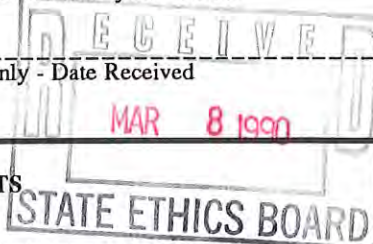


This form must be filed with:

State of Wisconsin Ethics Board  
125 South Webster Street  
Madison, Wisconsin 53702  
(608) 266-8123

Filed in 1990 for calendar year **1989**

For office use only - Date Received



State of Wisconsin Ethics Board  
STATEMENT OF ECONOMIC INTERESTS

NAME La Follette Douglas  
(last name) (first name & initial)

POSITION HELD OR SOUGHT Sec of State  
(include agency, division, or district if applicable)

MAILING ADDRESS (Optional) Box 7848 Mad 53707

## 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.

1. **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.

Check here ☒ if you do not have any business or personal debts of \$5,000 or more.

Name of Creditor	City and State	Check One	
		\$50,000 or less	More than \$50,000



**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.

**3. 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.

**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 1989. (If your employer is the State of Wisconsin, list agency.)

Sec of State's 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 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.

**6. 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.

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 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.

Douglas J. La Follette  
Signature of person filing

3/3/90  
Date

(608) 266-8888  
Telephone number during business hours (Optional)

Office Review

jp 3-16-90

Return only if needed to complete Statement)

NAME

Dory La Follette

**SCHEDULES A--C**  
to  
**STATEMENT OF ECONOMIC INTERESTS**

**SCHEDULE A--Offices 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, 1989, except:

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
ENTROPY, Inc (inactive)	Mad WI	Pres

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, 1989.

List reportable securities regardless of whether they are 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. )	<u>Check One</u> \$50,000 or less    More than \$50,000	

RETURN TO ITEM 4

**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.  
**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 1989 (before deductions and depreciation) was Less than \$1,000, or \$1,000 or More by entering 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.

a	b	c	d	e
Name of Business, Corporation, Partnership Farm, or Address of Rental Property	City & State	Nature of Enterprise (farming, law, rental property, etc.)	Form Enter P, S, or C	Gross Income Enter L or M
ENTROPY, Inc	Mad WI	(Incl fire)	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. **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 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 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 1989.

If none, check here ☒.

Sources of Income	City and State

RETURN TO ITEM 6



(Return only if needed to complete Statement)

NAME

Douglas J. La Follette

SCHEDULES D -- F

to

## STATEMENT OF ECONOMIC INTERESTS

SCHEDULE D--Travel, Lodging, Honorariums, Business Entertainment, and Gifts.

## 1. REIMBURSED EXPENSES OR PAYMENTS FOR MEETINGS, TALKS, OR PUBLISHED WORKS

List each source from which you received lodging, transportation, money, reimbursed expenses, or any other thing of value (excluding meals or drinks coincident with a meeting) with a combined value exceeding \$50 for your presentation of a single talk, participation in one meeting, or publication of a work during 1989.

List a payment even if you donated it to charity.

You need not list information about a payment:

If you returned it within 60 days,

If you received it from the agency or municipality of which your state public office is a part,

If you received it from an employer already listed under Item 4 or from a source of income listed on Schedule C

If you already reported the payment to the Ethics Board as a matter of public record, or

If you can show by clear and convincing evidence that the payment was

(1) unrelated to your official duties AND

(2) unrelated to discussion of processes or issues initiated by or affecting state government.

If no payment must be listed, check here ☒.

Payer	Approximate Value	Circumstances

## 2. TRAVEL, ENTERTAINMENT, AND GIFTS NOT IDENTIFIED ABOVE

List each business, organization, governmental entity, or individual (other than a relative) that furnished you with tickets to sporting events or shows, travel expenses, meals or lodging, favors, services, property, loans, money, gifts, or anything of pecuniary value, whose total value exceeded \$50 during 1989 and for which you neither paid nor rendered service in exchange. Account for all business entertainment, even if unrelated to your official duties.

When calculating value, you need not consider:

Meals, lodging, or hospitality that an individual furnished you at his or her own expense and not as a business expense if you can clearly and convincingly show that the invitation was unrelated to your public position,

Campaign contributions publicly reported as required by law.

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

**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)
Douglas	611111 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 ☒.

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



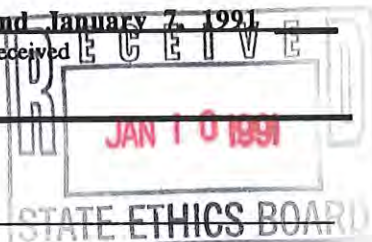
This form must be filed with:

State of Wisconsin Ethics Board  
44 East Milillin Street, Suite 601  
Madison, Wisconsin 53703-2800  
(608) 266-8123

Information must be current as of this Appointment Date

~~December 31, 1990 and January 7, 1991~~

For office use only - Date Received



State of Wisconsin Ethics Board  
STATEMENT OF ECONOMIC INTERESTS

NAME La Follette Douglas  
(last name) (first name & initial)

POSITION HELD OR SOUGHT Sec. of State  
(include agency, division, or district if applicable)

MAILING ADDRESS (Optional) Box 7848 Mad. 53707

## 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 duties include trying to influence legislative action or administrative rules by communicating with an elective state official, agency official, or legislative employee 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 have a remainder interest in a trust, obtain additional instructions from the Ethics Board.

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.

**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.

**PENALTIES:** Subchapter III, Chapter 19, Wisconsin Statutes, 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.

## COMPLETE ITEMS 1 THROUGH 8. COMPLETE AND ATTACH SCHEDULES A, B, C, D, E, and F ONLY IF DIRECTED.

1. **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 the Appointment Date given at the upper right-hand corner of this page.

If you or a member of your immediate family on December 31, 1990 owned an unincorporated business (including a farm) or was a general partner in a partnership, account for its debts. List a creditor to whom \$5,000 or more was owed even if that was the total of several smaller debts.

Check here



if you did not have any business or personal debts of \$5,000 or more.

Name of Creditor	City and State	Check One	
		\$50,000 or less	More than \$50,000



**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 ☒. If you check YES, complete Schedule A.

**3. Securities**

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 ☒. 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 ☒ 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.

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.

Douglas J. La Follette  
Signature of person filing

1/10/91  
Date

608-266-8888  
Telephone number during business hours (Optional)

Office Review

jp 1-11-91



Return only if needed to complete Statement)

NAME

Doug La Follette

**SCHEDULES A--C**  
to  
**STATEMENT OF ECONOMIC INTERESTS**

**SCHEDULE A--Offices and Directorships**

Identify each business or organization of which you or a member of your immediate family was an officer or director on the Appointment Date, except:

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
ENTROPY, Inc (inactive)	Mad WI	Pres.

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 the Appointment Date.

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 or less	More than \$50,000

RETURN TO ITEM 4

**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 entering 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.

a	b	c	d	e
Name of Business, Corporation, Partnership Farm, or Address of Rental Property	City & State	Nature of Enterprise (farming, law, rental property, etc.)	Form Enter P, S, or C	Gross Income Enter L or M
ENTROPY, Inc.	Madison	inactive	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.

- a. **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



(Return only if needed to complete Statement)

NAME

Doug La Follette

SCHEDULES D -- F

to

## STATEMENT OF ECONOMIC INTERESTS

SCHEDULE D--Travel, Lodging, Honorariums, Business Entertainment, and Gifts.

## 1. REIMBURSED EXPENSES OR PAYMENTS FOR MEETINGS, TALKS, OR PUBLISHED WORKS

List each source from which you received lodging, transportation, money, reimbursed expenses, or any other thing of value (excluding meals or drinks coincident with a meeting) with a combined value exceeding \$50 for your presentation of a single talk, participation in one meeting, or publication of a work during 1990.

List a payment even if you donated it to charity.

You need not list information about a payment:

If you returned it within 60 days,

If you received it from the agency or municipality of which your state public office is a part,

If you received it from an employer already listed under Item 4 or from a source of income listed on Schedule C

If you already reported the payment to the Ethics Board as a matter of public record, or

If you can show by clear and convincing evidence that the payment

(1) was unrelated to your official duties and did not arise from your holding or having held a public office AND

(2) was unrelated to discussion of processes or issues initiated by or affecting state government.

If no payment must be listed, check here ☒ and go on to Schedule D 2 below.

Payer	Approximate Value	Circumstances

## 2. TRAVEL, ENTERTAINMENT, AND GIFTS NOT IDENTIFIED ABOVE

List each business, organization, governmental entity, or individual (other than a relative) that furnished you with tickets to sporting events or shows, travel expenses, meals or lodging, favors, services, property, loans, money, gifts, or anything of pecuniary value, whose total value exceeded \$50 during 1990 and for which you neither paid nor rendered service in exchange. Account for all business entertainment, even if unrelated to your official duties.

When calculating value, you need not consider:

Meals, lodging, or hospitality that an individual furnished you at his or her own expense and not as a business expense if you can clearly and convincingly show that the invitation was unrelated to your public position,

Campaign contributions publicly reported as required by law.

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

**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)
Douglas	6111 1st 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 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

COPY

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,

A handwritten signature in cursive script that reads "Doug La Follette".

Doug La Follette  
Secretary of State

DLF:TH



JP 3/24/92



COPY

February 10, 1992

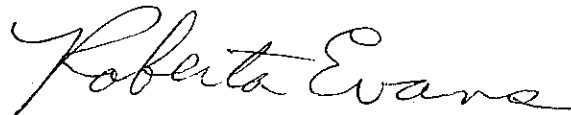
Mr. Doug La Follette  
Secretary of State  
30 W. Mifflin Street  
P.O. Box 7848  
Madison, WI 53707

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







State of Wisconsin Ethics Board  
44 East Mifflin Street, Suite 601  
Madison, Wisconsin 53703-2800  
(608) 266-8123

Filed in 1992 for calendar year 1991

For office use only - Date Received

2 1992

State of Wisconsin Ethics Board  
STATEMENT OF ECONOMIC INTERESTS

NAME La Follette Doug  
(last name) (first name & initial)

IDENTIFY POSITION HELD OR SOUGHT Sec of State  
(include agency, division, or district if applicable)

MAILING ADDRESS Box 7848 Madison 53707

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 duties include trying to influence legislative action or administrative rules by communicating with an elective state official, agency official, or legislative employee 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 have a remainder interest in a trust, obtain additional instructions from the Ethics Board.

