items, items from sales representatives or as part of business promotions, and similar items. You do not have to report gifts received by immediate family members if they were not intended for you. A "gift" includes any money, property, favor, service, entertainment, travel, or payment furnished without valuable consideration. A "gift" does not include political contributions reported to the Elections Board, or meals, beverages, or lodging that an individual offers as hospitality at his or her own expense, and not as a business expense, for reasons unrelated to your holding state public office. You do not have to report gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiancé(e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law.

City and state

#### Part 6. Honoraria and payment of expenses.

List each individual or organization from which <u>you</u> received, in 1996, lodging, transportation, meals, expenses, or honoraria having a total value of more than \$50, for attendance at a conference, presentation of a talk, participation in a meeting, or for a published work about issues initiated by or affecting state government or state agencies. Honoraria you or an immediate family member received that were unrelated to state issues should be accounted for in Part 7.

You do not have to list information about lodging, transportation, meals, money or any other thing of pecuniary value: (1) if you returned it within 30 days; (2) if you received it from the agency of which your state public office is a part; (3) if you received it from a source listed in Part 1 or Part 4; or (4) if you already reported the payment to the Ethics Board as a matter of public record.

eck (🗸) if None or Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

#### Part 7. Other sources of income.

Identify any other sources, not previously identified, from which you or an immediate family member received income (other than dividends or interest) of \$1,000 or more in 1996. Include honoraria not elsewhere reported, Social Security payments, retirement benefits, directors' fees, commissions, proceeds from the sale of real estate, and the like. You do not have to list insurance benefits, inheritances, scholarships (if no teaching or services were required in return), or Wisconsin Retirement Fund benefits. You do not have to list proceeds from the sale of securities unless you know the purchaser's identity. You do not have to list individuals, unless the individual was a lobbyist.

Source of income	City and state

Part 8. Stocks, bonds, mutual funds, List securities, as explained below, that you an whose value was \$5,000 or more on that date.  List the following types of securities:  • stocks  • bonds  • mutual funds  • money market funds  • securities issued by the State of Wisconsin  • securities issued by governmental entities within Wisconsin  • limited partnerships  • commodity futures contracts  Be sure to include securities held for you or your:  • a deferred compensation plan, profit-sharing plan, or • an individual retirement account (IRA) • a corporation, partnership, or other entity which you  List the security by name. Be specific. For exercities the security on the profit of the factory, since these terms do not identify the account, since the security on December 31, since the security on December	Do not list:  • any security in which your fan was less than \$5,000 on Decem • savings accounts • checking accounts • certificates of deposit • annuities • insurance contracts • any security issued by the federal government outside Wiscons • any security issued by an orgate do business in Wisconsin family in: pension plan whose investments your your family controls.  Example, list "Fidelity Puritan I will be red compensation plan" or trual underlying securities.	eral government or sin nization that does so or your family defined mutual sure.  "IRA" or "Merrondicate the value \$50,000 Mo	not lirects fund" and rill Lynch
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	CV.	X	
Dearlys Mill Century Mr.	trul found - Def comp	X	
Vanagra - Willington	1, 4	X	
to sold to the sol			
Part 9. Offices and directorships.  ist each business, labor union, association, cooper amily member was, on December 31, 1996, an of reganizations (entities to which a contribution is tax deduction in the contribution of the community services are the contribution.	ficer or director. You do not hat actible); political organizations (enti	ave to identify any ties whose primary	y charitabl y purpose is
overnmental agencies.  Check (/) if None or Not Applicable			
	and state Posi	tion	



#### Part 10. Representation of organizations.

List each business, labor union, association, cooperative, partnership, or other organization of which you or an immediate family member was, on December 31, 1996, an authorized representative or legal agent. List any organization which you or an immediate family member represented in the organization's dealings with others or on whose behalf you or an immediate family member was authorized to speak. Include business clients for which you or an immediate family member provided legal representation in dealings with other parties, organizations on whose behalf you or an immediate family member publicly appeared, and partnerships in which you or an immediate family member was a general partner. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purpose is to influence voting); non-profit social or community service organizations; trusts; federal, state, or local governments or governmental agencies; or organizations for which your efforts did not include representation to third parties. You do not have to list organizations already identified in Parts 1, 2, or 9.

Business or organization	City and sta	te	
Part 11. Creditors.			
ist each creditor to whom you or i n December 31, 1996. For each cr	immediate family members, individually reditor listed, place a check in one of the creditors if you or an immediate family memb o debts.	e columns at the rig	th to indica
Check (🗸) if None or Not Applic	able		
Creditor	City and state	Amount \$50,000	Amount More than
		or less	\$50,000
		or less	\$50,000
afore signing please review you	r Statement to be sure that for each p		
nformation or checked the box for		art, you have listed	the require
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nformation or checked the box for certify that the information	"None or Not Applicable." a contained in this Statement of I best of my knowledge, information	art, you have listed	the require

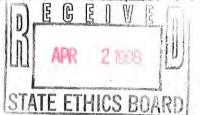


Office Review

Failure to file a completed form may result in a forfeiture of up to \$500.

Mail or Fax to:

Wisconsin Ethics Board 44 E. Mifflin St., Suite 601 Madison, WI 53703-2800 Fax: (608) 264-9309



Filed in 1998 for calendar year 1997

Print legibly in black ink or type

# Statement of Economic Interests

NAME:

La Follette, Douglas

Secretary of State

STATE POSITION HELD OR SOUGHT:

Office of Secretary of State

Please return this completed form to the Wisconsin Ethics Board by April 30, 1998.

ABOUT THIS FORM: This Statement of Economic Interests has been prescribed by the Wisconsin Ethics Board pursuant to §19.44, Wisconsin Statutes. The Statement is divided into several parts. Most parts ask for information about you as well as immediate family members. The information requested concerns the previous calendar year and, for some items, requires a snapshot of economic interests held on a specified date.

Part 1 of this Statement asks you to identify your family's employers. Part 2 asks for information about your family's ownership interests in businesses and enterprises. Part 3 asks you to identify your family's real estate holdings. Part 4 asks you to identify certain of the clients, customers, and tenants of the businesses and real estate you listed in Parts 2 and 3. Part 5 asks you to identify sources from which you received business entertainment and other gifts. Part 6 asks you to identify sources from which you received honoraria or payment of expenses. Part 7 asks you to identify all other sources from which you or your family received income. Part 8 asks you to identify securities which your family owned either directly or indirectly. Part 9 asks you to identify certain organizations in which you or an immediate family member was an officer or director. Part 10 asks you to identify certain organizations of which you or your family was an authorized representative or legal agent. Finally, Part 11 asks you to identify certain of your family's creditors.

Complete each part of this Statement. If any item does not apply, check (1) the box marked "None or Not Applicable."

Attach additional pages if necessary.

Definitions: "Income" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest. "Immediate family member" means your spouse, and any child, step-child, parent, or parent-in-law who receives more than one-half of his or her support from you or from whom you receive more than one-half of your support. A "lobbyist" is an individual whose duties include trying to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employee on another's behalf for pay.

- Questions about completing this form? Call (608) 266-8115.
- Other inquiries (608) 266-8123.



#### Part 1. Employers.

List each employer from which you or an immediate family member received income of \$1,000 or more in 1997. You do not have to identify any source of income from which you or an immediate family member received less than \$1,000. You do not have to identify any employer who is an individual unless the income you or your family received came from the individual's operation of a business or the individual was a lobbyist.

Name of employer	City and state	General nature of business
If State of Wisconsin, identify agency or institution)	Madison	Sec of State

#### Part 2. Ownership interests in businesses.

List each partnership (general, limited or limited liability), corporation (regardless of tax status and including service corporations), proprietorship, limited liability company, firm, franchise, or other business or enterprise in which you or an immediate family member, directly or indirectly, separately or together, owned or controlled at least a 10% interest on December 31, 1997. Businesses can include farms, manufacturing companies, sales and service operations, real estate rental, and professional practices. If you or an immediate family member was self-employed, but did not operate under a business name, merely list the business's customers and clients in Part 4. If you or an immediate family member was engaged in renting real estate, but did not operate under a business name, merely list, in Part 3, the address of the real estate and, in Part 4, the commercial tenants.

Name of business	City and state	General nature of business	Form of business organization (service corporation, subchapter S or C corporation, partnership, proprietorship, etc.)
-14			

For the businesses listed above, your identification must be sufficient to enable a person to identify: (a) for a corporation, its officers and directors; (b) for a limited liability company, its managers or members; and (c) for any other business, its owners. Because limited partnerships, limited liability companies, and corporations created or registered to do business in Wisconsin file this information with the Department of Financial Institutions as a matter of public record, no further information is required about them. For other types of businesses, identify the owners and partners below, or explain where such information is available as a public record.



Location of property (street address or fire number,		
municipality, and county)	Type of property (e.g., farm, recreational, commercial, rental)	Nature of interest (own, lease, option, easement, land contract)
Glidden Drive near	Casin	OWN
Stargen Bay		
H		
Part 4. Customers, clients	, and tenants (other	than individuals*).
0 1		
Your business received income from a third realtor, travel agent, or medical practice), li	e individual was a lobbyist. I-party payer (such as a fee, com st the third-party payer as well	mission, or insurance payment received as the customer, client, or tenant.
Your business received income from a third realtor, travel agent, or medical practice), li ou do <b>not</b> have to list: • a corporation's sources of income if the	l-party payer (such as a fee, com st the third-party payer as well	as the customer, client, or tenant.
your business received income from a third realtor, travel agent, or medical practice), life ou do not have to list:  • a corporation's sources of income if the Internal Revenue Code  • sources of income of a business in Par received less than \$1,000.	l-party payer (such as a fee, com st the third-party payer as well corporation was not a service of	as the customer, client, or tenant. orporation or an "S" corporation under t
your business received income from a third realtor, travel agent, or medical practice), life ou do not have to list:  • a corporation's sources of income if the Internal Revenue Code  • sources of income of a business in Par	l-party payer (such as a fee, com st the third-party payer as well corporation was not a service of	as the customer, client, or tenant. orporation or an "S" corporation under t
your business received income from a third realtor, travel agent, or medical practice), life ou do not have to list:  • a corporation's sources of income if the Internal Revenue Code  • sources of income of a business in Par received less than \$1,000.  • an individual who was not a lobbyist  • a decedent's estate.	l-party payer (such as a fee, com st the third-party payer as well corporation was not a service of	as the customer, client, or tenant. orporation or an "S" corporation under t
your business received income from a third realtor, travel agent, or medical practice), lift ou do not have to list:  • a corporation's sources of income if the Internal Revenue Code  • sources of income of a business in Par received less than \$1,000.  • an individual who was not a lobbyist	l-party payer (such as a fee, com st the third-party payer as well corporation was not a service of t 2 or property in Part 3 from v	as the customer, client, or tenant. orporation or an "S" corporation under t
your business received income from a third realtor, travel agent, or medical practice), lift ou do not have to list:  • a corporation's sources of income if the Internal Revenue Code  • sources of income of a business in Parreceived less than \$1,000.  • an individual who was not a lobbyist  • a decedent's estate.  Check (/) if None or Not Applicable	l-party payer (such as a fee, com st the third-party payer as well corporation was not a service of t 2 or property in Part 3 from v	as the customer, client, or tenant.  orporation or an "S" corporation under t  which you or an immediate family memb
your business received income from a third realtor, travel agent, or medical practice), lift ou do not have to list:  • a corporation's sources of income if the Internal Revenue Code  • sources of income of a business in Parreceived less than \$1,000.  • an individual who was not a lobbyist  • a decedent's estate.  Check (/) if None or Not Applicable	l-party payer (such as a fee, com st the third-party payer as well corporation was not a service of t 2 or property in Part 3 from v	as the customer, client, or tenant.  orporation or an "S" corporation under t  which you or an immediate family memb



#### Part 5. Business entertainment and other gifts.

List all individuals and organizations from which you received, in 1997, entertainment or gifts having a total value of more than \$50. Include tickets to sporting or theatrical events, golfing fees, prizes, samples and promotional items, items from sales representatives or as part of business promotions, and similar items. You do not have to report gifts received by immediate family members if they were not intended for you. A "gift" includes any money, property, favor, service, entertainment, travel, or payment furnished without valuable consideration. A "gift" does not include political contributions reported to the Elections Board, or meals, beverages, or lodging that an individual offers as hospitality at his or her own expense, and not as a business expense, for reasons unrelated to your holding state public office. You do not have to report gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiancé(e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law.

Name of giver	City and state

#### Part 6. Honoraria and payment of expenses.

List each individual or organization from which <u>you</u> received, in 1997, lodging, transportation, meals, expenses, or honoraria having a total value of more than \$50, for attendance at a conference, presentation of a talk, participation in a meeting, or for a published work about issues initiated by or affecting state government or state agencies. Honoraria you or an immediate family member received that were unrelated to state issues should be accounted for in Part 7.

You do not have to list information about lodging, transportation, meals, money or any other thing of pecuniary value: (1) if you returned it within 30 days; (2) if you received it from the agency of which your state public office is a part; (3) if you received it from a source listed in Part 1 or Part 4; or (4) if you already reported the payment to the Ethics Board as a matter of public record.

	la 1					0.00	
_	Check	(1)	if None	or	Not	Appl	icable

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1493 + fritist 1	fur.	Hole mission for
- 3		
	LA to Borgh	LA to Bunglok

#### Part 7. Other sources of income.

Identify any other sources, not previously identified, from which you or an immediate family member received income (other than dividends or interest) of \$1,000 or more in 1997. Include honoraria not elsewhere reported, Social Security payments, retirement benefits, directors' fees, commissions, proceeds from the sale of real estate, and the like. You do not have to list insurance benefits, inheritances, scholarships (if no teaching or services were required in return), or Wisconsin Retirement Fund benefits. You do not have to list proceeds from the sale of securities unless you know the purchaser's identity. You do not have to list individuals, unless the individual was a lobbyist.

Source of income	City and state

Douglas J. La Follette, Statements of Economic	c Interests, 1990-2020. Wisconsin Ethics	s Board, Ope	enSecrets.org.
Part 8. Stocks, bonds, mutua			
ist securities, as explained below, that 997 whose value was \$5,000 or more on	you and your immediate family o	wned on I	December 31
ist the following types of securities: stocks bonds mutual funds money market funds securities issued by the State of Wisconsin securities issued by governmental entities within Wisconsin limited partnerships commodity futures contracts e sure to include securities held for you or you a deferred compensation plan, profit-sharing pl an individual retirement account (IRA) a corporation, partnership, or other entity which	lan, or pension plan whose investments yo	ber 31, 1997 ral governmen nization that u or your fan	does not
ist the security by name. Be specific. For orporation stock." Do not list "deferred lese terms do not identify the actual underly or each security you list, place a check your family's interest in the security of	compensation plan" or "IRA" or "Mer ying securities. It in one of the columns at the righ	rill Lynch a	account," since
Check (✓) if None or Not Applicable  Name of security	Type of security	Value \$50,000 or less	Value More than \$50,000
Sinch Buoney Income + Growth Drey fus this Century Jungend - Wellington	Mutual Fund (IVEA)	X	
	la i a a		
Part 9. Offices and directors ist each business, labor union, association mediate family member was, on December aritable organizations (entities to which a commany purpose is to influence voting); non-profit cal governments or governmental agencies.  Check (  ) if None or Not Applicable	on, cooperative, or other organizati r 31, 1997, an officer or director. You ntribution is tax deductible); political or t social or community service organization	do not have ganizations s; trusts; or f	to identify any (entities whose
Business or organization	City and state Positi	ion	

#### Part 10. Representation of organizations.

List each business, labor union, association, cooperative, partnership, or other organization of which you or an immediate family member was, on December 31, 1997, an authorized representative or legal agent. List any organization which you or an immediate family member represented in the organization's dealings with others or on whose behalf you or an immediate family member was authorized to speak. Include business clients for which you or an immediate family member provided legal representation in dealings with other parties, organizations on whose behalf you or an immediate family member publicly appeared, and partnerships in which you or an immediate family member was a general partner. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purpose is to influence voting); non-profit social or community service organizations; trusts; federal, state, or local governments or governmental agencies; or organizations for which your efforts did not include representation to third parties. You do not have to list organizations already identified in Parts 1, 2, or 9.

Check (🗸 ) if None or Not Applical Business or organization	City and st	ate	
, <u> </u>			
0 1			
art 11. Creditors.		20	
ore on December 31, 1997. For eac dicate the amount owed. Include but the debt. Include your portion of any p		one of the columns a	t the right
Check (✓) if None or Not Applicab	ole		
Check (✓) if None or Not Applicate  Creditor		Amount	Amount
Check (✓) if None or Not Applicate Creditor	City and state	Amount \$50,000 or less	Amount More tha \$50,000
Check (√) if None or Not Applicat Creditor		\$50,000	More tha
Check (✓) if None or Not Applicate Creditor		\$50,000	More tha
Check (√) if None or Not Applicate Creditor		\$50,000	More tha
Creditor  fore signing, please review your S	City and state	\$50,000 or less	More tha \$50,000
Creditor  fore signing, please review your Stormation or checked the box for "N	City and state  tatement to be sure that for each pone or Not Applicable."	\$50,000 or less part, you have listed	More the \$50,000 the requi
fore signing, please review your Stormation or checked the box for "Neertify that the information con	City and state	\$50,000 or less  part, you have listed conomic Interests	More the \$50,000 the requi
fore signing, please review your Stromation or checked the box for "Nertify that the information con	City and state  tatement to be sure that for each pone or Not Applicable."  ntained in this Statement of E	\$50,000 or less  part, you have listed conomic Interests	More the \$50,000 the requirements is true,

Office Review
4/3/98



Failure to file a completed form may result in a forfeiture of up to \$500.

Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org. Mail or fax to: Wisconsin Ethics Board

44 E. Mifflin St., Suite 601 Madison, WI 53703-2800 Fax: (608) 264-9309

Filed in 1999 for calendar year 1998

Print legibly in dark ink or type

# Statement of Economic Interests

Name

La Follette, Douglas

State position held or sought: Secretary of State

Part 1. Employers.			☐Check (✓) if None o	r Not Applicable
Name of employer		City and state	General nature o	f business
(If State of Wisconsin, identify a	Scousing	Madison	Sec. of	State
	V			
Part 2. Ownership into	erests in businesses	s. [	Check (1) if None o	r Not Applicable
Name of business	City and state	General nature of business	Form of business or (service corporation, s corporation, partners)	
b. For the businesses lister				
Business	Name of ov	wners or partners	City and	state
Part 3. Real estate.			□Check (✓) if None o	r Not Applicable
Location of property (street a pr fire number, municipality, ar	d county) commerci	property (e.g., farm, recreating lal, rental)	onal, Nature of int option, easeme	erest (own, lease, nt, land contract)
St413200 1804				
Part 4. Customers, cli	ents, and tenants (or	ther than individuals*).	Check (1) if None of	· Not Applicable
Customer,	client, or tenant	Ci	ty and state	
Part 5. Business ente		gifts.	Check (1) if None or	· Not Applicable
Name of giv	ver		City and state	
Questions about completing t	his form? Call (608) 266	8115	داد ماممههم	tional pages as neede
Other inquiries (608) 266-81		Page 65 of 160	-Alluch dudi	nonai pages as need

Part 6. Honoraria and pa	ayment of expenses.	$\Box c$	heck (✓) if None or	Not Applicable
Payer	Approximate	Amount of	Circumsta	inces
Harras Uni	value of expenses	honorarium	of receipt	and home
Travvave uva	800		travel to	
6 CILL	- 12-0	1	Eq	
Oregon State Uni	500		travel t	t teuch clas
Part 7. Other sources of	income.	<b></b> □c	heck (√) if None or	Not Applicable
Source of inco			City and state	THOI Applicable
			3,00 3,000,000,000	
5. 19. 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
Part 8. Stocks, bonds, m			heck (√) if None or	Not Applicable
Name of secur	ity Ty	pe of security	Value	Value
			\$50,000 or less	More than \$50,000
First Commonworth F	my My	And Full	or less	\$90,000
Smith Barney Income	-Growth	Li .		
Drengul Thirt Car	tury	er Def	Caro X	100000000000000000000000000000000000000
Vangure - Willing ton		4 Def	Como X	
Bart O Offices and direct	A - n - le lu -	+/-		22.0
Part 9. Offices and direc  Business or organization			heck (1) if None or	Not Applicable
Dusiness of organization	on City and s	state	Position	
	9			
5 110 5		+/	TTT DESTITE	A STATE OF THE STA
Part 10. Representation		<b>⊈</b> cl	neck (√) if None or	Not Applicable
Business or organization	n	City and stat	e	
Part 11. Creditors.		Ma	6 10 2 A	Association in
Creditor	Cite	□ C)	neck (1) if None or	
Creditor	City and	state	Amount \$50,000	Amount More than
			or less	\$50,000
				47.77.117
				1
Part 12 Changes to rens	rtable interests this	_ (4		
Part 12. Changes to repo Check (✓) one:	ntable interests this ye	ar.		
My reportable interests hav	e not changed since last Dec	cember 31.		
☐ I have noted on this Statement	ent how my reportable intere	sts have changed sir	nce last December 31	u.
D 0 1 1 1				
Before signing, please review	each part to be sure that	you have listed the	required information	on or checked the
box for "None or Not Applica				
I have read the accompanying	instructions and certify the	nat the information	contained in this St	atement of
Economic Interests is true, co	mplete, and correct to the	best of my knowleds	ge, information, and	belief.
The file of the second	17/2	Na Danie	e phone #: 266-8	V17
Signature of person filing	Date			00.
Statements of Economic Interests		The Ethics Board will	optional):	and of some committee of
examines your Statement. In accordance	rdance with \$15.04(1)(m). Wiscon	isin Statutes, the Ethic	Board states that no n	y or any person who
information is likely to be used for n	urposes other than those for which	h it is collected.		cromany menumber

Failure to file a completed form may result in a forfeiture of up to \$500.





Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org.

Mail or fax to: Wisconsin Ethics Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2800; Fax: (608) 264-9319

# **Statement of Economic Interests**

Name: La Follette, Douglas  State position: Office of Secretary of State Secretary of State  3. List STOCKS, BONDS, mutual funds, and other investments you or your family held (minimum \$5,000).  Name of security  Type of security South Sanger Turner County  Type of property  Type of property  Type of property  Type of property (steet soddows	F	iled in 2000 for calendar year 1999	• Return this completed form	by April 30, 2000	
2 List BUSINESSES and INCOME-PRODUCING REAL ESTATE in which you or your family had a 10% of greater ownership interest.  Name of business (If any) or business activity of business  3. List the OFFICERS, DIRECTORS, and GENERAL PARTNERS (other than you and your family) of partnership or non-Wisconsin entity listed in item 2.  Business  Name of officers, directors, or partners  City and state  4. List specific location of Wisconsin REAL ESTATE you or your family owned (unless listed in item 2).  Cation of property (street address or fire number, municipality, and county)  City and state  Type of security  "" one (stocks, bonds, mutual fund, money market, etc.)  Son, 000  More than 11  And Curp  And Charles  Son, 000  More than 12  Son, 000  Son than 12  Son, 000  Son, 000  More than 12  Son, 000  Son, 000  More than 12  Son, 000  Son, 000  Son, 000  More than 12  Son, 000  Son, 000  Son, 000  More than 12  Son, 000  S	State position:	Office of Secretary of State		"Office	Review"
1. List STOCKS, BONDS, mutual funds, and other investments you or your family held (minimum \$5,000).  Name of security  (Type of security (Stocks, bonds, mutual fund, money market, etc.)  North Company (More than 50,000)  More than or less  Sto,000  More than 15  More than 15  More than 15  More than 15  Name of business activity  City and state  General nature of business organization  Form of business organization  Type of property (e.g., farm, recreational, option, easement, land contract)  OWM  Sto,000  More than 15  More than 15  More than 15  Sto,000  M		→→→ SEE INSTRUCTIONS FOR	EXPLANATION AND EXCEPT	IONS. **	HCS BO
Name of security  Type of security  (stocks, bonds, mutual fund, bonds or less second more than more market, etc.)  South Towns and the first second in the second of the second or less second more than the first second or less second in the second in the second or less second in the second or less second in the second or less second in the second	art A. Invest	ments, creditors, and	l private positio	ns on Dece	mber 31, 15
(stocks, bonds, mutual flund, money market, etc.)  Son In Dangery Turan Complete School or less	I. List STOCKS, BO	ONDS, mutual funds, and other	investments you or you	r family held (m	
2. List BUSINESSES and INCOME-PRODUCING REAL ESTATE in which you or your family had a 10% of greater ownership interest.  Name of business (if any) or business activity  3. List the OFFICERS, DIRECTORS, and GENERAL PARTNERS (other than you and your family) of partnership or non-Wisconsin entity listed in item 2.  Business  Name of officers, directors, or partners  A. List specific location of Wisconsin REAL ESTATE you or your family owned (unless listed in item 2).  Location of property (street address or fire number, municipality, and county)  Type of property (e.g., farm, recreational, commercial, rental)  List ORGANIZATIONS of which you or a family member was an OFFICER or DIRECTOR.  Business or organization  City and state  Position  City and state  City and state  RAMILY MEMBER TO REPRESENT THEM in the dealings with others as an attorney-at-law, real estate agent, spokesperson, or representative (unles listed in item 2, 5 or 8).  Business or organization  City and state		110 - 1	(stocks, bonds, money ma	mutual fund, rket, etc.)	\$50,000 More th
2. List BUSINESSES and INCOME-PRODUCING REAL ESTATE in which you or your family had a 10% of greater ownership interest.  Name of business (if any)	Smith Barney	Income Growth	n		X
greater ownership interest.  Name of business (if any) Oity and state of business Of corporation, subchapter S or C corporation, partnership, proprietorship, etc Orporation, partnership or City and state Orporation, partne	Vangard - We	Mington	ħ.	Det Comp	X
Business Name of officers, directors, or partners City and state  Business Name of officers, directors, or partners City and state	greater owners Name of business or business activit	nip interest. (if any) City and state	General nature I of business (	Form of business of service corporation,	organization subchapter S or C
Type of property (e.g., farm, recreational, option, easement, land contract)  Type of property (e.g., farm, recreational, option, easement, land contract)  Type of property (e.g., farm, recreational, option, easement, land contract)  Type of property (e.g., farm, recreational, option, easement, land contract)  Type of property (e.g., farm, recreational, option, easement, land contract)  Type of property (e.g., farm, recreational, option, easement, land contract)  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm, recreational, option, easement, land contract)  OWY  Type of property (e.g., farm)  OWY  Type of property (e.	Business			City and	d state
Business or organization City and state Position  6. List ORGANIZATIONS THAT AUTHORIZED YOU OR A FAMILY MEMBER TO REPRESENT THEM in the dealings with others as an attorney-at-law, real estate agent, spokesperson, or representative (unless listed in item 2, 5 or 8).  Business or organization City and state	Location of property (sor fire number, municipa	treet address lity, and county)  Type of prop commercial, re	perty (e.g., farm, recreational, ental)	Nature of in option, easen	terest (own, lease, nent, land contract)
dealings with others as an attorney-at-law, real estate agent, spokesperson, or representative (unless listed in item 2, 5 or 8).  Business or organization  City and state	Business or or				R.
Business or organization City and state	dealings with o	thers as an attorney-at-law, r			
	Business or or		City and state		