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.

**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.

**PENALTIES:** Subchapter III, Chapter 19, Wisconsin Statutes, 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.

COMPLETE ITEMS 1 THROUGH 8. COMPLETE AND ATTACH SCHEDULES A, B, C, D, E, and F ONLY IF DIRECTED.

1. **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, 1991.

If you or a member of your immediate family on December 31, 1991 owned an unincorporated business (including a farm) or was a general partner in a partnership, account for its debts. List a creditor to whom \$5,000 or more was owed even if that was the total of several smaller debts.

Check here ☒ if you did not have any business or personal debts of \$5,000 or more.

Name of Creditor	City and State	Check One	
		\$50,000 or less	More than \$50,000

Office Review

JP 4/6/92

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

--OVER--



2. **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. **Securities**

On December 31, 1991, 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 1991. (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 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.

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.

Douglas J. La Follette  
Signature of person filing

4/1/92  
Date

(608) 266-8888  
Telephone number during business hours



**SCHEDULES A--C**  
to  
**STATEMENT OF ECONOMIC INTERESTS**

**SCHEDULE A--Offices 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 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 or less    More than \$50,000	

RETURN TO ITEM 4

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.*

2. 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.

a	b	c	d	e
Name of Business, Corporation, Partnership, Farm, or Address of Rental Property	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

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.

If none, check here



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 1991.

If none, check here



Sources of Income	City and State

RETURN TO ITEM 6



(Return only if needed to complete Statement)

NAME

Doug La Follette

**SCHEDULES D -- F**  
to  
**STATEMENT OF ECONOMIC INTERESTS**

**SCHEDULE D--Travel, Lodging, Honorariums, Business Entertainment, and Gifts.****1. REIMBURSED EXPENSES OR PAYMENTS FOR MEETINGS, TALKS, OR PUBLISHED WORKS**

List each source from which you received lodging, transportation, money, reimbursed expenses, or any other thing of value (excluding meals or drinks coincident with a meeting) with a combined value exceeding \$50 for your presentation of a single talk, participation in one meeting, or publication of a work during 1991.

List a payment even if you donated it to charity.

You need not list information about a payment:

If you returned it within 60 days,

If you received it from the agency or municipality of which your state public office is a part,

If you received it from an employer already listed under Item 4 or from a source of income listed on Schedule C

If you already reported the payment to the Ethics Board as a matter of public record, or

If you can show by clear and convincing evidence that the payment

(1) was unrelated to your official duties and did not arise from your holding or having held a public office AND

(2) was unrelated to discussion of processes or issues initiated by or affecting state government.

If no payment must be listed, check here ☒ and go on to Schedule D 2 below.

Payer	Approximate Value	Circumstances

**2. TRAVEL, ENTERTAINMENT, AND GIFTS NOT IDENTIFIED ABOVE**

List each business, organization, governmental entity, or individual (other than a relative) that furnished you with tickets to sporting events or shows, travel expenses, meals or lodging, favors, services, property, loans, money, gifts, or anything of pecuniary value, whose total value exceeded \$50 during 1991 and for which you neither paid nor rendered service in exchange. Account for all business entertainment, even if unrelated to your official duties.

When calculating value, you need not consider:

Meals, lodging, or hospitality that an individual furnished you at his or her own expense and not as a business expense if you can clearly and convincingly show that the invitation was unrelated to your public position,

Campaign contributions publicly reported as required by law.

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



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 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	Glidden 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 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 ☒.

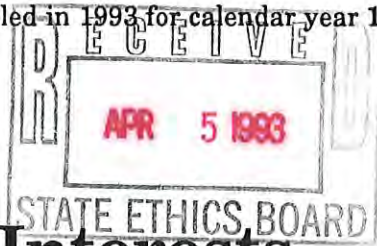
Source of Payment	City and State

REMEMBER TO SIGN YOUR STATEMENT ON PAGE 2



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

Filed in 1993 for calendar year 1992



# 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)		
MAILING ADDRESS	Box 7848		
	(street address or p.o. box)		
	Madison	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 employee 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
State of Wisconsin	Madison	Sec of State

✓ 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 ☒



Name

Doug La Follette

**Part 3. Real estate.**

In this part, identify all real estate located in Wisconsin in which you or a member of your immediate family held a 10% or greater interest valued at \$5,000 or more on December 31, 1992. Include real estate you or your family owned directly and real estate held for you or your family by: (a) a partnership; (b) a trust; (c) a corporation; or (d) other enterprise. Do not list your principal residence unless you used it to conduct 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, ease- ment, or land contract)
✓ Glidden Drive, near Sturgeon Bay, Door Co.	Cabin	own

✓ if None or Not Applicable ☐**Part 4. Customers, clients, and tenants.**

In this part, identify sources (for example, customers, clients, or commercial real estate tenants) from which the businesses, enterprises, and real estate listed in Parts 2 or 3 received \$1,000 or more of payments (other than interest or dividends) in 1992. Customers, clients, and tenants may include corporations, partnerships, unincorporated businesses, governmental entities, labor unions, non-profit associations, cooperatives, trusts, lobbyists, etc.

Do not list:

- a corporation's sources of income unless the corporation is a service corporation or is an "S" corporation under the Internal Revenue Code
- a business's sources of income if your family's share of the business's gross proceeds was less than \$1,000
- an individual unless the individual was a lobbyist
- a decedent's estate.

If a payment was received from one organization or entity (as a commission received by a realtor or travel agent) for services or sales your business provided to another, you should list both the payer and the customer as sources of income.

Customer, client, or tenant	City and state

✓ 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, fiancé(e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law.

Name of giver	City and state

✓ if None or Not Applicable ☒

## Part 6. Honoraria and payment of expenses.

In this part, list each individual or organization from which you 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 value of expenses	Amount of honorarium	Circumstances of receipt

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.

✓ if None or Not Applicable ☒

## 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 ☒



Name Doug La Follette**Part 8. Stocks, bonds, mutual funds, and the like.**

In this part, list each reportable security that you or a member of your immediate family owned on December 31, 1992. "Securities" include stocks, bonds, mutual funds, money market funds, limited partnerships, and commodity futures contracts. "Securities" do not include savings accounts, certificates of deposit, annuity contracts, or insurance contracts.

Reportable securities include only those securities owned by you or a member of your immediate family, directly or indirectly, separately or together, with a value of \$5,000 or more. Reportable securities include securities you or your family owned directly and securities held for you or your family by: (a) a deferred compensation, profit-sharing, or pension plan whose investments you or your family directs; (b) an individual retirement account (IRA); (c) a trust; or (d) a corporation, partnership, or other entity which you or your family controls.

You do not have to list a security:

- if your family's total share in the securities of the corporation had a value of less than \$5,000
- if the security was issued by the federal government or by other governmental entities outside Wisconsin
- if the security was issued by an organization that does no business in Wisconsin.

For each security listed, place a check in one of the columns at the right to indicate the value of your family's interest in the security.

Name of security	Value \$50,000 or less	Value More than \$50,000
First Common 121M Fund (IRA)	X	
MFG Obligation Trust 66 (IRA)	X	
Smith Barney Income & Growth (IRA)	X	

✓ if None or Not Applicable ☐

**Part 9. Offices and directorships.**

In this part, list each business, labor union, association, cooperative, or other organization of which you or a member of your immediate family was, on December 31, 1992, 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 purpose is to influence voting); non-profit social or community service organizations; trusts; or federal, state, or local governments or governmental agencies.

Business or organization	City and state	Position

✓ 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 ☒

## 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.

Douglas J. La Follette  
Signature of person filing

4/2/93  
Date

266-8888  
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. 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 J.B. 4/5/93
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Wisconsin Ethics Board  
44 E. Mifflin St., Suite 601  
Madison, WI 53703-2800  
(608) 266-8123

Filed in 1994 for calendar year 1993



## 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)

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	Madison	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

Check (✓) if None or Not Applicable ☒



Name Doug LaFollette**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, 1993. 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)
Glidden Drive near Sturgeon Bay	Cabin	OWN

Check (✓) if None or Not Applicable ☐**Part 4. Customers, clients, and tenants.**

Identify each commercial customer, client, tenant, other commercial source, or lobbyist which paid \$1,000 or more in 1993 to any partnership, limited liability company, sole proprietorship, service corporation, or "S" corporation under the Internal Revenue Code that you listed in Part 2 or 3.

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.

If you listed a business in Part 2 or 3 from which you or an immediate family member received less than \$1,000, you do not have to list that business's customers or clients.

Customer, client, or tenant	City and state

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, fiancé(e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law.

Name of giver	City and state

Check (✓) if None or Not Applicable ☒ *per file 4/5/94jp*

## Part 6. Honoraria and payment of expenses.

List each individual or organization from which you 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

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

Check (✓) if None or Not Applicable ☒







## 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.

Business or organization	City and state

Check (✓) if None or Not Applicable ☒

## Part 11. Creditors.

List each creditor to whom you or immediate family members, individually or together, owed \$5,000 or more on December 31, 1993. 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 an immediate family member was personally liable for the debt. Include your portion of any partnership debts.

Creditor	City and state	Amount \$5,000 or less	Amount More than \$5,000

Check (✓) 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.

<u>Douglas J. La Follette</u>	<u>4/1/94</u>	<u>266-8818</u>
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. 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 <u>ip 4/5/94</u>
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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 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.

JAN 1 1992



## 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.

☐ Check (✓) if None or Not Applicable

Name of employer (If State of Wisconsin, identify agency or institution)	City and state	General nature of business
State 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 at least a 10% interest on December 31, 1994. 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.

☒ Check (✓) if None or Not Applicable

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.

☒ Check (✓) if None or Not Applicable

Business	Name of owners or partners	City and state





Name Doug La Follette

### 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, 1994. 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)
Glidden Drive near Sturgeon Bay	Cabin	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 3. This means identify each customer, client, tenant, and other source.

\*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
- 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 3 from which you or an immediate family member received less than \$1,000.