Creditor Non-L	City and state	"√" one \$50,000 More than or less   \$50,000
North		
	.1.	· c. 1
Part B. Your and your fa eimbursement in 1999.	mily's sources of inc	ome, gijts, ana expense
List your and your family's EMPLOYE	RS (\$1,000 or more of income).	
Name of employer State of Wisconsin, identify agency or institution)	City and state  Medison WI	Nature of employer's business
List OTHER SOURCES from which yo	ou or your family received INCON	
Source of income Yorking Consuming		Modison WE
D. List COMMERCIAL CUSTOMERS, CL enterprise (other than to a C Corpora Customer, client, tenant, or lo	ation) listed in item 2.	yists that paid \$1,000 or more to an
WO.		
. List individuals and organizations tha	nt provided <i>you</i> with ENTERTAIN	MENT or GIFTS (more than \$50).
Name of provider		City and state
2. List sources of HONORARIA and pay than \$50) not previously reported to I	Ethics Board.	vour state government duties (more
	expenses honorarium	hard to OC for TV
nave read the accompanying instructions conomic Interests is true, complete, and c art has been left blank, I have done s	correct to the best of my knowledg	ge, information, and belief. If any
Dayle, halluth	4/7/2000	266-8888
gnature of person filing	Date Daytime	e phone #

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 Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with \$15.04(1)(m), Wisconsin Statutes, the Ethics Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

Fig. 851. For use in 2000 (Rev. 2001)

Eth 851. For use in 2000 (Rev. 3/00)

# **Statement of Economic Interests**

Filed in 2001 for calendar year 2000

Name: La Follette, Douglas

State

Office of Secretary of State

position: (held or sought)

Secretary of State



→→→ SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS. ←←←

•Questions about completing this form? Call (608) 266-8115 •Other inquiries (608) 266-8123 •Attach additional pages as needed

Part A			A	s of De	cemb	er 31, 2000	
<ol> <li>List STOCKS, BONDS, limited partnerships, W market funds you or your family held (minimun</li> </ol>		rnme	ntal secu	ırities, an	d mutual	and mor	ney
		Type	of security	/ - "√" on	е	Amount	- "√" one
Name of security	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
Trust Communwerth Fund					1	V	
Smith Barney Income Conwith						V	
Drayfus Third Century					V *	V	

List BUSINESSES and INCOME-PRODUCING REAL ESTATE in which you or your family had a 10% or greater ownership interest.

Name of business (if any) or business activity, or address of real estate	Municipality	State	If real estate, list County	Describe nature of business
NONE				

 For each general partnership or non-Wisconsin entity, list the GENERAL PARTNERS or the OFFICERS and DIRECTORS.

Business	Partners, or officers and directors	City	State
NA			

b) For each enterprise that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or income-producing real estate, list COMMERCIAL CUSTOMERS, CLIENTS, and TENANTS, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2000.

Commercial customer, client, tenant, or lobbyist	City	State
MA		
× × × × × × × × × × × × × × × × × × ×		

3. 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).

Loc	CATION OF PROPERTY		NATURE OF INTEREST (own, lease, option,
Street address or fire number	Municipality	County	easement, land contract)
Gladen Drive	Styram Bry	DOOF	044
	Page 69 of 1	60	

4. Libeuolas Anazkatiotas Statements of t				SUP DIRE			ets.org.
Business or organization		City	State		P	osition	
NUNE							
5. List ORGANIZATIONS THAT AUTHO	RIZED YOU OR	A FAMILY N	MEMBER	TO REP	RESENT	THEM in t	heir
dealings with others as an attorney-	at-law, agent, sp	okespersor	n, or repr	esentat	ive (unle	ss listed in i	item 4 or 7
Business or organization						City	State
NIME							
6. List CREDITORS to which you or you	ir family owed \$	5 000 or mo	re				
o. List on Estimate to which you or you	ar ranning owed w	0,000 01 1110				",	/" one
				- 1		\$50,000	More than
Creditor		С	ity		State	or less	\$50,000
NUNE							
			****				1
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and the state of t	- De Marchael Salada	and outliness!			======================================	. ~ ~ ~ ~ ~ ~	
Part B				For	calend	dar year	r 2000
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7. List your and your family's EMPLOYI	ERS (\$1,000 or n	nore of inco	me) in 20	00.			
Name of employer				Andrew a		A. W. Co.	
(If State of Wisconsin, identify agency or institution		State		Nature of	f employe	r's business	
Sie of State office.	Male	'W E		_			
8. List OTHER SOURCES from which ye	ou or your family	received If	NCOME o	f \$1,000	or mor	e in 2000.	
Source of income					244,57	City	State
NUME							
9. List individuals and organizations th	at provided vou	with ENTER	TAINME	NT or GI	FTS (mc	ore than \$5	(0) in 200
Name of provider	at provided you	WILL LIVIE	· · · · · · · · · · · · · · · · · · ·	11 01 01	10 (111	City	State
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70110							
	AMERICA CONTRACTOR				numit a	Andrew or commen	no Ziewa Wine
10. List, for 2000, sources of HONORAF			SES relat	ed to yo	our state	governme	ent duties
(more than \$50) not previously repo							
Payer	Approximate value of expenses	Amou		Cir	cumstanc	es of receipt	
MINVE							
71110							
have read the accompanying instructions a	and certify that the	e information	contained	in this S	statemer	it of Econor	nic
nterests is true, complete, and correct to th blank, I have done so intentionally becau	ise there is noth	vieuge, illion ina to renor	nauon, an •	id bellet.	n any p	art has be	enier
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1 July 1 Mit	1)/*	101			21/-	8888	
Signature of person filing	Date	5/01		Dovid	ime pho		
he information sought in this form is required by §§19		onsin Statutes	Failure to fi	le a comple	eted form r	may result in a	forfeiture of
p to \$500. Statements of Economic Interests are of	open for public inspec	ction. The Ethi	cs Board w	ill notify yo	ou of the id	dentity of any	person who
xamines your Statement. In accordance with §15.04 kely to be used for purposes other than those for which	(1)(m), Wisconsin St.	atutes, the Ethic	s Board sta	ites that no	personally	y identifiable ir	ntormation is
more to be used for purposes office that those for will	on it is collected.				Office I	Pavion	10.00
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## Statement of Economic Interests

Filed in 2002 for calendar year 2001

Name:

La Follette, Douglas

State

Office of Secretary of State

position: (held or sought) Secretary of State



SEE INSTRUCTIONS FOR EXPLANATION AND EXCEPTIONS.

•Questions about completing this form? Call (608) 266-8115 •Other inquiries (608) 266-8123 •Attach additional pages as needed

Part A	As of December 31, 2001
1. List STOCKS, BONDS, limited partnerships, Wisconsin	n governmental securities, and mutual and money

		Type	of security	- "√" one		Amount -	"√" one
Name of security	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
Trust Commun wealth Frank					1	V	
Smith Barney Income Growth					/	1	
Dran fus Third Conting					VX	1	
Vanagid - Wellington					1+		

2. List BUSINESSES and INCOME-PRODUCING REAL ESTATE in which you or your family had a 10% or greater ownership interest.

Name of business (if any) or business activity, or address of real estate	Municipality	State	If real estate, list County	Describe nature of business
NUNE				

For each general partnership or non-Wisconsin entity you listed in Item #2, list the GENERAL a) PARTNERS or the OFFICERS and DIRECTORS.

Business	Partners, or officers and directors	City	State
NA			
73-23			

For each enterprise you listed in Item #2 that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or incomeproducing real estate, list BUSINESSES, ORGANIZATIONS, and any LOBBYISTS that were CUSTOMERS, CLIENTS, or TENANTS that paid the enterprise \$1,000 or more in calendar year 2001.

City	State
	City

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).

LC	LOCATION OF PROPERTY		NATURE OF INTEREST (own, lease, option,
Street address or fire number	Municipality	County	easement, land contract)
6/Alin Dried	Stussian Bay	DOIR	044
	, , ,		
	Page 71 of 160		

Business or organization	City		R or DIRECTOR.	Position	
None					
List ORGANIZATIONS THAT ings with others as an attorned				sted in item 4	or 7).
Business or organization				City	Stat
NONE					
List CREDITORS to which you	u or your family owed \$5,00	00 or more.			
				\$50,000	one Mo
Creditor		City	State	or less	th
MAR					\$50,00
TVU/I					
Powt D			Fanadan	danuaan	2004
Part B			For calen	aar year	200
List your and your family's EM	MPLOYERS (\$1,000 or more	e of income) in 2	2001.		
Name of employer (If State of Wisconsin, identify agency of	or institution) City	State	Nature of employ	er's business	
Sec. of State office	Mad	WI	-	or o pagnicoo	
		THE STATE OF THE S			
					_
List OTHER SOURCES from v	which you or your family re	ceived INCOME	of \$1,000 or mor	e in 2001.	
Source of income		ceived INCOME	of \$1,000 or mor	e in 2001. City	
	which you or your family re	ceived INCOME	of \$1,000 or mor	City	
Source of income		ceived INCOME		City	
Source of income Lentar for Funniquation	Studies		Washir	City	D
Source of income  List individuals and organizate Name of provider	Studies		Washir	City	Stat
List individuals and organizat	Studies		Washir	City	0) in 20 Sta
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Filed in 2003 for calendar year 2002 by

# La Follette, Douglas Secretary of State, Office of

Secretary of State -

art A				As of De	ecember 31, 200
List STOCKS, BONDS, lim money market funds you					and mutual and
tocks/options/futures				\$50,000 or less	More than \$50,000
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anguard Wellington				<b>V</b>	
				П	THE STATE OF THE S
					H
List BUSINESSES and INC greater ownership interes lame of business (if any) or usiness activity or address freal estate		State	If real estate, list County	th you or your	
a) For each general partice PARTNERS, or the OF Business	FICERS and DIREC	CTORS.	tity you listed	in Item #2, lis	st the GENERAL State
b) For each enterprise you poration, a service couproducing real estate, TOMERS, CLIENTS, or Businesses, organizations,	poration (SC), a li list BUSINESSES, TENANTS that pa	mited liab ORGANIZ id the ento	ility company ZATIONS, and erprise \$1,00	(LLC), a part d any LOBBYI 0 or more in c	nership, or income- STS that were CUS

	ion of property			Nature of interest
Street address or fire number	Municipality	Count	ty (e.g., o	vn, lease, option, easemen land contract)
Glidden Dr	Sturgem Bzy	Doe	re o	wn cabin
4. List ORGANIZATIONS of which	you or a family membe	r was an OF	FICER or DIREC	CTOR.
Business or organization	City	State	Position	
5. List ORGANIZATIONS THAT AU their dealings with others as an listed in item 4 or 7).				
Business or organization			City	State
6. List CREDITORS to which you or	your family owed \$5,0	000 or more		
Creditor	City	State	\$50,000 or le	√" one ss More than \$50,00
Part B			For cale	
Part B 8. List your and your family's EMPL Name of employer	OYERS (\$1,000 or mo	re of income	For cale ) in 2002.	endar year 2002
7. Changes to reportable interests  Part B  8. List your and your family's EMPL  Name of employer  (If State of Wisconsin, identify agency or institution  Secretary of State office	OYERS (\$1,000 or mo		For cale ) in 2002.	endar year 2002 loyer's business
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I have read the accompanying instructions an is true, complete, and correct to the best of m so intentionally because there is nothing to re	y knowledge, information an	n contained in this Statement of Economic Interests and belief. If any part has been left blank, I have done	e
	Daytime phone	e#_ 256-8884AN 1 5 2003	i.
Signature of person filing	1/14/03	E-mail address	)

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 Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), *Wisconsin Statutes*, the Ethics 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 Ethics Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2800; Fax: (608) 264-9319

Eth 1b. For use in 2003 (Rev. 11/02)

Ethics Board's comments about the Statement you filed last year to help you complete this one.

No Comments





Filed in 2004 for calendar year 2003 by

La Follette, Douglas Secretary of State, Office of Secretary of State-



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Still have questions? For priority service send an e-mail to: ethics@ethics.state.wi.us; otherwise leave a detailed message at (608) 266-8115
ATTACH ADDITIONAL PAGES AS NEEDED

List STOCKS, BONDS, limited money market funds you or you stocks/options/futures  Bonds  Limited partnerships	d partnerships, \ our family held (	Wisconsir (minimum	governmen \$5,000).		s, and mutual a	
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2. List BUSINESSES and INCOM	ME-PRODUCING	REAL ES	TATE in which	ch you or you	ur family had a	10% or
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Name of business (if any) or			If real			
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of real estate	Municipality	State	County	Describe nati	ure or business	
						4.1
<ul> <li>For each general partner PARTNERS, or the OFFIC</li> </ul>	ship or non-Wis	consin er	tity you liste	d in Item #2,	list the GENE	RAL
Business	Partners, or	Market Total	d directors		City	State



producing real estate, list BUSINESSES, ORGANIZATIO TOMERS, CLIENTS, or TENANTS that paid the enterpris	ompany (L )NS, and a	l business, a subol LC), a partnership iny LOBBYISTS tha or more in calenda	o, or income- at were CUS-
Businesses, organizations,lobbyists that were customers, client	s, or tenant	s City	State
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Glidden Dr Sturgeon Bay	Door	own	John doty
4. List ORGANIZATIONS of which you or a family member was			
Business or organization City	State	Position	
5. List ORGANIZATIONS THAT AUTHORIZED YOU OR A FAMIL their dealings with others as an attorney-at-law, agent, spol listed in item 4 or 7).			
Business or organization		City	State
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6. List CREDITORS to which you or your family owed \$5,000 or	more	"√" one	
Creditor City S	tate	\$50,000 or less Mo	
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Part B		For calendar	r year 2003
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7. List your and your family's EMPLOYERS (\$1,000 or more of in Name of employer	ite N	2003.	
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I have read the accompanying instructions an is true, complete, and correct to the best of m done so intentionally because there is nothing	y knowledge, information	tion contained in this Statement of Economic Interests n, and belief. If any part has been left blank, I have	
$\sim 1 / 1 / 1 / 1$	Daytime pho	ne # (608) 266-8888	
Juda la Alita	2/4/04	doug.lafollette@sos.state.wi.us	
Signature of person filing	Date	E-mail address	

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# Ethics Board's comments about the Statement you filed last year to help you complete this one.