☒ Check (✓) if None or Not Applicable

Customer, client, or tenant	City and state





## 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, fiancé(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 you 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. Honoraria you or an immediate family member received that were unrelated to state issues should be accounted for in Part 7.

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☒ Check (✓) if None or Not Applicable

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 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	City and state





Name Dwg La Follette

## 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
- 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

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 (✓) if None or Not Applicable

Name of security	Type of security	Value \$50,000 or less	Value More than \$50,000
First Commonwealth Fund	mutual fund (IRA)	X	
Smith Barney Income & Growth	Mutual fund	X	
Dreyfus Third Century	Mutual fund - Def. Gm	X	
Vanguard - Wellington	" "	X	

## 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 purpose 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





**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.

☒ Check (✓) if None or Not Applicable

Business, or organization	City and state

**Part 11. Creditors.**

List each creditor to whom you or immediate family members, individually or together, owed \$5,000 or more on December 31, 1994. 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 an immediate family member was personally liable for the debt. Include your portion of any partnership debts.

☒ Check (✓) if None or Not Applicable

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

**Part 12. Information as of date office assumed.**

Your Statement must identify significant changes in your financial interests that occurred between the end of 1994 and the date you began your new term. Identify any reportable financial interest you acquired or relinquished during the first two days of 1995 and the Part to which it relates.

☒ Check (✓) if None or Not Applicable


Before signing, please review your Statement to be sure that for each part, you have listed the required information or checked the box for "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.

*Douglas J. La Follette*

1/4/95

266-8888

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.

Office Review

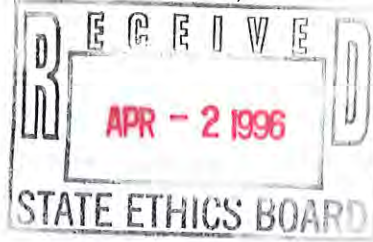
*JP 1/4/95*





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

NAME

SECRETARY OF STATE, OFFICE OF

SECRETARY OF STATE

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.

☐ Check (✓) if None or Not Applicable

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

☒ Check (✓) if None or Not Applicable

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.

☒ Check (✓) if None or Not Applicable

Business	Name of owners or partners	City and state



☐ Check (✓) if None or Not Applicable☒ Check (✓) if None or Not Applicable

## 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.

☒ 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 **you** received, in 1995, 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.

☒ Check (✓) if None or Not Applicable

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 1995. 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	City and state



Name Doug La Follette**Part 8. Stocks, bonds, mutual funds, and the like.**

List securities, as explained below, that you and your immediate family owned on December 31, 1995 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

Do not list:

- any security in which your family's interest was less than \$5,000 on December 31, 1995
- 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, 1995.

☐ Check (✓) if None or Not Applicable

Name of security	Type of security	Value \$50,000 or less	Value More than \$50,000
First Commonwealth Fund	mutual fund (IRA)	X	
Smith Barney Income + Growth	mutual fund	X	
Dreyfus Third Century	mutual fund - Def comp	X	
Vanguard - Wellington	" "	X	

**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, 1995, 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 purpose 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



## 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 state

## Part 11. Creditors.

List each creditor to whom you or immediate family members, individually or together, owed \$5,000 or more on December 31, 1995. 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 an immediate family member was personally liable for the debt. Include your portion of any partnership debts.

☒ Check (✓) if None or Not Applicable

Creditor	City and state	Amount \$5,000 or less	Amount More than \$5,000

Before signing, please review your Statement to be sure that for each part, you have listed the required information or checked the box for "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.

Douglas J. La Follette      4/1/96      266-8888  
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.

Office Review  
JP 4/4/96



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

STATE POSITION

SECRETARY OF STATE

HELD OR SOUGHT:

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.

☐ Check (✓) if None or Not Applicable

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

☒ Check (✓) if None or Not Applicable

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.

☒ Check (✓) if None or Not Applicable

Business	Name of owners or partners	City and state



Name

Doug LaFollette

**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, 1996. 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)
Glidden Drive near Sturgeon Bay	Cabin	own

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

Identify every source of income of \$1,000 or more in 1996 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.

☒ Check (✓) if None or Not Applicable

Customer, client, or tenant	City and state



## 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.

☒ 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 you 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.

☒ Check (✓) if None or Not Applicable

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.

☒ Check (✓) if None or Not Applicable

Source of income	City and state



Name

Doug LaFollette

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

List securities, as explained below, that you and your immediate family owned on December 31, 1996 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

Do not list:

- any security in which your family's interest was less than \$5,000 on December 31, 1996
- 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, 1996.

☐ Check (✓) if None or Not Applicable

Name of security	Type of security	Value \$50,000 or less	Value More than \$50,000
First Commonwealth Fund	mutual fund (IRA)	X	
Smith Barney Income + Growth	"	X	
Drayfus Third Century	mutual fund - Def comp	X	
Vanguard - Wellington	"	X	

**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, 1996, 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 purpose 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



## 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.

☒ Check (✓) if None or Not Applicable

Business or organization	City and state

## Part 11. Creditors.

List each creditor to whom you or immediate family members, individually or together, owed \$5,000 or more on December 31, 1996. 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 an immediate family member was personally liable for the debt. Include your portion of any partnership debts.

☒ Check (✓) if None or Not Applicable

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

Before signing, please review your Statement to be sure that for each part, you have listed the required information or checked the box for "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.

Douglas J. La Follette      4/1/97      266-8888  
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.

Office Review

jp 4/3/97



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

Office of Secretary of State

STATE POSITION

HELD OR SOUGHT:

**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 (✓) 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.

☐ Check (✓) if None or Not Applicable

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

☒ Check (✓) if None or Not Applicable

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; (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.

☒ Check (✓) if None or Not Applicable

Business	Name of owners or partners	City and state



Name Doug La Follette**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, 1997. 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)
Glidden Drive near Sturgeon Bay	Cabin	own

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

Identify every source of income of \$1,000 or more in 1997 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.

☒ Check (✓) if None or Not Applicable

Customer, client, or tenant	City and state

## 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.

☒ 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 you 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.

☒ Check (✓) if None or Not Applicable

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
Harvard Univ	300		Travel to speech
Thai Embassy	(493 + ticket for LA to Bangkok)		(Hole mission for State)

## 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.

☒ Check (✓) if None or Not Applicable

Source of income	City and state



Name Doug La Follette**Part 8. Stocks, bonds, mutual funds, and the like.**

List securities, as explained below, that you and your immediate family owned on December 31, 1997 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

Do not list:

- any security in which your family's interest was less than \$5,000 on December 31, 1997
- 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, 1997.

☐ Check (✓) if None or Not Applicable

Name of security	Type of security	Value \$50,000 or less	Value More than \$50,000
First Commonwealth Fund	Mutual Fund (IRA)	X	
Smith Barney Income + Growth	"	X	
Dreyfus Third Century	" (DefComp)	X	
Vanguard - Wellington	"	X	

**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, 1997, 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 purpose 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



## 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 Applicable

Business or organization	City and state

## Part 11. Creditors.

List each creditor to whom you or immediate family members, individually or together, owed \$5,000 or more on December 31, 1997. 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 an immediate family member was personally liable for the debt. Include your portion of any partnership debts.

☒ Check (✓) if None or Not Applicable

Creditor	City and state	Amount \$5,000 or less	Amount More than \$5,000

Before signing, please review your Statement to be sure that for each part, you have listed the required information or checked the box for "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.

Douglas J. La Follette      4/1/98      266-8888  
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.

Office Review

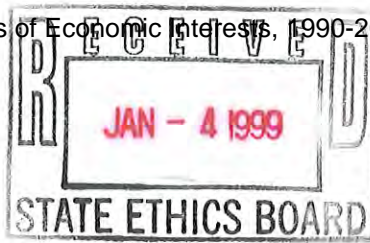
*jp 4/3/98*



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**  
Secretary of State

State position held or sought:

## Part 1. Employers.

☐ Check (✓) if None or Not Applicable

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

## Part 2. Ownership interests in businesses.

☒ Check (✓) if None or Not Applicable

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

### 2b. For the businesses listed above, report below

Business	Name of owners or partners	City and state

## Part 3. Real estate.

☐ 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)
Glidden Drive near Sturgeon Bay	Cabin	OWN

## Part 4. Customers, clients, and tenants (other than individuals\*). ☒ Check (✓) if None or Not Applicable

Customer, client, or tenant	City and state

## Part 5. Business entertainment and other gifts.

☒ Check (✓) if None or Not Applicable

Name of giver	City and state

**Part 6. Honoraria and payment of expenses.**☐ Check (✓) if None or Not Applicable

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
Harvard Uni	300	—	Travel to speak for Earth Day
Oregon State Uni	500	—	Travel to teach class

**Part 7. Other sources of income.**☒ Check (✓) if None or Not Applicable

Source of income	City and state

**Part 8. Stocks, bonds, mutual funds, and the like.**☐ Check (✓) if None or Not Applicable

Name of security	Type of security	Value \$50,000 or less	Value More than \$50,000
First Commonwealth Fund	Mutual Fund	X	
Smith Barney Income-Growth	"	X	
Dreyfus Third Century	"	X	
Vanguard - Wellington	"	X	

**Part 9. Offices and directorships.**☒ Check (✓) if None or Not Applicable

Business or organization	City and state	Position

**Part 10. Representation of organizations.**☒ Check (✓) if None or Not Applicable

Business or organization	City and state

**Part 11. Creditors.**☒ Check (✓) if None or Not Applicable

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

**Part 12. Changes to reportable interests this year.**

Check (✓) one:

☒ My reportable interests have not changed since last December 31.☐ I have noted on this Statement how my reportable interests have changed since last December 31.

Before signing, please review each part to be sure that you have listed the required information or checked the box for "None or Not Applicable."

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.

Signature of person filing Douglas J. La Follette Date 12/30/99 Daytime phone #: 266-8888  
Fax # (optional):

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.



# Statement of Economic Interests

Filed in 2000 for calendar year 1999 • Return this completed form by April 30, 2000.

Name: La Follette, Douglas

State position: Office of Secretary of State  
(held or sought) Secretary of State

"Office Review"

APR 10 2000

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

## Part A. Investments, creditors, and private positions on December 31, 1999.

### 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.)	"✓" one	
		\$50,000 or less	More than \$50,000
Trust Commonwealth Fund	Mutual Fund	X	
Smith Barney Income Growth	"	X	
Drayfus Third Century	" Def Comp	X	
Vanguard - Wellington	" Def Comp	X	

### 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	City and state	General nature of business	Form of business organization (service corporation, subchapter S or C corporation, partnership, proprietorship, etc.)
NONE			

### 3. List the OFFICERS, DIRECTORS, and GENERAL PARTNERS (other than you and your family) of a partnership or non-Wisconsin entity listed in item 2.

Business	Name of officers, directors, or partners	City and state
NA		

### 4. 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)	Nature of interest (own, lease, option, easement, land contract)
6144th Dr near Sturgeon Bay	Cabin	OWN

### 5. List ORGANIZATIONS of which you or a family member was an OFFICER or DIRECTOR.

Business or organization	City and state	Position
NONE		

### 6. List ORGANIZATIONS THAT AUTHORIZED YOU OR A FAMILY MEMBER TO REPRESENT THEM in their 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
NONE	



Creditor	City and state	"✓" one	
		\$50,000 or less	More than \$50,000
none			

## Part B. Your and your family's sources of income, gifts, and expense reimbursement in 1999.

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

Name of employer (If State of Wisconsin, identify agency or institution)	City and state	Nature of employer's business
Sec. of State's office	Madison WI	—

### 9. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more.

Source of income	City and state
Natura Conservancy	Madison, WI

### 10. List COMMERCIAL CUSTOMERS, CLIENTS, and TENANTS and lobbyists that paid \$1,000 or more to an enterprise (other than to a C Corporation) listed in item 2.

Customer, client, tenant, or lobbyist	City and state
none	

### 11. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50).

Name of provider	City and state
none	

### 12. List sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
Voice of America	\$260 <sup>00</sup>	—	hand to DC for TR show

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. If any part has been left blank, I have done so intentionally because there is nothing to report.

Signature of person filing: Douglas J. La Follette Date: 4/7/2000 Daytime phone #: 266-8888

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.



# Statement of Economic Interests

Filed in 2001 for calendar year 2000

Name: La Follette, Douglas

State position: Office of Secretary of State  
(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, 2000

1. List STOCKS, BONDS, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$5,000).

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
Trust Commonwealth Fund					✓	✓	
Smith Barney Income Growth					✓	✓	
Dreyfus Third Century					✓*	✓	
Vanguard - Wellington					✓*	✓	

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
NONE				

- a) 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
NA		

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).

LOCATION OF PROPERTY			NATURE OF INTEREST (own, lease, option, easement, land contract)
Street address or fire number	Municipality	County	
Gladden Drive	Sturgeon Bay	Douglas	own



Business or organization	City	State	Position
NONE			

5. 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 listed in item 4 or 7).

Business or organization	City	State
NONE		

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

Creditor	City	State	"✓" one	
			\$50,000 or less	More than \$50,000
NONE				

## Part B For calendar year 2000

7. List your and your family's **EMPLOYERS** (\$1,000 or more of income) in 2000.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Sec of State office	Madison	WI	

8. List **OTHER SOURCES** from which you or your family received **INCOME** of \$1,000 or more in 2000.

Source of income	City	State
NONE		

9. List individuals and organizations that provided *you* with **ENTERTAINMENT** or **GIFTS** (more than \$50) in 2000.

Name of provider	City	State
NONE		

10. List, for 2000, sources of **HONORARIA** and payment of **EXPENSES** related to *your* state government duties (more than \$50) not previously reported to the Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
NONE			

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. If any part has been left blank, I have done so intentionally because there is nothing to report.

Signature of person filing \_\_\_\_\_ Date 4/8/01 Daytime phone # 266-8888

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Office Review



# Statement of Economic Interests

Filed in 2002 for calendar year 2001

Name: La Follette, Douglas

State position: Office of Secretary of State  
Secretary of State  
(held or sought)

**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 governmental securities, and mutual and money market funds you or your family held (minimum \$5,000).

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
Trust Common wealth Fund					✓	✓	
Smith Barney Income Growth					✓	✓	
Dreyfus Third Century					✓ *	✓	
Vanguard - Wellington					✓ *	✓	

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
NA				

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

Business	Partners, or officers and directors	City	State
NA			

- b) 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 income-producing 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.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State
NA		

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).

LOCATION OF PROPERTY			NATURE OF INTEREST (own, lease, option, easement, land contract)
Street address or fire number	Municipality	County	
6141 N Drive	Sturgeon Bay	Douglas	own



**4. List ORGANIZATIONS of which you or a family member was an OFFICER or DIRECTOR.**

Business or organization	City	State	Position
None			

**5. 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 listed in item 4 or 7).**

Business or organization	City	State
None		

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

Creditor	City	State	"✓" one	
			\$50,000 or less	More than \$50,000
None				

**Part B****For calendar year 2001****7. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2001.**

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Sec. of State office	Mad	WI	-

**8. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2001.**

Source of income	City	State
Center for Immigration Studies	Washington	DC

**9. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) in 2001.**


Name of provider	City	State
The Republic of China	Taipei	Taiwan

**10. List, for 2001, sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to the Ethics Board.**

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
None			

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 # 266-8888

  
Signature of person filing

4/8/02  
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.



**Statement of Economic Interests**

Filed in 2003 for calendar year 2002 by

**La Follette, Douglas**  
**Secretary of State, Office of**  
**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, 2002**

1. List **STOCKS, BONDS, limited partnerships, Wisconsin governmental securities, and mutual and money market funds** you or your family held (minimum \$5,000).

"✓" one

Stocks/options/futures	\$50,000 or less	More than \$50,000
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bonds</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Limited partnerships</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wisconsin governmental securities</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mutual or money market funds</b>		
Dreyfus - 3rd Century	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Smith Barney Income Growth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trust Commonwealth Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vanguard Wellington	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Business	Partners, or officers and directors	City	State

- b) 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 income-producing 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 2002.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State

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).

Location of property			Nature of interest
Street address or fire number	Municipality	County	(e.g., own, lease, option, easement, land contract)
Glidden Dr	Sturgeon Bay	Dodge	own cabin

4. List ORGANIZATIONS of which you or a family member was an OFFICER or DIRECTOR.

Business or organization	City	State	Position

5. 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 listed in item 4 or 7).

Business or organization	City	State

6. List CREDITORS to which you or your family owed \$5,000 or more

Creditor	City	State	"✓" one	
			\$50,000 or less	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

7. Changes to reportable interests between December 31, 2002 and January 6, 2003. See Instructions.

## Part B

For calendar year 2002

8. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2002.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Secretary of State office	Madison	WI	State Government

9. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2002.

Source of income	City	State
Center for Immigration Studies	Washington	D.C.

10. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) in 2002

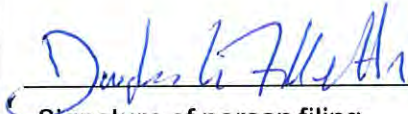
Name of provider	City	State

11. List, for 2002, sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to the Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt



I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information and belief. If any part has been left blank, I have done so intentionally because there is nothing to report.

  
Signature of person filing

Daytime phone #

1/14/03

Date

E-mail address

266-8888

JAN 15 2003

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

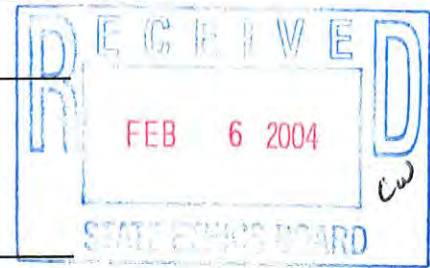
BOOK 2181



# Statement of Economic Interests

Filed in 2004 for calendar year 2003 by

**La Follette, Douglas**  
 Secretary of State, Office of  
 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: [ethics@ethics.state.wi.us](mailto:ethics@ethics.state.wi.us); otherwise leave a detailed message at (608) 266-8115  
 ATTACH ADDITIONAL PAGES AS NEEDED

## Part A

As of December 31, 2003

1. List STOCKS, BONDS, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$5,000). "✓" one

Stocks/options/futures	\$50,000 or less	More than \$50,000
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bonds</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Limited partnerships</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wisconsin governmental securities</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mutual or money market funds</b>		
Dreyfus - 3rd Century	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Smith Barney Income Growth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trust Commonwealth Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vanguard Wellington	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stable Value Fund 457	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fid Contrafund 457	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

Business	Partners, or officers and directors	City	State

- b) 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 income-producing 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 2003.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State

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).

Location of property			Nature of interest
Street address or fire number	Municipality	County	(e.g., own, lease, option, easement, land contract)
Glidden Dr	Sturgeon Bay	Door	own

4. List **ORGANIZATIONS** of which you or a family member was an **OFFICER** or **DIRECTOR**.

Business or organization	City	State	Position

5. 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 listed in item 4 or 7).

Business or organization	City	State

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

Creditor	City	State	\$50,000 or less	"✓" one More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

## Part B

For calendar year 2003

7. List your and your family's **EMPLOYERS** (\$1,000 or more of income) in 2003.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Secretary of State office	Madison	WI	State Government

8. List **OTHER SOURCES** from which you or your family received **INCOME** of \$1,000 or more in 2003.

Source of income	City	State

9. List individuals and organizations that provided you with **ENTERTAINMENT** or **GIFTS** (more than \$50) in 2003

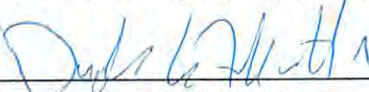
Name of provider	City	State

10. List, for 2003, sources of **HONORARIA** and payment of **EXPENSES** related to your state government duties (more than \$50) not previously reported to the Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt



I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. If any part has been left blank, I have done so intentionally because there is nothing to report.