No Comments

Eth1 Personalized. For use in 2004

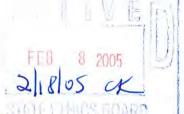




Filed in 2005 for calendar year 2004 by

## La Follette, Douglas

Secretary of State, Office of Secretary of State-



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Part A				As of D	ecember	31, 2004
List STOCKS, BONDS, limi money market funds you o	ited partnerships, \ or your family held (	Wisconsir (minimum	governmer \$5,000).	•	/" one	
Stocks/options/futures				\$50,000 or less	More than	\$50,000
Bonds						
Limited partnerships						
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Wisconsin governmental securit	ties					
Mutual or money market funds				To all		
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					Ē	
2. List BUSINESSES and INC greater ownership interes		REAL ES		ch you or you	r family had	a 10% or
Name of business (if any) or business activity or address			If real estate, list			
of real estate	Municipality	State	County	Describe natu	re of business	
a) For each general parti	nership, or entity n	ot doing l	ousiness in V	Visconsin, tha	t you listed	in Item #2
list the GENERAL PAR Business	TNERS, or the OFF Partners, or			RS.	City	State



poration, a service corporation producing real estate, list BUS TOMERS, CLIENTS, or TENAN	SINESSES, ORGAN	IIZATIONS, and	d any LOBBYIST	S that were CUS-
Businesses, organizations,lobbyists				State
List the specific location of WISCO interest (except your principal res	<u>idence and real es</u>	ΓΕ in which you tate whose loc	or your family h ation you listed i	ad an n item 2).
Location Street address or fire number	n of property Municipality	County		ture of interest lease, option, easement, land contract)
Glidden Dr	Sturgeon Bay	Door	own	
4 List OBCANIZATIONS for the		0		
4. List ORGANIZATIONS of which you Business or organization	or a family memb	er was an OFFI State		DR.
- Harris Control of the Control of t	Only .	Jiac	1 Osition	
5. List ORGANIZATIONS THAT AUTH their dealings with others as an att listed in item 4 or 7).				
Business or organization			City	State
6. List CREDITORS to which you or yo	our family owed \$5	,000 or more	11 /11	one
Creditor	City	State	\$50,000 or less	More than \$50,000
Part B			For caler	ıdar year 2004
7. List your and your family's EMPLOY	ERS (\$1,000 or mo	ore of income) i	n 2004.	
Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employ	er's business
State of WI - Secretary of State	Madison	WI	State Government	
8. List OTHER SOURCES from which y	you or your family a	received INCO	ME of \$1,000 or a	more in 2004
Source of income			City	State
9. List individuals and organizations th in 2004	nat provided <u>you</u> w	ith ENTERTAIN	IMENT or GIFTS	(more than \$50)
Name of provider			City	State
0. List, for 2004, sources of HONORA duties (more than \$50) not previou	ARIA and payment sly reported to the	of EXPENSES ( Ethics Board.	related to <u>you</u> r s	tate government
	Approximate value of expenses	Amount of honorarium	Circumstances of	receipt

Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org. b) For each enterprise you listed in Item #2 that is an unincorporated business, a subchapter S cor-



Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org.

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

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 Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), *Wisconsin Statutes*, the Ethics 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 Ethics Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2800; Fax: (608) 264-9319

E-mail address

Ethics Board's comments about the Statement you filed last year to help you complete this one.

No Comments

Signature of person filing

Eth1 Personalized. For use in 2005





# Statement of Economic Interests

Filed in 2006 for calendar year 2005 by

# Douglas La Follette

Secretary of State, Office of the

Secretary of State-



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50,000 or less	
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corporation, service corpora real estate reported in Item 2 or more in calendar year 200	, list businesses, organizat	ompany (LLC),	partnership, or ir	come-producing
Businesses, organizations,lobbyis	ts that were customers, clients, or	r tenants	City	State
BUSINESS PARTNERS. For and directors (other than you Department of Financial Insti	ırself), unless the informati	nder Item 2, list on is already re	its co-owners, pegistered with the	artners, officers, Wisconsin
Business	Partners, or officers and dir	ectors	City	Stale
NON-COMMERCIAL REAL ES or your family had an interes item 2).	STATE. List the specific loc t (except your principal resi	cation of WISC( idence and real	ONSIN REAL EST estate whose lo	ATE in which you cation you listed
Location of property	Municipality			lature of interest
Street address or fire number	or town	County		own, lease, option, nent, land contract)
Glidden Dr	Sturgeon Bay	Door	OWA	
			V	
OFFICERS AND DIRECTORS	List organizations of which	th you or a fami	ily membar wara	an officer or
OFFICERS AND DIRECTORS. director. Business or organization	List organizations of whice	h you or a fam State		an officer or
director.  Business or organization  AGENT, REPRESENTATIVE Comember to represent them in	City  R SPOKESPERSON. List of their dealings with others a	State	Position  nat authorized vo	u or a family
director.  Business or organization  AGENT, REPRESENTATIVE Comember to represent them in	City  R SPOKESPERSON. List of their dealings with others a	State	Position  nat authorized vo	u or a family
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director.  Business or organization  AGENT, REPRESENTATIVE Comember to represent them in representative (unless listed in Business or organization  CREDITORS. List creditors to	City  OR SPOKESPERSON. List of their dealings with others a in item 6 or 9).	State organizations thas an attorney-a owed \$5,000 or	Position  nat authorized you at-law, agent, spo	u or a family okesperson, or State
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director.  Business or organization  AGENT, REPRESENTATIVE Comember to represent them in representative (unless listed in Business or organization)  CREDITORS. List creditors to Creditor	City  OR SPOKESPERSON. List of their dealings with others and item 6 or 9).  O which you or your family  City	organizations thas an attorney-a	Position  nat authorized you at-law, agent, spot city  Thore.  \$50,000 or less	u or a family okesperson, or State  More than \$50,00
director.  Business or organization  AGENT, REPRESENTATIVE Common to represent them in representative (unless listed in Business or organization)  CREDITORS. List creditors to Creditor	City  OR SPOKESPERSON. List of their dealings with others and item 6 or 9).  O which you or your family  City	organizations thas an attorney-a	Position  nat authorized you at-law, agent, spot city  Thore.  \$50,000 or less	u or a family okesperson, or State  More than \$50,00
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\$1,000 or more in 2005.  Source of income			City	State
ENTERTAINMENT AND GIFTS. Li gifts (more than \$50) in 2005.	ist individuals and organiz	ations that p	rovided you with	entertainmen
Name of provider	* ** *********************************		City	State
		-		
HONORARIA AND EXPENSES. Li your state government duties (mo	st, for 2005, sources of ho ore than \$50).	noraria and	payment of expe	nses related to
HONORARIA AND EXPENSES. Li your state government duties (mo	ist, for 2005, sources of ho ore than \$50). Approximate value of expenses	noraria and Amount of honorarium	payment of expension	
your state government duties (mo	ore than \$50).  Approximate value of	Amount of		
Payer  I have read the accompanying instruction is true, complete, and correct to the best	Approximate value of expenses  ons and certify that the information of my knowledge, information	Amount of honorarium	Circumstances of	receipt  Economic Interes
Payer  I have read the accompanying instruction	Approximate value of expenses  ons and certify that the information of thing to report.	Amount of honorarium tion contained , and belief. If	Circumstances of the control of this Statement of any part has been to the control of the contro	receipt  Economic Interes
Payer  I have read the accompanying instruction is true, complete, and correct to the best	Approximate value of expenses  ons and certify that the information of my knowledge, information	Amount of honorarium tion contained and belief. If	Circumstances of the control of this Statement of any part has been to the control of the contro	receipt Economic Intereseft blank, I have

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Ethics Board's comments about the Statement you filed last year to help you complete this one.

No Comments





Filed in 2007 for calendar year 2006 by

## La Follette, Douglas

Secretary of State, Office of the Secretary of State



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ATTACH ADDITIONAL PAGES AS NEEDED

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 for more, whether held privately or through the Program.    More	t A						As of De	ecembe	er 31, 2
Wisconsin Deferred Compensation Program, please place a checkmark next to each fund in which you held \$5,000 r more, whether held privately or through the Program.    More	NVESTMENTS								
Tromore, whether held privately or through the Program.    So,000 to   So,000	a) WISCONSIN DEF	ERRED C	OMPEN						
S5,000 to   S5,0					heckmar	k next to	each fund in which	you held	\$5,000
\$5,000 to \$50,000 \$50,	or more, whether h	eld privat		rough the Program.					Mana
South   Sout		\$5.000 to	77777		\$5.000 to			\$5,000 to	
BGI Russell 2000 Index				8 2				\$50,000	\$50,000
Collective T  Fanguard Retirement  Copie Fund  Collective T  DFA US Micro Cap Fund  Copie	Profile Series			Small Cap		100	Bond	37.7	
Government Securities   Covernment Securities   Cove	Vanguard Retirement 2045 Fund								
Anguard Retirement	Vanguard Retirement 2035 Fund			DFA US Micro Cap Fund			Government Securities		П
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Tust Commonwealth Fund  Fig. Mason Method Funds  Trust Commonwealth Fund  Fig. Mason Method Funds  For Check one)  For Check o	Pacific R5			Fidelity Contra Fund			FDIC Bank Option		
Admiral  O) OTHER INVESTMENTS  List stocks, bonds, limited partnerships, Wisconsin governmental securities, and nutual and money market funds in which you and your family's interest was valued at \$5,000 or more.  AUTUAL OR MONEY MARKET FUND  (check one) \$5,000 to \$50,000  More than \$50,000  Freyfus Third-Century  Finith Barney Income Growth  Legg Masun Mam Fame (hame)  (check one) \$5,000 to \$50,000  More than \$50,000  FTOCKS/OPTIONS/FUTURES  (check one) \$5,000 to \$50,000  More than \$50,000  Greyfus Third-Century  (check one) \$5,000 to \$50,000  More than \$50,000  More than \$50,000	BGI EAFE Equity Index - Collective W						(40.7%)		
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WISCONSIN GOVERNMENTAL	. SECURITIES	(check one)	\$5,000 to \$5	50,000 More th	an \$50,00
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BUSINESS ACTIVITIES Lis and business activities in way a) Enterprise(s) operating under the state of	hich you or your family	had at least a 10% o	l income-p r greater ir	roducing real onterest.	estate;
business	or Town	County	State	nature of busin	ess
b) Enterprise(s) NOT opera	ting under a business o	trade name, list her	e.		
Name of business	Municipality or Town	Cauntu	Stata	Describe	
DUSINESS	OF IOWN	County	State	nature of busin	ess
COMMERCIAL CUSTOMERS S corporation, service corporation real estate report	oration (SC), limited liab ted in Item 2, list busines	ility company (LLC),	partnersh	ip, or income-	•
S corporation, service corpo	oration (SC), limited liabled in Item 2, list busines a calendar year 2006.  Check if the organizati	ility company (LLC),	partnersh and lobby resent it in its	ip, or income- ists that paid t	-
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S corporation, service corporations, service corporations real estate report enterprise \$1,000 or more in Businesses, organizations, lobbyis  BUSINESS PARTNERS For and directors (other than yo Department of Financial Inst Business  NON-COMMERICIAL REAL For your family had an interest	cration (SC), limited liabled in Item 2, list business a calendar year 2006.  Check if the organizatiothers as an attorney-asts that were customers, clien are cach enterprise reporte urself), unless the informatitutions.  Partners, or officients	ility company (LLC), isses, organizations, on authorized you to represent a gent, spokespers ts, or tenants    d under Item 2, list it mation is already regers and directors	partnershi and lobbyi resent it in its on, or repres ts co-owner istered wir City  NSIN REAL estate who  Na (e.e.	ip, or income- ists that paid t s dealings with sentative.  State  ers, partners, of th the Wiscons  L ESTATE in we see location yo	officersin State



Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org. OFFICERS AND DIRECTORS List organizations of which you or a family member was an officer or director (unless already listed in item 2). City Position **Business or organization** 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). State City **Business or organization CREDITORS** List creditors to which you or your family owed \$5,000 or more. (check one) \$5,000 to \$50,000 More than \$50,000 State Creditor For calendar year 2006 Part B 9. EMPLOYERS List your and your family's EMPLOYERS (\$1,000 or more of income) in 2006. Nature of employer's Name of employer business City State (if State of Wisconsin, also identify agency or institution) State Government WI Madison State of WI - Office of Secretary of State 10. ADDITIONAL SOURCES OF INCOME List other sources from which you or your family received income of \$1,000 or more in 2006. State City Source of income Securit 51.30 11. ENTERTAINMENT AND GIFTS. List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2006. City State Name of provider 12. HONORARIA AND EXPENSES List, for 2006, sources of honoraria and payment of expenses related to

your state government duties (more than \$50) not previously reported to the Ethics Board.

expenses

Approximate value of Amount of honorarium

Cicrumstances of receipt

13. Changes to reportable interests this year.

See instructions.