Signature of person filing

Daytime phone # (608) 266-8888

2/4/04

Date

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 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

## 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





# Statement of Economic Interests

Filed in 2005 for calendar year 2004 by

**La Follette, Douglas**  
 Secretary of State, Office of  
 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: [ethics@ethics.state.wi.us](mailto:ethics@ethics.state.wi.us); otherwise leave a detailed message at (608) 266-8115  
 ATTACH ADDITIONAL PAGES AS NEEDED

## Part A

As of December 31, 2004

1. List STOCKS, BONDS, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$5,000). "✓" one

Stocks/options/futures	\$50,000 or less	More than \$50,000
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bonds</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Limited partnerships</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wisconsin governmental securities</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mutual or money market funds</b>		
Dreyfus - 3rd Century	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fidelity Contrafund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Smith Barney Income Growth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stable Value Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trust Commonwealth Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vanguard Wellington	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

- a) For each general partnership, or entity not doing business in Wisconsin, that you listed in Item #2, list the GENERAL PARTNERS, or the OFFICERS and DIRECTORS.

Business	Partners, or officers and directors	City	State

- b) 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 income-producing 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 2004.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State

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).

Location of property			Nature of interest
Street address or fire number	Municipality	County	(e.g., own, lease, option, easement, land contract)
Glidden Dr	Sturgeon Bay	Door	own

4. List **ORGANIZATIONS** of which you or a family member was an **OFFICER** or **DIRECTOR**.

Business or organization	City	State	Position

5. 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 listed in item 4 or 7).

Business or organization	City	State

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

Creditor	City	State	"✓" one	
			\$50,000 or less	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

## Part B

For calendar year 2004

7. List your and your family's **EMPLOYERS** (\$1,000 or more of income) in 2004.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
State of WI - Secretary of State	Madison	WI	State Government

8. List **OTHER SOURCES** from which you or your family received **INCOME** of \$1,000 or more in 2004.

Source of income	City	State

9. List individuals and organizations that provided you with **ENTERTAINMENT** or **GIFTS** (more than \$50) in 2004

Name of provider	City	State

10. List, for 2004, sources of **HONORARIA** and payment of **EXPENSES** related to your state government duties (more than \$50) not previously reported to the Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt



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	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 2005*

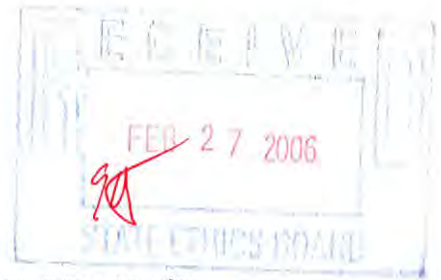




# Statement of Economic Interests

Filed in 2006 for calendar year 2005 by

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



FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://ethics.state.wi.us>  
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ATTACH ADDITIONAL PAGES AS NEEDED

## Part A

As of December 31, 2005

1. **INVESTMENTS.** List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$5,000).

Stocks/options/futures	"✓" one	
	\$50,000 or less	More than \$50,000
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bonds</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Limited partnerships</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wisconsin governmental securities</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mutual or money market funds</b>		
Dreyfus Third Century	✓	
<del>Fidelity Contrafund</del> S.L.L.D.	<del>✓</del>	
Smith Barney Income Growth	✓	
Stable Value Fund	✓	
Trust Commonwealth Fund	✓	
Vanguard Wellington		✓
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

2. **BUSINESS ACTIVITIES.** List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

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

Name of business	Municipality or Town	County	State	Describe nature of business

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

Street address or fire number	Municipality or town	County	State	Describe nature of business





**3. COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS.** For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, list businesses, organizations, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2005.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State

**4. BUSINESS PARTNERS.** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business	Partners, or officers and directors	City	State

**5. NON-COMMERCIAL REAL ESTATE.** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you listed in item 2).

Location of property	Municipality or town	County	Nature of interest (e.g., own, lease, option, easement, land contract)
Street address or fire number			
Glidden Dr	Sturgeon Bay	Door	own

**6. OFFICERS AND DIRECTORS.** List organizations of which you or a family member were an officer or director.

Business or organization	City	State	Position

**7. AGENT, REPRESENTATIVE OR SPOKESPERSON.** List organizations that authorized you or a family member to represent them in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless listed in item 6 or 9).

Business or organization	City	State

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

Creditor	City	State	"✓" one	
			\$50,000 or less	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

## Part B

For calendar year 2005

**9. EMPLOYERS.** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2005.

Name of employer (If State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's 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 2005.

Source of income	City	State


**11. ENTERTAINMENT AND GIFTS.** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2005.

Name of provider	City	State

**12. HONORARIA AND EXPENSES.** List, for 2005, sources of honoraria and payment of expenses related to your state government duties (more than \$50).

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. If any part has been left blank, I have done so intentionally because there is nothing to report.

 Signature of person filing	Daytime phone # (608) 266-8888 2/77/06 Date	doug.lafollette@sos.state.wi.us E-mail address
------------------------------------------------------------------------------------------------------------------	---------------------------------------------------	---------------------------------------------------

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 Eth 1 Personalized. For use in 2006

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

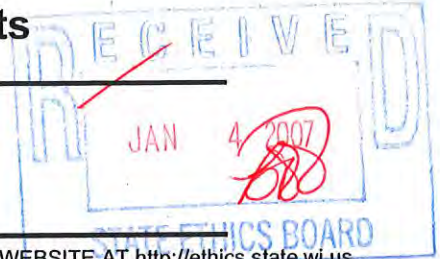
- No Comments





**Statement of Economic Interests**

Filed in 2007 for calendar year 2006 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>.  
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ATTACH ADDITIONAL PAGES AS NEEDED

**Part A****As of December 31, 2006****1. INVESTMENTS**

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

	\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000
<b>Profile Series</b>			<b>Small Cap</b>			<b>Bond</b>		
Vanguard Retirement 2045 Fund	<input type="checkbox"/>	<input type="checkbox"/>	BGI Russell 2000 Index - Collective T	<input type="checkbox"/>	<input type="checkbox"/>	BGI US Debt Index Fund - Collective W	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2035 Fund	<input type="checkbox"/>	<input type="checkbox"/>	DFA US Micro Cap Fund	<input type="checkbox"/>	<input type="checkbox"/>	Federated US Government Securities 2-5yr	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2025 Fund	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mid Cap</b>			Vanguard Long-term Investment Grade Adm	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2015 Fund	<input type="checkbox"/>	<input type="checkbox"/>	BGI Mid Cap Equity Index - Collective W	<input type="checkbox"/>	<input type="checkbox"/>	<b>Money Market</b>		
Vanguard Target Retirement Income Fund	<input type="checkbox"/>	<input type="checkbox"/>	T Rowe Price Mid Cap Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>	Vanguard Admiral Treasury Money Market	<input type="checkbox"/>	<input type="checkbox"/>
<b>International</b>			<b>Large Cap</b>			<b>Fixed Returns for the Quarter</b>		
American Funds Euro Pacific R5	<input type="checkbox"/>	<input type="checkbox"/>	Calvert Social Investment Equity I	<input type="checkbox"/>	<input type="checkbox"/>	Stable Value Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BGI EAFE Equity Index - Collective W	<input type="checkbox"/>	<input type="checkbox"/>	Fidelity Contra Fund	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FDIC Bank Option	<input type="checkbox"/>	<input type="checkbox"/>
			Vanguard Institutional Index Fund Plus	<input type="checkbox"/>	<input type="checkbox"/>			
			Vanguard Wellington Fund - Admiral	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

**b) OTHER INVESTMENTS** List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.

**MUTUAL OR MONEY MARKET FUND**

(check one) \$5,000 to \$50,000 More than \$50,000

<del>Dreyfus Third Century</del>	<input type="checkbox"/>	<input type="checkbox"/>
Smith Barney Income Growth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trust Commonwealth Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legg Mason Mutual Funds (name change)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**STOCKS/OPTIONS/FUTURES**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**BONDS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**LIMITED PARTNERSHIPS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

	<input type="checkbox"/>	<input type="checkbox"/>
<b>WISCONSIN GOVERNMENTAL SECURITIES</b>	(check one) \$5,000 to \$50,000	More than \$50,000
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**2. BUSINESS ACTIVITIES** List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

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

Name of business	Municipality or Town	County	State	Describe nature of business

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

Name of business	Municipality or Town	County	State	Describe nature of business

**3. COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS** For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, list businesses, organizations, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2006.

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

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

**4. BUSINESS PARTNERS** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business	Partners, or officers and directors	City	State

**5. NON-COMMERICAL REAL ESTATE** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you already listed in item 2).

Location of property Street address or fire number	Municipality or town	County	Nature of interest (e.g. own, lease, option, easement, land contract)
Glidden Dr	Sturgeon Bay	Door	own



**6. OFFICERS AND DIRECTORS** List organizations of which you or a family member was an officer or director (unless already listed in item 2).

Business or organization	City	State	Position

**7. AGENT, REPRESENTATIVE OR SPOKESPERSON** List organizations that authorized you or a family member to represent them in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless already listed in item 2, 3 or 6).

Business or organization	City	State

**8. CREDITORS** List creditors to which you or your family owed \$5,000 or more. (check one)

Creditor	City	State	\$5,000 to \$50,000	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part B****For calendar year 2006****9. EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2006.

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's 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 2006.

Source of income	City	State
Social Security	Madison (?)	WI (?)

**11. ENTERTAINMENT AND GIFTS** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2006.

Name of provider	City	State

**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	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

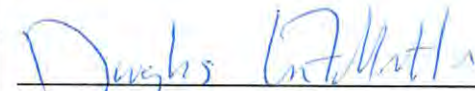
**13. Changes to reportable interests this year.** See instructions.

## 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.

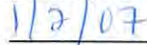
## CERTIFICATION

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.