### **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.

Daytime phone # (608) 266-8888

doug.lafollette@sos.state.wi.us

Signature of person filing

Date E-mail address

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 Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), *Wisconsin Statutes*, the Ethics Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

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Secretary of State, Office of the Secretary of State



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ATTACH ADDITIONAL PAGES AS NEEDED

t A						As of De	ecembe	er 31, :
INVESTMENTS			9.00					
a) WISCONSIN DEF Wisconsin Deferre	d Comper	sation F	SATION PROGRAM If Program, please place a c rough the Program.	you held heckmar	an invest k next to	ment in a fund avail each fund in which	lable with you held	in the \$5,000
, , , , , , , , , , , , , , , , , , , ,	\$5,000 to \$50,000	More		\$5,000 to \$50,000	More than \$50,000	0	\$5,000 to \$50,000	More than \$50,000
Profile Series			Small Cap			Bond		
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Vanguard Retirement 2035 Fund			DFA US Micro Cap Fund			Federated US Government Securities		
Vanguard Retirement			Mid Cap			2-5yr		
2025 Fund			BGI Mid Cap Equity Index - Collective W			Vanguard Long-term Investment Grade Adm		
Vanguard Retirement 2015 Fund			T Rowe Price Mid Cap			Money Market		
Vanguard Target			Growth Fund			Vanguard Admiral	. 🗆	
Retirement Income Fund			Large Cap			Treasury Money Marke		
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American Funds Euro Pacific R5			Fidelity Contra Fund		X	FDIC Bank Option	П	
BGI EAFE Equity Index - Collective W			Vanguard Institutional Index				_	
			Vanguard Wellington Fund - Admiral		<b>V</b>			
b) OTHER INVEST	MENTS	ı List stoc	ks, bonds, limited partne	erships, V	Visconsir	n governmental secu	urities, ar	nd
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Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org. OFFICERS AND DIRECTORS List organizations of which you or a family member was an officer or director (unless already listed in item 2). State Position City **Business or organization** 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). State City **Business or organization CREDITORS** List creditors to which you or your family owed \$5,000 or more. (check one) \$5,000 to \$50,000 More than \$50,000 City State Creditor For calendar year 2006 Part B 9. EMPLOYERS List your and your family's EMPLOYERS (\$1,000 or more of income) in 2006. Nature of employer's Name of employer City State business (if State of Wisconsin, also identify agency or institution) State Government WI State of WI - Office of Secretary of State Madison 10. ADDITIONAL SOURCES OF INCOME List other sources from which you or your family received income of \$1,000 or more in 2006. State Source of income Madison social Securit 11. ENTERTAINMENT AND GIFTS List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2006. State City Name of provider 12. HONORARIA AND EXPENSES List, for 2006, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Ethics Board.

Payer expenses honorarium Cicrumstances of receipt

13. Changes to reportable interests this year.

See instructions.



# Statement of Economic Intere ECEVED

Filed in 2008 for calendar year 2007 by

## La Follette, Douglas

Secretary of State, Office of the Secretary of State / (50 FEB - 4 2008 / 1EW

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### 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.

In Item 1, please provide specific names (not only fund family name, account name, or symbol) of individual securities valued at \$5,000 or over, and check whether the value is under \$50,000 or over \$50,000.

### 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.

Daytime phone #

(608) 266-8888

1/28/12

doug.lafollette@sos.state.wi.us

Signature of person filing

Date

E-mail address

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.

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## La Follette, Douglas

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Secretary of State, Office of the Secretary of State

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ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

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### FILING NOTES -or- COMMENTS

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Daytime phone #

(608) 266-8888

doug.lafollette@sos.state.wi.us

Signature of person filing

Date

E-mail address

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 2973, Madison, WI 53701-2973; Fax: (608) 264-9319

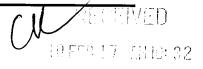
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## La Follette, Douglas

Secretary of State, Office of the Secretary of State



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b) OTHER INVESTI mutual and money	MENTS I	- List stocl nds in w	- ks, bonds, limited partn hich you and your famil	erships, W v's interes	/isconsii t was va	n governmental seculued at \$5.000 or mo	urities, an	d
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Legg Mason Municip	oal Fund						<u> </u>	
	<u>.</u>							
				-				
STOCKS/OPTIONS	FUTURES	3		(cł	neck one)	\$5,000 to \$50,000	More than	\$50,000
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LIMITED PARTNER				1-1		\$5,000 to \$50,000	More than	



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				<u>_</u>
BUSINESS ACTIVITIES List b				
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Name of	Municipality	,		Describe
Dusiness	or Town	County	State	nature of business
b) Enterprise(s) NOT operatin	a under a husiness or	trade name list he	ere	·
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Business or organization	City	7	State	Position
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Business or organization		City  The control of the second control of t	AMERICAN A AMERICAN AND AMERICAN	State
CREDITORS List creditors to which ye	ou or your family owed \$5,	000 or more.	(che	eck one)
Creditor	City	State \$5,000 to	\$50,000	More than \$50,000
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rt B			For	calendar year
EMPLOYERS Lint your and your family				
	y's EMPLOYERS (\$1,000 o	r more of inco	·	
EMPLOYERS List your and your famil  Name of employer (if State of Wisconsin, also identify agency or in:		r more of incor	Nat	2009. ture of employer's siness
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Name of employer (if State of Wisconsin, also identify agency or in State of WI - Office of Secretary of State  ADDITIONAL SOURCES OF INCOME of \$1,000 or more in 2009. Source of income social security	Stitution) City  Madison  List other sources from w	State WI  nich you or you  City  Vashington	Nate buse Sta	ture of employer's siness te Government  y received income  State DC
Name of employer (if State of Wisconsin, also identify agency or in: State of WI - Office of Secretary of State  ADDITIONAL SOURCES OF INCOME of \$1,000 or more in 2009.  Source of income	Stitution) City  Madison  List other sources from w	State WI  nich you or you  City  Vashington	Nate buse Sta	ture of employer's siness te Government  y received income  State DC
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Name of employer (if State of Wisconsin, also identify agency or in: State of WI - Office of Secretary of State  ADDITIONAL SOURCES OF INCOME of \$1,000 or more in 2009. Source of income social security  ENTERTAINMENT AND GIFTS List incor gifts (more than \$50) in 2009. Name of provider	dividuals and organization	State WI  nich you or you  City Vashington  s that provided  City  lia and paymen orted to the Go	Sta	ture of employer's siness the Government  Ty received income  State  DC  With entertainment  State



### FILING NOTES -or- COMMENTS

Signature of person filing

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.

Daytime phone # (608) 266-8888 - ey 3 doug.lafollette@sos.state.wi.us

E-mail address

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

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# Statement of Economic Interests ( Filed in 2011 for calendar year 2010 by

# La Follette, Douglas

Secretary of State, Office of the Secretary of State

2011 JAN -6 PH 3: 01

or more, whether held privately or through the Program.    More   \$5,000 to   \$5,000 to	Visconsin Deferred	Compen	sation F	Program, please place a d			As of Determinent in a fund avail each fund in which	able with	nin the
anguard Retirement	r more, whether h	\$5,000 to	More than	rough the Program.		than	-		
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Anguard Retirement	anguard Retirement						Federated US Government Securities		
T Rowe Price Mid Cap Growth	25			BlackRock Mid Cap Equity			Vanguard Long-term		
ternational merican Euro Pacific	115 anguard Target			T Rowe Price Mid Cap			Vanguard Admiral	, 🗆	
rowth ackRock EAFE Equity				Calvert Social Investment			Fixed Returns for the		
DOTHER INVESTMENTS  List stocks, bonds, limited partnerships, Wisconsin governmental securities, and nutual and money market funds in which you and your family's interest was valued at \$5,000 or more.  UTUAL OR MONEY MARKET FUND  (check one)  berdeen Global Income Fund  ggg Mason Municipal Fund  (check one)				Fidelity Contrafund		V	FDIC Bank Option		
Admiral Shares  OTHER INVESTMENTS  List stocks, bonds, limited partnerships, Wisconsin governmental securities, and nutual and money market funds in which you and your family's interest was valued at \$5,000 or more.  UTUAL OR MONEY MARKET FUND  (check one) \$5,000 to \$50,000 More than \$50,000 egg Mason Municipal Fund  ———————————————————————————————————		у 🔲			· 🗆				
tutual and money market funds in which you and your family's interest was valued at \$5,000 or more.    UTUAL OR MONEY MARKET FUND						V			
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							<b>—</b>		
	IMITED PARTNER	SHIPS			(c	heck one)	\$5,000 to \$50,000	More than	ı \$50,00



Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org. (check one) \$5,000 to \$50,000 WISCONSIN GOVERNMENTAL SECURITIES More than \$50,000 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 Municipality Describe business State nature of business or Town b) Enterprise(s) NOT operating under a business or trade name, list here. Name of Municipality Describe business or Town County State 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 incomeproducing real estate reported in Item 2, list businesses, organizations, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2010. 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 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 NON-COMMERICIAL 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

Glidden Dr

Street address or fire number

County

Door

Municipality

Sturgeon Bay

or town

Nature of interest

own

(e.g. own, lease, option,

easement, land contract)

Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org. 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** 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) \$5,000 to \$50,000 More than \$50,000 Creditor City Part B For calendar year 2010 **EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2010. Nature of employer's Name of employer City (if State of Wisconsin, also identify agency or institution) State **business** State of WI - Office of Secretary of State Madison WI State Government 10. ADDITIONAL SOURCES OF INCOME. List other sources from which you or your family received income of \$1,000 or more in 2010. Source of income City State DC social security Washington 11. ENTERTAINMENT AND GIFTS List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2010. Name of provider City State 12. HONORARIA AND EXPENSES List, for 2010, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Government Accountability Board. Approximate value of Amount of

your state government duties (more than \$50) not previously reported to the Government Accountability
Board.

Approximate value of Amount of expenses honorarium Cicrumstances of receipt

13. Changes to reportable interests this year.

See instructions.



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 cer Interests is true, complete, and correct to the best I have done so intentionally because there is nothing	of my knowledge, info	
Signature of person filing	Daytime phone #	(608) 266-8888 ext 3 doug.lafollette@sos.state.wi.us E-mail address

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

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# **Statement of Economic Interests**

Filed in 2012 for calendar year 2011 by

# La Follette, Douglas

Secretary of State, Office of the

			Secretary o	of State				нп 9:51
FOR EXPLANATIONS	, EXAMPLE	ES AND E	XCEPTIONS SEE THE INST end an e-mail to: GABEthics@	RUCTIONS	OR VISIT	OUR WEBSITE	GCVERN UM9例图图	MENTUS.
Still have questions?	For priority AT	service se TACH AD	end an e-mail to: GABEthics@ DITIONAL PAGES AS NEED	@wi.gov;; o DED/PLEAS	tnerwise le E SEE INS	ave a detailed message STRUCTIONS	e at (608) 2	67120 <b>28UA</b> R
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INVESTMENTS								
						ment in a fund avail		
			Program, please place a crough the Program.	checkmar	k next to	each fund in which	you held	\$5,000
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	\$5,000 to \$50,000	than \$50,000		\$5,000 to \$50,000	than \$50,000		\$5,000 to \$50,000	than \$50,000
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nternational American Euro Pacific Growth			Equity Fidelity Contrafund		V	FDIC Bank Option		
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BUSINESS ACTIVITIES List I				
a) Enterprise(s) operating un	der a business or trade	name, list here.		
Name of	Municipality			cribe
business	or Town	County	State natu	re of business
b) Enterprise(s) NOT operatir	ng under a business or	trade name, list he	ere.	
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Business or organization	erropologica propies per	City	ALCOHOLOGO DO VII COLLOGO	Sta	ate	Position
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Signature of person filing

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.

Daytime phone # (608) 266-8888 ext 3

doug.lafollette@sos.state.wi.us

E-mail address

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 GAB 901 Personalized. For use in 2012



39489

# **Statement of Economic Interests**

Filed in 2013 for calendar year 2012 by

REDLIVE

La Follette, Douglas

Secretary of State, Office of the

Secretary of State



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 (608) 261-2028.

ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

rt A						As of D	ecembe	er 31, 2
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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. In the event this Statement of Economic Interests is filed prior to December 31st for an election in the following year, I certify that I will amend it on or before the statutory filing deadline if an amendment is necessary to bring it into conformity with the true statement of my economic interests as of December 31, 2012. If any part has been left blank, I have done so intentionally because there is nothing to report.

1/4/243

Daytime phone # (608) 266-8888 ext 3

doug.lafollette@wisconsin.gov

-Signature of person filing

Date

E-mail address

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.

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# **Statement of Economic Interests**

Filed in 2014 for calendar year 2013 by

# La Follette, Douglas

Secretary of State, Office of the

2014 JAN 22 AM 8: 44

Secretary of State

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT Inttp://ethics.vis.us. Still have questions? For priority service send an e-mail to: GABEthics@wi.gov; otherwise leave a detailed message at (608) 261-2028.

ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

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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. In the event this Statement of Economic Interests is filed prior to December 31st for an election in the following year, I certify that I will amend it on or before the statutory filing deadline if an amendment is necessary to bring it into conformity with the true statement of my economic interests as of December 31, 2013. If any part has been left blank, I have done so intentionally because there is nothing to report.

Daytime phone # (608) 266-8888 ext 3

doug.lafollette@wisconsin.gov

-Signature of person filing

Date 1/17/

E-mail address

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, email or fax to:

Wisconsin Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984;

Email: GABEthics@wi.gov; Fax: (608) 264-9319

GAB 901 Personalized. For use in 2014



45943

# **Statement of Economic Interests**

Filed in 2015 for calendar year 2014 by

# La Follette, Douglas

Secretary of State, Office of the Secretary of State

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 (608) 261-2028.

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Admiral Shares  b) OTHER INVESTMENTS List stocks, bonds, limited partnerships, Wisconsin governmental se mutual and money market funds in which you and your family's interest was valued at \$5,000 or MUTUAL OR MONEY MARKET FUND  Aberdeen Global Income Fund  Legg Mason Municipal Fund  Pacific Life  STOCKS/OPTIONS/FUTURES  ATT  Stable Value  FDIC Bank Option  Stable Value  FDIC Bank Option  Stable Value  FDIC Bank Option  (Check one) FDIC Bank Option  (Check one) \$5,000 to \$50,000  STOCKS/OPTIONS/FUTURES  ATT	kel 🗆	П
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COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS   For each unincorporated business, subchap so corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate fan directors (other than yourself), unless that were customers, clients, or tenants   City   State      Commercial   State					
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 Municipality County State nature of business  b) Enterprise(s) NOT operating under a business or trade name, list here.  Name of Municipality County State nature of business  b) Enterprise(s) NOT operating under a business or trade name, list here.  Name of Municipality County State nature of business  Or Town County State nature of business  COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS 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 fam received \$10,000 or more in 2014, list businesses, organizations, and lobbyists that did the enterprise \$10,000 or more in calendar year 2014.  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  BUSINESS PARTNERS For each enterprise reported under Item 2, list its co-owners, partners, office 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  NON-SOMMERCIAL REAL ESTATE List the specific location of WISCONSIN REAL ESTATE in which or your family had an interest (except your principal residence and real estate whose location you alm listed in item 2).  NON-SOMMERCIAL REAL ESTATE  List the specific location of WISCONSIN REAL ESTATE in which or your family had an interest (except your principal residence and real estate whose location you alm listed in item 2).					
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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. In the event this Statement of Economic Interests is filed prior to December 31st for an election in the following year, I certify that I will amend it on or before the statutory filing deadline if an amendment is necessary to bring it into conformity with the true statement of my economic interests as of December 31, 2014. If any part has been left blank, I have done so intentionally because there is nothing to report.