Signature of person filing

Daytime phone # (608) 266-8888



Date

doug.lafollette@sos.state.wi.us

E-mail address

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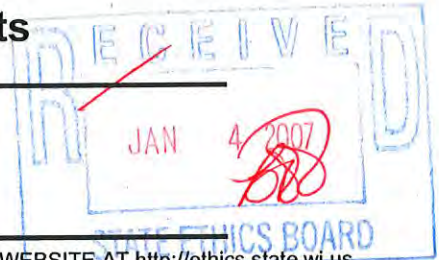
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*Eth 1 Personalized. For use in 2007*



**Statement of Economic Interests**

Filed in 2007 for calendar year 2006 by

**La Follette, Douglas**Secretary of State, Office of the  
Secretary of State

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	\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000
<b>Profile Series</b>			<b>Small Cap</b>			<b>Bond</b>		
Vanguard Retirement 2045 Fund	<input type="checkbox"/>	<input type="checkbox"/>	BGI Russell 2000 Index - Collective T	<input type="checkbox"/>	<input type="checkbox"/>	BGI US Debt Index Fund - Collective W	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2035 Fund	<input type="checkbox"/>	<input type="checkbox"/>	DFA US Micro Cap Fund	<input type="checkbox"/>	<input type="checkbox"/>	Federated US Government Securities 2-5yr	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2025 Fund	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mid Cap</b>			Vanguard Long-term Investment Grade Adm	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2015 Fund	<input type="checkbox"/>	<input type="checkbox"/>	BGI Mid Cap Equity Index - Collective W	<input type="checkbox"/>	<input type="checkbox"/>	<b>Money Market</b>		
Vanguard Target Retirement Income Fund	<input type="checkbox"/>	<input type="checkbox"/>	T Rowe Price Mid Cap Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>	Vanguard Admiral Treasury Money Market	<input type="checkbox"/>	<input type="checkbox"/>
<b>International</b>			<b>Large Cap</b>			<b>Fixed Returns for the Quarter</b>		
American Funds Euro Pacific R5	<input type="checkbox"/>	<input type="checkbox"/>	Calvert Social Investment Equity I	<input type="checkbox"/>	<input type="checkbox"/>	Stable Value Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BGI EAFE Equity Index - Collective W	<input type="checkbox"/>	<input type="checkbox"/>	Fidelity Contra Fund	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FDIC Bank Option	<input type="checkbox"/>	<input type="checkbox"/>
			Vanguard Institutional Index Fund Plus	<input type="checkbox"/>	<input type="checkbox"/>			
			Vanguard Wellington Fund - Admiral	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

**b) OTHER INVESTMENTS** List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.

**MUTUAL OR MONEY MARKET FUND**

(check one) \$5,000 to \$50,000 More than \$50,000

<del>Dreyfus Third Century</del>	<input type="checkbox"/>	<input type="checkbox"/>
Smith Barney Income Growth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trust Commonwealth Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legg Mason Mutual Funds (name change)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**STOCKS/OPTIONS/FUTURES**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**BONDS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**LIMITED PARTNERSHIPS**

(check one) \$5,000 to \$50,000 More than \$50,000

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



**6. OFFICERS AND DIRECTORS** List organizations of which you or a family member was an officer or director (unless already listed in item 2).

Business or organization	City	State	Position

**7. AGENT, REPRESENTATIVE OR SPOKESPERSON** List organizations that authorized you or a family member to represent them in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless already listed in item 2, 3 or 6).

Business or organization	City	State

**8. CREDITORS** List creditors to which you or your family owed \$5,000 or more. (check one)

Creditor	City	State	\$5,000 to \$50,000	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part B****For calendar year 2006****9. EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2006.

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's 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 2006.

Source of income	City	State
Social Security	Madison (?)	WI (?)

**11. ENTERTAINMENT AND GIFTS** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2006.

Name of provider	City	State

**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	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

**13. Changes to reportable interests this year.** See instructions.



**Statement of Economic Interests**

Filed in 2008 for calendar year 2007 by

**La Follette, Douglas**Secretary of State, Office of the  
Secretary of State**RECEIVED**

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Wisconsin Government Accountability Board  
Ethics & Accountability DivisionFOR 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: [ethics@ethics.state.wi.us](mailto:ethics@ethics.state.wi.us); otherwise leave a detailed message at (608) 266-8775.  
ATTACH ADDITIONAL PAGES AS NEEDED**Part A****As of December 31, 2007****1. INVESTMENTS****a) WISCONSIN DEFERRED COMPENSATION PROGRAM** If you held an investment in a fund available within the Wisconsin Deferred Compensation Program, please place a checkmark next to each fund in which you held \$5,000 or more, whether held privately or through the Program.

Profile Series	\$50,000 or less	More than \$50,000	Small Cap	\$50,000 or less	More than \$50,000	Bond	\$50,000 or less	More than \$50,000
Vanguard Retirement 2045 Fund	<input type="checkbox"/>	<input type="checkbox"/>	BGI Russell 2000 Index - Collective T	<input type="checkbox"/>	<input type="checkbox"/>	BGI US Debt Index Fund - Collective W	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2035 Fund	<input type="checkbox"/>	<input type="checkbox"/>	DFA US Micro Cap Fund	<input type="checkbox"/>	<input type="checkbox"/>	Federated US Government Securities 2-5yr	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2025 Fund	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mid Cap</b>			Vanguard Long-term Investment Grade Adm	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2015 Fund	<input type="checkbox"/>	<input type="checkbox"/>	BGI Mid Cap Equity Index - Collective W	<input type="checkbox"/>	<input type="checkbox"/>	<b>Money Market</b>		
Vanguard Target Retirement Income Fund	<input type="checkbox"/>	<input type="checkbox"/>	T Rowe Price Mid Cap Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>	Vanguard Admiral Treasury Money Market	<input type="checkbox"/>	<input type="checkbox"/>
<b>International</b>			<b>Large Cap</b>			<b>Fixed Returns for the Quarter</b>		
American Funds Euro Pacific R5	<input type="checkbox"/>	<input type="checkbox"/>	Calvert Social Investment Equity I	<input type="checkbox"/>	<input type="checkbox"/>	Stable Value Fund	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BGI EAFE Equity Index - Collective W	<input type="checkbox"/>	<input type="checkbox"/>	Fidelity Contra Fund	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FDIC Bank Option	<input type="checkbox"/>	<input type="checkbox"/>
			Vanguard Institutional Index Fund Plus	<input type="checkbox"/>	<input type="checkbox"/>			
			Vanguard Wellington Fund - Admiral	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

**b) OTHER INVESTMENTS** List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.**MUTUAL OR MONEY MARKET FUND**

(check one) \$50,000 or less More than \$50,000

Legg Mason Muni Fund	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legg Mason Mutual Fund	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trust Commonwealth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**STOCKS/OPTIONS/FUTURES**

(check one) \$50,000 or less More than \$50,000

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

**BONDS**

(check one) \$50,000 or less More than \$50,000

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

**LIMITED PARTNERSHIPS**

(check one) \$50,000 or less More than \$50,000

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

**WISCONSIN GOVERNMENTAL SECURITIES**(check one) ☐ \$50,000 or less ☐ More than \$50,000

8000 A - 837

**2. BUSINESS ACTIVITIES** List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

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

Name of business	Municipality or Town	County	State	Describe nature of business

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

Name of business	Municipality or Town	County	State	Describe nature of business

**3. COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS** For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, list businesses, organizations, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2007.

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

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

**4. BUSINESS PARTNERS** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business	Partners, or officers and directors	City	State

**5. NON-COMMERCIAL REAL ESTATE** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you already listed in item 2).

Location of property Street address or fire number	Municipality or town	County	Nature of interest (e.g. own, lease, option, easement, land contract)
Glidden Dr	Sturgeon Bay	Door	own



**6. OFFICERS AND DIRECTORS** List organizations of which you or a family member was an officer or director (unless already listed in item 2).

Business or organization	City	State	Position

**7. AGENT, REPRESENTATIVE OR SPOKESPERSON** List organizations that authorized you or a family member to represent them in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless already listed in item 2, 3 or 6).

Business or organization	City	State

**8. CREDITORS** List creditors to which you or your family owed \$5,000 or more. (check one)

Creditor	City	State	\$50,000 or less	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part B****For calendar year 2007****9. EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2007.

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's 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 2007.

Source of income	City	State
Social Security	Madison (?) Washington	WI (?) DC TEJ

**11. ENTERTAINMENT AND GIFTS** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2007.

Name of provider	City	State

**12. HONORARIA AND EXPENSES** List, for 2007, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Government Accountability Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

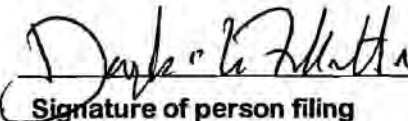
## FILING NOTES -or- COMMENTS

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

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.

  
Signature of person filing

Daytime phone # (608) 266-8888

1/28/08  
Date

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, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2800; Fax: (608) 264-9319

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**Statement of Economic Interests**

Filed in 2009 for calendar year 2008 by

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**La Follette, Douglas**Secretary of State, Office of the  
Secretary of State

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GOVERNMENT

ACCOUNTABILITY BOARD

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://ethics.state.wi.us>.  
Still have questions? For priority service send an e-mail to: [ethics@ethics.state.wi.us](mailto:ethics@ethics.state.wi.us); otherwise leave a detailed message at (608) 266-8123.  
ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

**Part A****As of December 31, 2008****1. INVESTMENTS**

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

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

**b) OTHER INVESTMENTS** List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.

**MUTUAL OR MONEY MARKET FUND**

(check one) \$5,000 to \$50,000 More than \$50,000

<del>Legg Mason Mun Fund</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legg Mason Mutual Fund - <i>Municipals Fund Class A</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<del>Tenet Common</del>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Aberdeen Global Income Fund</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**STOCKS/OPTIONS/FUTURES**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**BONDS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**LIMITED PARTNERSHIPS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**WISCONSIN GOVERNMENTAL SECURITIES**(check one) ☐ \$5,000 to \$50,000 ☐ More than \$50,000**2. BUSINESS ACTIVITIES** List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

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

Name of business	Municipality or Town	County	State	Describe nature of business

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

Name of business	Municipality or Town	County	State	Describe nature of business

**3. COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS** For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, list businesses, organizations, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2008.

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

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

**4. BUSINESS PARTNERS** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business	Partners, or officers and directors	City	State

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Location of property Street address or fire number	Municipality or town	County	Nature of interest (e.g. own, lease, option, easement, land contract)
Glidden Dr	Sturgeon Bay	Door	own



**6. OFFICERS AND DIRECTORS** List organizations of which you or a family member was an officer or director (unless already listed in item 2).

Business or organization	City	State	Position

**7. AGENT, REPRESENTATIVE OR SPOKESPERSON** List organizations that authorized you or a family member to represent them in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless already listed in item 2, 3 or 6).

Business or organization	City	State

**8. CREDITORS** List creditors to which you or your family owed \$5,000 or more. (check one)

Creditor	City	State	\$5,000 to \$50,000	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part B****For calendar year 2008****9. EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2008.

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's 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 2008.

Source of income	City	State
social security	Washington	DC

**11. ENTERTAINMENT AND GIFTS** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2008.

Name of provider	City	State

**12. HONORARIA AND EXPENSES** List, for 2008, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Government Accountability Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

## 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.

  
Signature of person filing

Daytime phone # (608) 266-8888

1/16/09

Date

doug.lafollette@sos.state.wi.us

E-mail address

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Mail or fax to: Wisconsin Government Accountability Board, P.O. Box 2973, Madison, WI 53701-2973; Fax: (608) 264-9319

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**Statement of Economic Interests**

Filed in 2010 for calendar year 2009 by

**La Follette, Douglas**Secretary of State, Office of the  
Secretary of State

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Still have questions? For priority service send an e-mail to: [GABethics@wi.gov](mailto:GABethics@wi.gov); otherwise leave a detailed message at (608) 261-2028.  
ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

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

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

**b) OTHER INVESTMENTS** List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.

**MUTUAL OR MONEY MARKET FUND**

(check one) \$5,000 to \$50,000 More than \$50,000

Aberdeen Global Income Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legg Mason Municipal Fund	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**STOCKS/OPTIONS/FUTURES**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**BONDS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**LIMITED PARTNERSHIPS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**WISCONSIN GOVERNMENTAL SECURITIES**

(check one) \$5,000 to \$50,000 More than \$50,000

☐☐☐☐**2. BUSINESS ACTIVITIES** List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

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

Name of business	Municipality or Town	County	State	Describe nature of business

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

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Business	Partners, or officers and directors	City	State

**5. NON-COMMERCIAL REAL ESTATE** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you already listed in item 2).

Location of property Street address or fire number	Municipality or town	County	Nature of interest (e.g. own, lease, option, easement, land contract)
Glidden Dr	Sturgeon Bay	Door	OWN



- 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

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Business or organization	City	State

- 8. CREDITORS** List creditors to which you or your family owed \$5,000 or more. (check one)

Creditor	City	State	\$5,000 to \$50,000	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

## Part B

For calendar year 2009

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

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's business
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 2009.

Source of income	City	State
social security	Washington	DC

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

Name of provider	City	State

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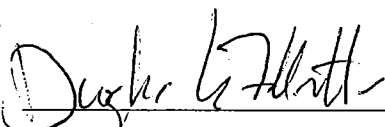
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

## FILING NOTES -or- COMMENTS

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## 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 - ex 3 ✓	
	2/14/2010	doug.lafollette@sos.state.wi.us
Signature of person filing	Date	E-mail address

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

*Eth 1 Personalized. For use in 2010*



**Statement of Economic Interests**

Filed in 2011 for calendar year 2010 by

**La Follette, Douglas**

Secretary of State, Office of the

Secretary of State

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GOVERNMENT  
TRANSPARENCY BOARD

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT [wisconsinethicsboard.org](http://wisconsinethicsboard.org).  
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 ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

**Part A****As of December 31, 2010****1. INVESTMENTS**

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

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

**b) OTHER INVESTMENTS** List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.

**MUTUAL OR MONEY MARKET FUND**

(check one) \$5,000 to \$50,000 More than \$50,000

Aberdeen Global Income Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legg Mason Municipal Fund	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**STOCKS/OPTIONS/FUTURES**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**BONDS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**LIMITED PARTNERSHIPS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**WISCONSIN GOVERNMENTAL SECURITIES**

(check one) \$5,000 to \$50,000 More than \$50,000

☐☐☐☐**2. BUSINESS ACTIVITIES** List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

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

Name of business	Municipality or Town	County	State	Describe nature of business

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

**4. BUSINESS PARTNERS** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

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**6. OFFICERS AND DIRECTORS** List organizations of which you or a family member was an officer or director (unless already listed in item 2).

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Business or organization	City	State

**8. CREDITORS** List creditors to which you or your family owed \$5,000 or more. (check one)

Creditor	City	State	\$5,000 to \$50,000	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part B****For calendar year 2010****9. EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2010.

Name of employer (If State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's business
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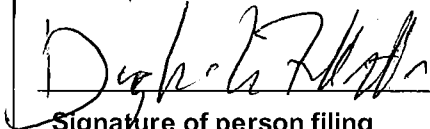
**13. Changes to reportable interests this year.** See instructions.

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	Daytime phone #	(608) 266-8888 ext 3
	Date	1/5/11
Signature of person filing		doug.lafollette@sos.state.wi.us
		E-mail address

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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 of State

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<b>Profile Series</b>			<b>Small Cap</b>			<b>Bond</b>		
Vanguard Retirement 2045	<input type="checkbox"/>	<input type="checkbox"/>	BlackRock Russell 2000 Index	<input type="checkbox"/>	<input type="checkbox"/>	BlackRock US Debt Index	<input type="checkbox"/>	<input type="checkbox"/>
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Vanguard Retirement 2015	<input type="checkbox"/>	<input type="checkbox"/>	BlackRock Mid Cap Equity Index	<input type="checkbox"/>	<input type="checkbox"/>	<b>Money Market</b>		
Vanguard Target Retirement Income	<input type="checkbox"/>	<input type="checkbox"/>	T Rowe Price Mid Cap Growth	<input type="checkbox"/>	<input type="checkbox"/>	Vanguard Admiral Treasury Money Market	<input type="checkbox"/>	<input type="checkbox"/>
<b>International</b>			<b>Large Cap</b>			<b>Fixed</b>		
American Euro Pacific Growth	<input type="checkbox"/>	<input type="checkbox"/>	Calvert Social Investment Equity	<input type="checkbox"/>	<input type="checkbox"/>	Stable Value	<input type="checkbox"/>	<input type="checkbox"/>
BlackRock EAFE Equity Index	<input type="checkbox"/>	<input type="checkbox"/>	Fidelity Contrafund	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FDIC Bank Option	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>

**STOCKS/OPTIONS/FUTURES**

(check one) \$5,000 to \$50,000 More than \$50,000

ATT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**BONDS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**LIMITED PARTNERSHIPS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

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

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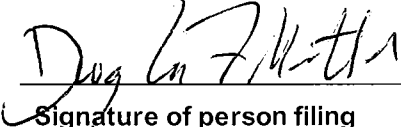
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	2/21/012	doug.lafollette@sos.state.wi.us
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GAB 901 Personalized. For use in 2012



39489

**Statement of Economic Interests**

Filed in 2013 for calendar year 2012 by

**La Follette, Douglas**

Secretary of State, Office of the

Secretary of State

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FOR ETHICS BOARDFOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://ethics.state.wi.us>.  
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ATT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**BONDS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**LIMITED PARTNERSHIPS**

(check one) \$5,000 to \$50,000 More than \$50,000

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>WISCONSIN GOVERNMENTAL SECURITIES</b>	(check one) \$5,000 to \$50,000	More than \$50,000
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Name of provider	City	State

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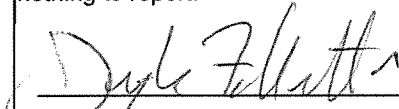
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

## FILING NOTES -or- COMMENTS

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## 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.

  
\_\_\_\_\_  
Signature of person filing

Daytime phone # (608) 266-8888 ext 3

2/4/2013

Date

doug.lafollette@wisconsin.gov

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 2013



43085

**Statement of Economic Interests**

Filed in 2014 for calendar year 2013 by

**La Follette, Douglas**

Secretary of State, Office of the

Secretary of State

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GOVERNMENT

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](mailto:GABethics@wi.gov); otherwise leave a detailed message at (608) 261-2028.

ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

**Part A****As of December 31, 2013****1. INVESTMENTS****a) WISCONSIN DEFERRED COMPENSATION PROGRAM**

If you held an investment in a fund available within the

Wisconsin Deferred Compensation Program, please place a checkmark next to each fund in which you held \$5,000 or more, whether held privately or through the Program.

	\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000
<b>Profile Series</b>			<b>Small Cap</b>			<b>Bond</b>		
Vanguard Retirement 2055	<input type="checkbox"/>	<input type="checkbox"/>	BlackRock Russell 2000 Index	<input type="checkbox"/>	<input type="checkbox"/>	BlackRock US Debt Index	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2045	<input type="checkbox"/>	<input type="checkbox"/>	DFA US Micro Cap	<input type="checkbox"/>	<input type="checkbox"/>	Federated US Government Securities 2-5yr	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2035	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mid Cap</b>			Vanguard Long-term Investment Grade Adm	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2025	<input type="checkbox"/>	<input type="checkbox"/>	BlackRock Mid Cap Equity Index	<input type="checkbox"/>	<input type="checkbox"/>	<b>Money Market</b>		
Vanguard Retirement 2015	<input type="checkbox"/>	<input type="checkbox"/>	T Rowe Price Mid Cap Growth	<input type="checkbox"/>	<input type="checkbox"/>	Vanguard Admiral Treasury Money Market	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Target Retirement Income	<input type="checkbox"/>	<input type="checkbox"/>	<b>Large Cap</b>			<b>Fixed</b>		
<b>International</b>			Calvert Social Investment Equity	<input type="checkbox"/>	<input type="checkbox"/>	Stable Value	<input type="checkbox"/>	<input type="checkbox"/>
American Euro Pacific Growth	<input type="checkbox"/>	<input type="checkbox"/>	Fidelity Contrafund	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FDIC Bank Option	<input type="checkbox"/>	<input type="checkbox"/>
BlackRock EAFE Equity Index	<input type="checkbox"/>	<input type="checkbox"/>	Vanguard Institutional Index Plus	<input type="checkbox"/>	<input type="checkbox"/>			
			Vanguard Wellington - Admiral Shares	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

**b) OTHER INVESTMENTS** List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.**MUTUAL OR MONEY MARKET FUND**

(check one) \$5,000 to \$50,000 More than \$50,000

Aberdeen Global Income Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legg Mason Municipal Fund	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pacific Life	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**STOCKS/OPTIONS/FUTURES**

(check one) \$5,000 to \$50,000 More than \$50,000

ATT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**BONDS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**LIMITED PARTNERSHIPS**

(check one) \$5,000 to \$50,000 More than \$50,000

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>WISCONSIN GOVERNMENTAL SECURITIES</b>	(check one) \$5,000 to \$50,000	More than \$50,000
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**2. BUSINESS ACTIVITIES** List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

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

Name of business	Municipality or Town	County	State	Describe nature of business

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**3. COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS** For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, from which the filer or a member of the filer's immediate family received \$10,000 or more in 2013, list businesses, organizations, and lobbyists that paid the enterprise \$10,000 or more in calendar year 2013.