Daytime phone # (608) 266-8888 ext 3

doug.lafollette@wisconsin.gov

Signature of person filing Date E-mail address

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, email or fax to:

Wisconsin Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984;

Email: GABEthics@wi.gov; Fax: (608) 264-9319

GAB 901 Personalized. For use in 2015



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# **Statement of Economic Interests**

Filed in 2016 for calendar year 2015 by

# La Follette, Douglas

Secretary of State, Office of the Secretary of State

RECEIVED

ACCOUNTABILITENT

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FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT http://ethics.state.wi.us. OARD Still have questions? For priority service send an e-mail to: GABEthics@wi.gov; otherwise leave a detailed message at (608) 261-2028.

ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

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As of December 31, 2015

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	Windows Deferred Companyation Program places place	a chackmark payt to each fund in which you held \$5,000

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.

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BlackRock EAFE Equit Index	ty 🔲		Vanguard Wellington - Admiral Shares		V			Ш
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Signature of person filing

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

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Daytime phone # (608) 266-8888 ext 3

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Mail, email or fax to:

Wisconsin Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984;

Email: GABEthics@wi.gov; Fax: (608) 264-9319

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51615

# **Statement of Economic Interests**

Filed in 2017 for calendar year 2016 by

# La Follette, Douglas

Secretary of State, Office of the Secretary of State

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT http://ethics.wi.gov. Still have questions? For priority service send an e-mail to: ethics@wi.gov; otherwise call (608) 266-8123.

ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

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S corporation, service corpor producing real estate reporte received \$10,000 or more in 2 \$10,000 or more in calendar y	ration (SC), limited liabiled in Item 2, from which 2016, list businesses, or year 2016.  Check if the or others as an attempt to the content of the content	ity company (LLC) the filer or a member ganizations, and long ganization authorized y torney-at-law, agent, sp s, or tenants City	, partnership, per of the filer obbyists that p you to represent pokesperson, or its co-owners	or income- 's immediate family paid the enterprise it in its dealings with representative.  State  "  Calcalate the state the
S corporation, service corpor producing real estate reporter received \$10,000 or more in 2 \$10,000 or more in calendar y  Businesses, organizations, lobbyisted Businesses, lobbyisted Businesses, organizations, lobbyisted Businesses, lobby	ration (SC), limited liabiled in Item 2, from which 2016, list businesses, or year 2016.  Check if the or others as an attempt to the content of the content	ity company (LLC) the filer or a member ganizations, and long ganization authorized y torney-at-law, agent, sp s, or tenants City  I under Item 2, list nation is already re	, partnership, per of the filer obbyists that p you to represent pokesperson, or its co-owners	or income- 's immediate familipaid the enterprise it in its dealings with representative.  State "vectors, officer the Wisconsin
S corporation, service corpor producing real estate reporter received \$10,000 or more in 2 \$10,000 or more in 2 \$10,000 or more in calendary.  Businesses, organizations, lobbyist and directors (other than you Department of Financial Institution Business  NON-COMMERCIAL REAL Estor your family had an interest listed in item 2).	ration (SC), limited liabiled in Item 2, from which 2016, list businesses, or year 2016.  Check if the or others as an all ts that were customers, client arself), unless the informatiutions.  Partners, or office STATE List the specificat (except your principal	ity company (LLC) the filer or a member ganizations, and long ganization authorized of torney-at-law, agent, spans, or tenants. City  If under Item 2, list nation is already reserved and directors.	its co-owners gistered with  City  ONSIN REAL E	or income- 's immediate family paid the enterprise it in its dealings with representative.  State  s, partners, officers the Wisconsin  State  State  State  State  State  State  State  State
S corporation, service corpor producing real estate reporter received \$10,000 or more in 2 \$10,000 or more in 2 \$10,000 or more in calendary.  Businesses, organizations, lobbyisted and directors (other than you Department of Financial Institutions).  Business  NON-COMMERCIAL REAL Estor your family had an interest.	ration (SC), limited liabiled in Item 2, from which 2016, list businesses, or year 2016.  Check if the or others as an attempt to the enterprise reported arself), unless the informitutions.  Partners, or office STATE List the specific	ity company (LLC) the filer or a member ganizations, and long ganization authorized of torney-at-law, agent, spans, or tenants. City  If under Item 2, list nation is already reserved and directors.	, partnership, per of the filer obbyists that prouto represent pokesperson, or its co-owners gistered with City  ONSIN REAL Extra estate whose Nature (e.g.,	or income- 's immediate family paid the enterprise it in its dealings with representative.  State  State  State  State  State  State  State  State



Business or organization	City	the transfer of the transfer o	s1	tate	Position
AGENT, REPRESENTATIVE OR SPOKE member to represent them in their deali representative (unless already listed in	ngs with others as a	nizations th n attorney-a	at authori t-law, age	zed y nt, sp	ou or a family ookesperson, or
Business or organization		City		Nil 1990 (1990 (1991 (1991 (1991 (1991 (1991 (1991 (1991 (1991 (1991 (1991 (1991 (1991 (1991 (1991 (1991 (1991	State
CREDITORS List creditors to which yo	ou or your family owe	d \$5,000 or	more.	(che	ck one)
Creditor	City	State	\$5,000 to \$5	50,000	More than \$50,000
		·			
rt B				For	calendar yea
					<del></del>
EMPLOYERS List your and your family	r's EMPLOYERS (\$1,	000 or more	of income		<del></del>
EMPLOYERS List your and your family  Name of employer (if State of Wisconsin, also identify agency or ins		000 or more	of income	e) in 2	<del></del>
Name of employer		S S S S S S S S S S S S S S S S S S S		) in 2 Nati	2016. ure of employer's
Name of employer (if State of Wisconsin, also identify agency or ins State of WI - Office of Secretary of State  ADDITIONAL SOURCES OF INCOME	titution) City Madisor		State WI	Nati bus Stat	2016. ure of employer's siness te Government
Name of employer (if State of Wisconsin, also identify agency or ins State of WI - Office of Secretary of State  ADDITIONAL SOURCES OF INCOME of \$1,000 or more in 2016.	titution) City Madisor	om which yo	State WI	Nati bus Stat	2016.  ure of employer's siness te Government  y received incom
Name of employer (if State of Wisconsin, also identify agency or ins State of WI - Office of Secretary of State  ADDITIONAL SOURCES OF INCOME	titution) City Madisor		State WI u or your	Nati bus Stat	2016. ure of employer's siness te Government
Name of employer (if State of Wisconsin, also identify agency or insection of State of WI - Office of Secretary of State  ADDITIONAL SOURCES OF INCOME of \$1,000 or more in 2016.  Source of income social security  ENTERTAINMENT AND GIFTS List income	titution) City  Madisor  List other sources from	om which yo City Washing	State WI u or your	Natu bus Stat	ure of employer's siness te Government  y received incom
Name of employer (if State of Wisconsin, also identify agency or ins State of WI - Office of Secretary of State  ADDITIONAL SOURCES OF INCOME of \$1,000 or more in 2016. Source of income social security	titution) City  Madisor  List other sources from	om which yo City Washing	State WI u or your	Natu bus Stat	ure of employer's siness te Government  y received incom
Name of employer (if State of Wisconsin, also identify agency or insection of State of WI - Office of Secretary of State  ADDITIONAL SOURCES OF INCOME of \$1,000 or more in 2016.  Source of income social security  ENTERTAINMENT AND GIFTS List indoor gifts (more than \$50) in 2016.	ititution) City  Madisor  List other sources from	City Washing ations that p	State WI u or your	National States	ure of employer's siness te Government  y received incom  State  DC  ith entertainmer  State



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. In the event this Statement of Economic Interests is filed prior to December 31st for an election in the following year, I certify that I will amend it on or before the statutory filing deadline if an amendment is necessary to bring it into conformity with the true statement of my economic interests as of December 31, 2016. If any part has been left blank, I have done so intentionally because there is nothing to report.

Daytime phone # \_(608) 266-8888 ext 3

doug.lafollette@wisconsin.gov

Signature of person filing

E-mail address

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 Wisconsin Ethics Commission will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), Wisconsin Statutes, the Ethics Commission states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

Mail, email or fax to:

Wisconsin Ethics Commission, P.O. Box 7984, Madison, WI 53707-7984;

Email: Ethics@wi.gov; Fax: (608) 264-9319

ETHFR-901 Personalized. For use in 2017



# Statement of Economic Interests

Filed in 2018 for calendar year 2017

#### Official Name: La Follette, Doug

#### Agency or Office: Office of the Secretary of State

#### Position Title: Secretary of State

- If you were appointed or nominated to a new position or a new term of office since 12/31 of the previous year, this section should be current as of your start date.
- If you are a continuing official, this section should be current as of 12/31 of the previous year.
- If you are a candidate, this section should be current as of 12/31 of the year before your election. (Forms may not be filed before 12/1 of the year before your election.)

The information sought in this form is required by Wis. Stat. §§ 19.43 and 19.44, 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.

#### Definitions:

- "Family" or "family member" means your spouse, and any child, stepchild, parent, or parent-in-law who receives more than one-half of his or her support from you or from whom you receive more than one-half of your support.
- "Income" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest.
- A "lobbyist" is an individual who attempts to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employee on another's behalf for pay. For a list of current lobbyists, go to: https://lobbying.wi.gov/Who/Lobbyists/2017REG/SearchNames.

If you need further assistance, please contact Ethics Commission Staff at 608-266-8123 or ethics@wi.gov.

#### Information current as of December 31, 2017

#### 1A: WISCONSIN DEFERRED COMPENSATION PROGRAM INVESTMENTS

a)Funds Available in Wisconsin Deferred Compensation Program. These funds are available to participants in the Wisconsin Deferred Compensation program and many of them are also available for direct purchase, independent of that 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. Please report other investments under the next question.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

PROFILE SERIES			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Retirement 2055	•	О	О
Vanguard Retirement 2045	•	О	O
Vanguard Retirement 2035	•	О	O
Vanguard Retirement 2025	•	О	О
Vanguard Retirement 2015	•	О	O
Vanguard Target Retirement Income	© .	C	O

INTERNATIONAL			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
American Euro Pacific Growth	©	o	C
BlackRock EAFE Equity Index	•	С	С

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Russell 2000 Index	•	О	О
DFA US Micro Cap Portfolio	•	О	О

MID CAP					
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000		
BlackRock Mid Cap Equity Index	•	О	o		
T Rowe Price Mid Cap Growth	O	О	С		

LARGE CAP					
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000		
Calvert Social Investment Equity	•	0	C		
Fidelity Contrafund	C	О	•		
Vanguard Institutional Index Plus	•	0	C		
Vanguard Wellington - Admiral Shares	О	С	•		

BOND			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock US Debt Index	•	O	C
Federated US Government Securities 2- 5yrs	e	o	О
Vanguard Long-term Investment Grade Adm Shares	e	c	o

MONEY MARKET			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Admiral Treasury Money Market	•	o	С

FIXED RETURNS FOR THE QUARTER				
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000	
Stable Value	©	О	O	
FDIC Bank Option	•	0	O	

## **1B: OTHER INVESTMENTS**

b) Other Investments. List mutual and money market funds, stocks, bonds, limited partnerships, and Wisconsin governmental securities in which you and your family's interest was valued at \$5,000 or more. Please list securities by name (e.g., Fidelity S&P Index 500 Fund, or ABC Corporation). Do not just list the type of account or the institution through which the investments are held (e.g., IRA, Merill Lynch account, etc.).

Include: stocks and stock options, commodity futures contracts, bonds, limited partnerships, securites issued by the State of Wisconsin or by local government entities within Wisconsin, mutual funds, and money market funds (include any of the aforementioned investments held directly, or througha deferred compensation plan, profit-sharing plan, or pension plan whose investments you or your family directs; in an individual retirement account (IRA); in a trust you or a family member created or of which you or a family member have beneficial use; or held for you by a corporation, partnership, or other entity which you or a family member controls).

DO NOT include: the Wisconsin retirement system, savings accounts, checking accounts, certificates of deposit, annuities, insurance contracts, securities issued by the federal government or a government outside Wisconsin, securities issued by an organization that does not do any business in Wisconsin, investments held by you or your family whose total interest is valued less than \$5,000.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.



STOCK					
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000		
АТТ	О	О	•		
MUTUAL FUND OR MONEY MARKET FUND					
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000		
Pacific Life	С	•	О		
Western Asset Managed Muni A	O	О	0		
LIMITED PARTNERSHIP					
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000		
BOND					
Name of Security	None	\$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) Enterprises operating under a business or trade name:

List the name of each business; farm; and rental, commercial and income-producing real estate that operated under a business name.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

# Name of Business City County State

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.

- **b)** Enterprises not operating under a business or trade name: If no business or trade name, list the address or fire number where the enterprise is located.
  - If you or a family member owned rental or other income-producing real estate, but did not operate under a business name, list the street address or fire number, municipality or town, county, and state of the real estate, and describe the nature of the business.
  - If you or a family member was self-employed, but did not operate under a business name, list the street address or fire number, municipality or town, county, and state of the real estate, and describe the nature of the business.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

#	Name of Business	Nature of Business	City	County	State

#### 3: BUSINESS PARTNERS

**Business Partners.** For each enterprise reported under question 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.

If you need to edit the name of the business, make changes in question 2. Page 139 of 160

List separately for each business the names and locations:

- for a general partnership, its partners
- for a corporation not registered to do business in Wisconsin, its officers and directors
- for a limited partnership not registered to do business in Wisconsin, its general partners

#### Do not list

- information for a limited partnership created or registered in Wisconsin
- information for a corporation created or registered in Wisconsin

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

Name of Business Partners, or Officers and Directors City State

## 4: COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS

**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 question 2 from which the filer or a member of the filer's immediate family received \$10,000 or more in the previous calendar year, list businesses, organizations, and lobbyists that paid the enterprise \$10,000 or more in the previous calendar year.

Please also indicate if an organization listed authorized you to represent it in its dealings with others as an attorney-atlaw, agent, spokesperson, or representative.

List: both a third-party payer as well as the customer, client, or tenant if the business received income from a third-party payer (such as a fee, commission, or insurance payment received by a realtor, travel agent, or medical practice)

Do not list: an individual (unless the individual was a lobbyist or acting on behalf of a business or organization), or a decedent's estate

Information in the section must cover the entire previous calendar year.

# Name of Customers City State Spokesperson

## 5: NON-COMMERCIAL REAL ESTATE

**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 already listed in question 2).

List: real estate you or your family owned directly or through a partnership, corporation, trust or other enterprise.

Do not list: you principal residence unless it was used to conduct business or for rental purposes, or real estate for which you provided the location under question 2.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

#	Location of Property	Municipality or town	County	State	Nature of interest
1	Glidden Dr	Sturgeon Bay	Door	Wisconsin	own

## 6: OFFICER OR DIRECTOR

OpenSecrets.org

Officers and Directors. List organizations of which you or a family member was an officer or director (unless already listed in question 2).

List: each business, labor union, association, cooperative, or other organization of which you or a family member was

an officer or director.

Do not list: charitable organizations (entities to which a contribution is tax deductible), political organizations (entities whose primary purpose is to influence voting), non-profit social or community service organizations, trusts, or federal/state/local governments or governmental agencies.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

# Business or Organization City State Position

## 7: AGENT, & REP. SPOKESPERSON

**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, agency, spokesperson, or representative (unless already listed in question 2, 3, or 6).

List: each business, labor union, association, cooperative, partnership, or other organization for which you or a family member was an authorized representative or legal agent; in the case of a lawyer, business clients for which you or a family member was authorized to provide representation in dealing with other parties or before a tribunal.

Do not list: employers listed in Item 9, businesses you listed in Item 2 as having a 10 percent or greater interest, individuals, charitable organizations (entities to which a contribution is tax deductible), political organizations (entities whose primary purpose is to influence voting), non-profit social or community service organizations, trusts, federal/state/local governments or governmental agencies, and organizations for which your efforts or those of a family member did not include representation to third parties (in the case of a lawyer).

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

# Business or Organization City State

#### 8: CREDITOR

Creditors. List creditors to which you or your family owed \$5,000 or more.

Include: each creditor (for personal and business debts) if you or a family member was personally liable for the debt, and your portion of any partnership debts.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

# Ceditor City State \$5,000 to \$50,000 More Than \$50,000

Information covers entire calendar year of 2017

#### 9: EMPLOYERS

**Employers.** List your and your family's employers, or other sources of income (\$1,000 or more of income) in the previous calendar year.

List: each employer from which you or a family member received income of \$1,000 or more during the year; the office

or department (if a State of Wisconsin employee).

Do not list: an individual (unless the individual was a lobbyist or action on behalf of an organization).

Information in the section must cover the entire previous calendar year.

#	Name of Business	City	State	Nature of Business
1	State of WI - Office of Secretary of State	Madison	WI	State Government

#### 10: ADDITIONAL SOURCES OF INCOME

List other sources from which you or your family received income of \$1,000 or more in the previous calendar year.

List: Social Security payments; an entity from which you or your family received retirement benefits; an entity from which you or your family received directors fees; in the case of a fee or commission, both a third-party payer as well as your customer, client, or tenant; an entity that purchased real estate from you or your family; an entity that furnished you or your family

honoraria not reported in question 12; any source of income not listed in question 2 or 9

Do not list: the source of dividends or interest; the source of insurance benefits, inheritances, scholarships (if no teaching or services were required in return); the purchaser of securities unless you know the purchaser's identity; an individual (unless the individual was a lobbyist or acting on behalf of a business or organization).

Information in the section must cover the entire previous calendar year.

1 Social Security Washington DC	

#### 11: ENTERTAINMENT AND GIFTS

List individuals and organizations that provided you with entertainment or gifts (more than \$50 in the aggregate) in the previous calendar year.

Do not list: gifts received by family members if they were not intended for you; gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiancé(e), parent-in-law, grandparent-in-law, brother-inlaw, or sister-in-law.

Information in the section must cover the entire previous calendar year.

#	Name of Provider	City	State

#### 12: HONORARIUM EXPENSES

Expenses Value

List, for the previous calendar year, sources of honoraria and payment of expenses related to your state government duties (more than \$50 in the aggregate) not previously reported to the Wisconsin Ethics Commission.

List: each individual or organization from which you received lodging, transportation, meals, expenses, or honoraria having a total value of more than \$50, for attendance at a conference, presentation of a talk, participation in a meeting, or for a published work about issues initiated by or affecting state government or state agencies.

Do not list: information about lodging, transportation, meals, money or any other thing of pecuniary value: (1) if you returned it within 30 days; (2) if you received it from the agency of which your state public office is a part; (3) if you received it from a source already listed in question 2, 9, or 10; (4) if you already reported the payment to the Wisconsin Ethics Commission as a matter of public record.

Information in the section must cover the entire previous calendar year.

Honorarium Amount

(You must check this checkbox and click Submit to file your SEI). I have read the accompanying instructions and certify:

Due Date: 4/30/2018

Certified Date: 2/25/2018

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, 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.



# Statement of Economic Interests

Filed in 2019 for calendar year 2018

#### Official Name: La Follette, Doug

#### Agency or Office: Office of the Secretary of State

#### Position Title: Secretary of State

- If you were appointed or nominated to a new position or a new term of office since 12/31 of the previous year, this section should be current as of your start date.
- If you are a continuing official, this section should be current as of 12/31 of the previous year.
- If you are a candidate, this section should be current as of 12/31 of the year before your election. (Forms may not be filed before 12/1 of the year before your election.)

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- "Income" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest.
- A "lobbyist" is an individual who attempts to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employee on another's behalf for pay. For a list of current lobbyists, go to: https://lobbying.wi.gov/Who/Lobbyists/2017REG/SearchNames.

If you need further assistance, please contact Ethics Commission Staff at 608-266-8123 or ethics@wi.gov.

#### Information current as of December 31, 2018

#### 1A: WISCONSIN DEFERRED COMPENSATION PROGRAM INVESTMENTS

a)Funds Available in Wisconsin Deferred Compensation Program. These funds are available to participants in the Wisconsin Deferred Compensation program and many of them are also available for direct purchase, independent of that 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. Please report other investments under the next question.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

PROFILE SERIES			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Retirement 2055	•	О	C
Vanguard Retirement 2045	•	О	О
Vanguard Retirement 2035	•	О	О
Vanguard Retirement 2025	•	О	О
Vanguard Retirement 2015	•	О	О
Vanguard Target Retirement Income	© .	C	C

INTERNATIONAL			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
American Euro Pacific Growth	•	o	o
BlackRock EAFE Equity Index	©	С	С

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Russell 2000 Index	•	О	О
DFA US Micro Cap Portfolio	•	С	О

MID CAP			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Mid Cap Equity Index	© .	C	О
T Rowe Price Mid Cap Growth	•	O	О

LARGE CAP			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Calvert Social Investment Equity	e	O	О
Fidelity Contrafund	O	C	© .
Vanguard Institutional Index Plus	c	O	О
Vanguard Wellington - Admiral Shares	O	C	•

BOND			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock US Debt Index	•	O	C
Federated US Government Securities 2- 5yrs	e	o	О
Vanguard Long-term Investment Grade Adm Shares	©	c	o

MONEY MARKET			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Admiral Treasury Money Market	·	o	С

FIXED RETURNS	FIXED RETURNS FOR THE QUARTER					
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000			
Stable Value	©	О	O			
FDIC Bank Option	•	0	O			

### **1B: OTHER INVESTMENTS**

b) Other Investments. List mutual and money market funds, stocks, bonds, limited partnerships, and Wisconsin governmental securities in which you and your family's interest was valued at \$5,000 or more. Please list securities by name (e.g., Fidelity S&P Index 500 Fund, or ABC Corporation). Do not just list the type of account or the institution through which the investments are held (e.g., IRA, Merill Lynch account, etc.).

Include: stocks and stock options, commodity futures contracts, bonds, limited partnerships, securites issued by the State of Wisconsin or by local government entities within Wisconsin, mutual funds, and money market funds (include any of the aforementioned investments held directly, or through a deferred compensation plan, profit-sharing plan, or pension plan whose investments you or your family directs; in an individual retirement account (IRA); in a trust you or a family member created or of which you or a family member have beneficial use; or held for you by a corporation, partnership, or other entity which you or a family member controls).

DO NOT include: the Wisconsin retirement system, savings accounts, checking accounts, certificates of deposit, annuities, insurance contracts, securities issued by the federal government or a government outside Wisconsin, securities issued by an organization that does not do any business in Wisconsin, investments held by you or your family whose total interest is valued less than \$5,000.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

WISCONSIN GOVERNM	ENTAL SECURITY			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000	

<b>STOCK</b>			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
ATT	О	O	•
MUTUAL FUND OR MONEY MAR	KET FUND		
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Pacific Life	О	•	О
Western Asset Managed Muni A	О	О	•
LIMITED PARTNERSHIP			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BOND			
Name of Security	None	\$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) Enterprises operating under a business or trade name:

List the name of each business; farm; and rental, commercial and income-producing real estate that operated under a business name.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

# Name of Business Nature of Business City County State

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.

- **b)** Enterprises not operating under a business or trade name: If no business or trade name, list the address or fire number where the enterprise is located.
  - If you or a family member owned rental or other income-producing real estate, but did not operate under a business name, list the street address or fire number, municipality or town, county, and state of the real estate, and describe the nature of the business.
  - If you or a family member was self-employed, but did not operate under a business name, list the street address or fire number, municipality or town, county, and state of the real estate, and describe the nature of the business.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

#	Name of Business	Nature of Business	City	County	State

#### 3: BUSINESS PARTNERS

Business Partners. For each enterprise reported under question 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.

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If you need to edit the name of the business, make changes in question 2.

List separately for each business the names and locations:

- for a general partnership, its partners
- for a corporation not registered to do business in Wisconsin, its officers and directors
- for a limited partnership not registered to do business in Wisconsin, its general partners

#### Do not list:

- information for a limited partnership created or registered in Wisconsin
- information for a corporation created or registered in Wisconsin

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

# Name of Business Partners, or Officers and Directors City State

### 4: COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS

**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 question 2 from which the filer or a member of the filer's immediate family received \$10,000 or more in the previous calendar year, list businesses, organizations, and lobbyists that paid the enterprise \$10,000 or more in the previous calendar year.

Please also indicate if an organization listed authorized you to represent it in its dealings with others as an attorney-atlaw, agent, spokesperson, or representative.

List: both a third-party payer as well as the customer, client, or tenant if the business received income from a third-party payer (such as a fee, commission, or insurance payment received by a realtor, travel agent, or medical practice)

Do not list: an individual (unless the individual was a lobbyist or acting on behalf of a business or organization), or a decedent's estate

Information in the section must cover the entire previous calendar year.

# Name of Customers City State Spokesperson

#### 5: NON-COMMERCIAL REAL ESTATE

**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 already listed in question 2).

List: real estate you or your family owned directly or through a partnership, corporation, trust or other enterprise.

Do not list: you principal residence unless it was used to conduct business or for rental purposes, or real estate for which you provided the location under question 2.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

#	Location of Property	Municipality or town	County	State	Nature of interest
1	Glidden Dr	Sturgeon Bay	Door	Wisconsin	own

#### 6: OFFICER OR DIRECTOR

listed in question 2).

List: each business, labor union, association, cooperative, or other organization of which you or a family member was an officer or director.

Do not list: charitable organizations (entities to which a contribution is tax deductible), political organizations (entities whose primary purpose is to influence voting), non-profit social or community service organizations, trusts, or federal/state/local governments or governmental agencies.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

Business or Organization City State Position

## 7: AGENT, & REP. SPOKESPERSON

**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, agency, spokesperson, or representative (unless already listed in question 2, 3, or 6).

List: each business, labor union, association, cooperative, partnership, or other organization for which you or a family member was an authorized representative or legal agent; in the case of a lawyer, business clients for which you or a family member was authorized to provide representation in dealing with other parties or before a tribunal.

Do not list: employers listed in Item 9, businesses you listed in Item 2 as having a 10 percent or greater interest, individuals, charitable organizations (entities to which a contribution is tax deductible), political organizations (entities whose primary purpose is to influence voting), non-profit social or community service organizations, trusts, federal/state/local governments or governmental agencies, and organizations for which your efforts or those of a family member did not include representation to third parties (in the case of a lawyer).

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

# Business or Organization City State

### 8: CREDITOR

**Creditors.** List creditors to which you or your family owed \$5,000 or more.

Include: each creditor (for personal and business debts) if you or a family member was personally liable for the debt, and your portion of any partnership debts.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

Ceditor City State \$5,000 to \$50,000 More Than \$50,000

Information covers entire calendar year of 2018

9: EMPLOYERS



**Employers.** List your and your family's employers, or other sources of income (\$1,000 or more of income) in the previous calendar year.

List: each employer from which you or a family member received income of \$1,000 or more during the year; the office or department (if a State of Wisconsin employee).

Do not list: an individual (unless the individual was a lobbyist or action on behalf of an organization).

Information in the section must cover the entire previous calendar year.

#	Name of Business	City	State	Nature of Business
1	State of WI - Office of Secretary of State	Madison	WI	State Government

# 10: ADDITIONAL SOURCES OF INCOME

List other sources from which you or your family received income of \$1,000 or more in the previous calendar year.

List: Social Security payments; an entity from which you or your family received retirement benefits; an entity from which you or your family received directors fees; in the case of a fee or commission, both a third-party payer as well as your customer, client, or tenant; an entity that purchased real estate from you or your family; an entity that furnished you or your family

honoraria not reported in question 12; any source of income not listed in question 2 or 9

Do not list: the source of dividends or interest; the source of insurance benefits, inheritances, scholarships (if no teaching or services were required in return); the purchaser of securities unless you know the purchaser's identity; an individual (unless the individual was a lobbyist or acting on behalf of a business or organization).

Information in the section must cover the entire previous calendar year.

" 30	ource of Income	City	State
1 Sc	ocial Security	Washington	DC

### 11: ENTERTAINMENT AND GIFTS

List individuals and organizations that provided you with entertainment or gifts (more than \$50 in the aggregate) in the previous calendar year.

Do not list: gifts received by family members if they were not intended for you; gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiancé(e), parent-in-law, grandparent-in-law, brother-inlaw, or sister-in-law.

Information in the section must cover the entire previous calendar year.

#	Name of Provider	City	State

#### 12: HONORARIUM EXPENSES

List, for the previous calendar year, sources of honoraria and payment of expenses related to your state government duties (more than \$50 in the aggregate) not previously reported to the Wisconsin Ethics Commission.

List: each individual or organization from which you received lodging, transportation, meals, expenses, or honoraria having a total value of more than \$50, for attendance at a conference, presentation of a talk, participation in a meeting, or for a published work about issues initiated by or affecting state government or state agencies.

Do not list: information about lodging, transportation, meals, money or any other thing of pecuniary value: (1) if you returned it within 30 days; (2) if you received it from the agency of which your state public office is a part; (3) if you received it from a source already listed in question  $p_{age}$  of  $p_{age}$  already reported the payment to the Wisconsin

Ethics Commission as a matter of public record.

Information in the section must cover the entire previous calendar year.

STATEMENT OF SPOUSAL NON-DISCLOSURE ATTACHMENT
Click any documents below to open
ADDITIONAL DOCUMENTS
Click any documents below to open
(You must check this checkbox and click Submit to file your SEI).  I have read the accompanying instructions and certify:  Due Date: 1/28/2019  Certified Date: 1/7/2019  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, 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.
If filing a paper copy please sign and date:
Signature:
Date:
(Public) Email:
(Public) Phone:





# Statement of Economic Interests

Filed in 2020 for calendar year 2019

Official Name: La Follette, Doug

Agency or Office: Office of the Secretary of State

### Position Title: Secretary of State

- If you were appointed or nominated to a new position or a new term of office since 12/31 of the
  previous year, this section should be current as of your start date.
- If you are a continuing official, this section should be current as of 12/31 of the previous year.
- If you are a candidate, this section should be current as of 12/31 of the year before your
  election. (Forms may not be filed before 12/1 of the year before your election.)

The information sought in this form is required by Wis. Stat. §§ 19.43 and 19.44, 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.

#### Definitions:

- "Family or I family member means your spouse, and any child, stepchild, parent, or parent-inlaw who receives more than one-half of his or her support from you or from whom you receive more than one-half of your support.
- "Income" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest.
- A " lobbyist is an individual who attempts to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employee on another's behalf for pay. For a list of current lobbyists, go to: https://lobbying.wi.gov/Who/Lobbyists/2017REG/SearchNames.

If you need further assistance, please contact Ethics Commission Staff at 608-266-8123 or ethics@wi.gov.

#### Information current as of December 31, 2019

## 1A: WISCONSIN DEFERRED COMPENSATION PROGRAM INVESTMENTS

a)Funds Available in Wisconsin Deferred Compensation Program. These funds are available to participants in the Wisconsin Deferred Compensation program and many of them are also available for direct purchase, independent of that program. If you held an investment of \$5,000 or more in any of these funds I either directly or through the program— please check the appropriate box. Please report other investments under the next question.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

PROFILE SERI	ES		
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Retirement 2055	o	O	О
Vanguard Retirement 2045	•	Page 152 of 160	С

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Retirement 2035	•	С	О
Vanguard Retirement 2025	•	C	O
Vanguard Retirement 2015	•	C	O
Vanguard Target Retirement Income	0	C	o

INTERNATIONAL	L		
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
American Euro Pacific Growth	6	0	C
BlackRock EAFE Equity Index	•	0	0

SMALL CAP			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Russell 2000 Index	•	С	О
DFAUS Micro Cap Portfolio	<u>©</u>	0	0

MID CAP			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Mid Cap Equity Index	·	C	О
T Rowe Price Mid Cap Growth	<u>•</u>	<u>C</u>	0

LARGE CAP			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Calvert Social Investment Equity	•	C	O
Fidelity Contrafund	O	C	•
Vanguard Institutional Index Plus	•	C	O
Vanguard Wellington - Admiral Shares	c	c	©

BOND			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock US Debt Index	•	О	О
Federated US Government Securities 2-5yrs	©	o	o
Vanguard Long-term Investment Grade Adm Shares	c	O	О

MONEY MARKET	•		
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Admiral Treasury Money Market	·	c	o

FIXED RETURNS QUARTER	FOR THE		
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Stable Value	•	О	О
FDIC Bank Option	<u>o</u>	<u> </u>	О



# 1B: OTHER INVESTMENTS

b) Other Investments. List mutual and money market funds, stocks, bonds, limited partnerships, and Wisconsin governmental securities in which you and your family's interest was valued at \$5,000 or more. Please list securities by name (e.g., Fidelity S&P Index 500 Fund, or ABC Corporation). Do not just list the type of account or the institution through which the investments are held (e.g., IRA, Merill Lynch account, etc.).

Include: stocks and stock options, commodity futures contracts, bonds, limited partnerships, securites issued by the State of Wisconsin or by local government entities within Wisconsin, mutual funds, and money market funds (include any of the aforementioned investments held directly, or through a deferred compensation plan, profit-sharing plan, or pension plan whose investments you or your family directs; in an individual retirement account (IRA); in a trust you or a family member created or of which you or a family member have beneficial use; or held for you by a corporation, partnership, or other entity which you or a family member controls).

DO NOT include: the Wisconsin retirement system, savings accounts, checking accounts, certificates of deposit, annuities, insurance contracts, securities issued by the federal government or a government outside Wisconsin, securities issued by an organization that does not do any business in Wisconsin, investments held by you or your family whose total interest is valued less than \$5,000.

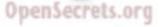
Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
sтоск			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
ATT	С	С	•
MUTUAL FUND OR MONE	Y MARKET FUND		
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Pacific Life	С	•	С
Western Asset Managed Muni A	0	О	•
LIMITED PARTNERSHIP			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BOND			
Name of Security	None	\$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) Enterprises operating under a business of of of trade name:



List the name of each business; farm; and rental, commercial and income-producing real estate that operated under a business name.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

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.

- b) Enterprises not operating under a business or trade name: If no business or trade name, list the address or fire number where the enterprise is located.
  - If you or a family member owned rental or other income-producing real estate, but did not
    operate under a business name, list the street address or fire number, municipality or town,
    county, and state of the real estate, and describe the nature of the business.
  - If you or a family member was self-employed, but did not operate under a business name, list the street address or fire number, municipality or town, county, and state of the real estate, and describe the nature of the business.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

# Name of Business Nature of Business City County State

## 3: BUSINESS PARTNERS

**Business Partners.** For each enterprise reported under question 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.

If you need to edit the name of the business, make changes in question 2.

List separately for each business the names and locations:

- for a general partnership, its partners
- for a corporation not registered to do business in Wisconsin, its officers and directors
- for a limited partnership not registered to do business in Wisconsin, its general partners

#### Do not list:

- information for a limited partnership created or registered in Wisconsin
- information for a corporation created or registered in Wisconsin

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

# Name of Business Partners,or Officers and Directors City State



# 4: COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS

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 question 2 from which the filer or a member of the filer's immediate family received \$10,000 or more in the previous calendar year, list businesses, organizations, and lobbyists that paid the enterprise \$10,000 or more in the previous calendar year.

Please also indicate if an organization listed authorized you to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative.

List: both a third-party payer as well as the customer, client, or tenant if the business received income from a third-party payer (such as a fee, commission, or insurance payment received by a realtor, travel agent, or medical practice)

Do not list: an individual (unless the individual was a lobbyist or acting on behalf of a business or organization), or a decedent's estate

Information in the section must cover the entire previous calendar year.

#	Name of Customers	City	State	Spokesperson

# 5: NON-COMMERCIAL REAL ESTATE

**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 already listed in question 2).

List: real estate you or your family owned directly or through a partnership, corporation, trust or other enterprise.

Do not list: you principal residence unless it was used to conduct business or for rental purposes, or real estate for which you provided the location under question 2.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

#	Location of Property	Municipality or town	County	State	Nature of interest
1	Glidden Dr	Sturgeon Bay	Door	Wisconsin	own

# 6: OFFICER OR DIRECTOR

Officers and Directors. List organizations of which you or a family member was an officer or director (unless already listed in question 2).

List: each business, labor union, association, cooperative, or other organization of which you or a family member was an officer or director, page 156 of 160

Do not list: charitable organizations (entities to which a contribution is tax deductible), political organizations (entities whose primary purpose is to influence voting), non-profit social or community service organizations, trusts, or federal/state/local governments or governmental agencies.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

# Business or Organization City State Position

# 7: AGENT, & REP. SPOKESPERSON

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, agency, spokesperson, or representative (unless already listed in question 2, 3, or 6).

List: each business, labor union, association, cooperative, partnership, or other organization for which you or a family member was an authorized representative or legal agent; in the case of a lawyer, business clients for which you or a family member was authorized to provide representation in dealing with other parties or before a tribunal.

Do not list: employers listed in Item 9, businesses you listed in Item 2 as having a 10 percent or greater interest, individuals, charitable organizations (entities to which a contribution is tax deductible), political organizations (entities whose primary purpose is to influence voting), non-profit social or community service organizations, trusts, federal/state/local governments or governmental agencies, and organizations for which your efforts or those of a family member did not include representation to third parties (in the case of a lawyer).

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

# Business or Organization City State

# 8: CREDITOR

Creditors. List creditors to which you or your family owed \$5,000 or more.

Include: each creditor (for personal and business debts) if you or a family member was personally liable for the debt, and your portion of any partnership debts.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

# Ceditor City State \$5,000 to \$50,000 More Than \$50,000



#### Information covers entire calendar year of 2019

# 9: EMPLOYERS

**Employers.** List your and your family's employers, or other sources of income (\$1,000 or more of income) in the previous calendar year.

List: each employer from which you or a family member received income of \$1,000 or more during the year; the office or department (if a State of Wisconsin employee).

Do not list: an individual (unless the individual was a lobbyist or action on behalf of an organization).

Information in the section must cover the entire previous calendar year.

#	Name of Business	City	State	Nature of Business
1	State of WI - Office of Secretary of State	Madison	W	State Government

# 10: ADDITIONAL SOURCES OF INCOME

List other sources from which you or your family received income of \$1,000 or more in the previous calendar year.

List: Social Security payments; an entity from which you or your family received retirement benefits; an entity from which you or your family received directors fees; in the case of a fee or commission, both a third-party payer as well as your customer, client, or tenant; an entity that purchased real estate from you or your family; an entity that furnished you or your family honoraria not reported in question 12; any source of income not listed in question 2 or 9

Do not list: the source of dividends or interest; the source of insurance benefits, inheritances, scholarships (if no teaching or services were required in return); the purchaser of securities unless you know the purchaser's identity; an individual (unless the individual was a lobbyist or acting on behalf of a business or organization).

Information in the section must cover the entire previous calendar year.

#	Source of Income	City	State
1	Social Security	Washington	DC

# 11: ENTERTAINMENT AND GIFTS

List individuals and organizations that provided you with entertainment or gifts (more than \$50 in the aggregate) in the previous calendar year.

Do not list: gifts received by family members if they were not intended for you; gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiancé(e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law.

Douglas J. La Follette, Statements of Economic Interests, 1990-2020. Wisconsin Ethics Board, OpenSecrets.org. Information in the section must cover the entire previous calendar year.

#	Name of Provider	City	State
		,	

# 12: HONORARIUM EXPENSES

List, for the previous calendar year, sources of honoraria and payment of expenses related to your state government duties (more than \$50 in the aggregate) not previously reported to the Wisconsin Ethics Commission.

List: each individual or organization from which you received lodging, transportation, meals, expenses, or honoraria having a total value of more than \$50, for attendance at a conference, presentation of a talk, participation in a meeting, or for a published work about issues initiated by or affecting state government or state agencies.

Do not list: information about lodging, transportation, meals, money or any other thing of pecuniary value: (1) if you returned it within 30 days; (2) if you received it from the agency of which your state public office is a part; (3) if you received it from a source already listed in question 2, 9, or 10; (4) if you already reported the payment to the Wisconsin Ethics Commission as a matter of public record.

Information in the section must cover the entire previous calendar year.

#	Payer	Expenses Value	Honorarium Amount	Circumstances of receipt

STATEMENT OF SPOUSAL NON-DISCLOSURE ATTACHMENT
Click any documents below to open
ADDITIONAL DOCUMENTS
Click any documents below to open

(You must check this checkbox and click Submit to file your SEI).

I have read the accompanying instructions and certify:

Due Date: 4/30/2020

## Certified Date: 1/23/2020

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, 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.

If Filing a paper copy please sign and date:	
Signature:	
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