Check if the organization authorized you to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative. ☐

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

**4. BUSINESS PARTNERS** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

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**5. NON-COMMERCIAL REAL ESTATE** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you already listed in item 2).

Location of property Street address or fire number	Municipality or town	County	Nature of interest (e.g. own, lease, option, easement, land contract)
Glidden Dr	Sturgeon Bay	Door	own



**1. OFFICERS AND DIRECTORS** List organizations of which you or a family member was an officer or director (unless already listed in item 2).

Business or organization	City	State	Position

**7. AGENT, REPRESENTATIVE OR SPOKESPERSON** List organizations that authorized you or a family member to represent them in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless already listed in item 2, 3 or 6).

Business or organization	City	State

**8. CREDITORS** List creditors to which you or your family owed \$5,000 or more. (check one)

Creditor	City	State	\$5,000 to \$50,000	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part B****For calendar year 2013****9. EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2013.

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's 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 2013.

Source of income	City	State
social security	Washington	DC

**11. ENTERTAINMENT AND GIFTS** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2013.

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Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

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Signature of person filing

Daytime phone # (608) 266-8888 ext 3

doug.lafollette@wisconsin.gov

Date 1/17/14 E-mail address

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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  
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	\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000
<b>Profile Series</b>			<b>Small Cap</b>			<b>Bond</b>		
Vanguard Retirement 2055	<input type="checkbox"/>	<input type="checkbox"/>	BlackRock Russell 2000 Index	<input type="checkbox"/>	<input type="checkbox"/>	BlackRock US Debt Index	<input type="checkbox"/>	<input type="checkbox"/>
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<b>International</b>			Calvert Social Investment Equity	<input type="checkbox"/>	<input type="checkbox"/>	Stable Value	<input type="checkbox"/>	<input type="checkbox"/>
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ATT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**BONDS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**LIMITED PARTNERSHIPS**

(check one) \$5,000 to \$50,000 More than \$50,000

	<input type="checkbox"/>	<input type="checkbox"/>
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<b>WISCONSIN GOVERNMENTAL SECURITIES</b>	(check one) \$5,000 to \$50,000	More than \$50,000
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			<input type="checkbox"/>	<input type="checkbox"/>
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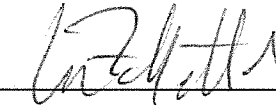
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Signature of person filing

Daytime phone # (608) 266-8888 ext 3

1/9/15

Date

doug.lafollette@wisconsin.gov

E-mail address

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GAB 901 Personalized. For use in 2015



48568

**Statement of Economic Interests**

Filed in 2016 for calendar year 2015 by

**La Follette, Douglas**Secretary of State, Office of the  
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ACCOUNTABILITY BOARDFOR 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](mailto:GABethics@wi.gov); otherwise leave a detailed message at (608) 261-2028.

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**STOCKS/OPTIONS/FUTURES**

(check one) \$5,000 to \$50,000 More than \$50,000

ATT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**BONDS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**LIMITED PARTNERSHIPS**

(check one) \$5,000 to \$50,000 More than \$50,000

	<input type="checkbox"/>	<input type="checkbox"/>
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<b>WISCONSIN GOVERNMENTAL SECURITIES</b>	(check one) \$5,000 to \$50,000	More than \$50,000
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**Part B****For calendar year 2015****9. EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2015.

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's 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 2015.

Source of income	City	State
social security	Washington	DC

**11. ENTERTAINMENT AND GIFTS** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2015.

Name of provider	City	State

**12. HONORARIA AND EXPENSES** List, for 2015, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Government Accountability Board.

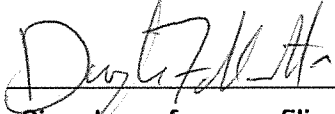
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

## FILING NOTES -or- COMMENTS

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

## CERTIFICATION

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. 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, 2015. If any part has been left blank, I have done so intentionally because there is nothing to report.



Signature of person filing

Daytime phone # (608) 266-8888 ext 3

1/20/16

Date

doug.lafollette@wisconsin.gov

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 2016



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](mailto:ethics@wi.gov); otherwise call (608) 266-8123.  
ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

**Part A****As of December 31, 2016****1. INVESTMENTS****a) WISCONSIN DEFERRED COMPENSATION PROGRAM**

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

	\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000		\$5,000 to \$50,000	More than \$50,000
<b>Profile Series</b>			<b>Small Cap</b>			<b>Bond</b>		
Vanguard Retirement 2055	<input type="checkbox"/>	<input type="checkbox"/>	BlackRock Russell 2000 Index	<input type="checkbox"/>	<input type="checkbox"/>	BlackRock US Debt Index	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2045	<input type="checkbox"/>	<input type="checkbox"/>	DFA US Micro Cap	<input type="checkbox"/>	<input type="checkbox"/>	Federated US Government Securities 2-5yr	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2035	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mid Cap</b>			Vanguard Long-term Investment Grade Adm	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2025	<input type="checkbox"/>	<input type="checkbox"/>	BlackRock Mid Cap Equity Index	<input type="checkbox"/>	<input type="checkbox"/>			
Vanguard Retirement 2015	<input type="checkbox"/>	<input type="checkbox"/>	T Rowe Price Mid Cap Growth	<input type="checkbox"/>	<input type="checkbox"/>	<b>Money Market</b>		
Vanguard Target Retirement Income	<input type="checkbox"/>	<input type="checkbox"/>	<b>Large Cap</b>			Vanguard Admiral Treasury Money Market	<input type="checkbox"/>	<input type="checkbox"/>
<b>International</b>			Calvert Social Investment Equity	<input type="checkbox"/>	<input type="checkbox"/>	<b>Fixed</b>		
American Euro Pacific Growth	<input type="checkbox"/>	<input type="checkbox"/>	Fidelity Contrafund	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stable Value	<input type="checkbox"/>	<input type="checkbox"/>
BlackRock EAFE Equity Index	<input type="checkbox"/>	<input type="checkbox"/>	Vanguard Institutional Index Plus	<input type="checkbox"/>	<input type="checkbox"/>	FDIC Bank Option	<input type="checkbox"/>	<input type="checkbox"/>
			Vanguard Wellington - Admiral Shares	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

**b) OTHER INVESTMENTS** List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.

**MUTUAL OR MONEY MARKET FUND**

(check one) \$5,000 to \$50,000 More than \$50,000

<del>Aberdeen Global Income Fund</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<del>Legg Mason Municipal Fund</del> <i>Western Asset Managed Muni A</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pacific Life	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**STOCKS/OPTIONS/FUTURES**

(check one) \$5,000 to \$50,000 More than \$50,000

ATT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**BONDS**

(check one) \$5,000 to \$50,000 More than \$50,000

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

**LIMITED PARTNERSHIPS**

(check one) \$5,000 to \$50,000 More than \$50,000

	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>WISCONSIN GOVERNMENTAL SECURITIES</b>	(check one) \$5,000 to \$50,000	More than \$50,000
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**2. BUSINESS ACTIVITIES** List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

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

Name of business	Municipality or Town	County	State	Describe nature of business

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

Name of business	Municipality or Town	County	State	Describe nature of business

**3. COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS** For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, from which the filer or a member of the filer's immediate family received \$10,000 or more in 2016, list businesses, organizations, and lobbyists that paid the enterprise \$10,000 or more in calendar year 2016.

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

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

**4. BUSINESS PARTNERS** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business	Partners, or officers and directors	City	State

**5. NON-COMMERCIAL REAL ESTATE** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you already listed in item 2).

Location of property Street address or fire number	Municipality or town	County	Nature of interest (e.g. own, lease, option, easement, land contract)
Glidden Dr	Sturgeon Bay	Door	own



**6. OFFICERS AND DIRECTORS** List organizations of which you or a family member was an officer or director (unless already listed in item 2).

Business or organization	City	State	Position

**7. AGENT, REPRESENTATIVE OR SPOKESPERSON** List organizations that authorized you or a family member to represent them in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless already listed in item 2, 3 or 6).

Business or organization	City	State

**8. CREDITORS** List creditors to which you or your family owed \$5,000 or more. (check one)

Creditor	City	State	\$5,000 to \$50,000	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part B** For calendar year 2016**9. EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2016.

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's 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 2016.

Source of income	City	State
social security	Washington	DC

**11. ENTERTAINMENT AND GIFTS** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2016.

Name of provider	City	State

**12. HONORARIA AND EXPENSES** List, for 2016, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Wisconsin Ethics Commission.

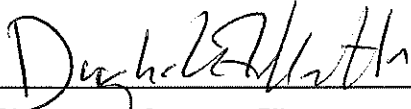
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

## FILING NOTES -or- COMMENTS

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

## CERTIFICATION

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. 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.

  
Signature of person filing

Daytime phone # (608) 266-8888 ext 3

1/9/2017  
Date

doug.lafollette@wisconsin.gov

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](mailto: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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2045	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2035	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2025	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2015	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Target Retirement Income	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

INTERNATIONAL			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
American Euro Pacific Growth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
BlackRock EAFE Equity Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SMALL CAP**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Russell 2000 Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
DFA US Micro Cap Portfolio	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MID CAP**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Mid Cap Equity Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
T Rowe Price Mid Cap Growth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**LARGE CAP**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Calvert Social Investment Equity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fidelity Contrafund	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vanguard Institutional Index Plus	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Wellington - Admiral Shares	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**BOND**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock US Debt Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federated US Government Securities 2-5yrs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Long-term Investment Grade Adm Shares	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MONEY MARKET**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Admiral Treasury Money Market	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FIXED RETURNS FOR THE QUARTER**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Stable Value	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
FDIC Bank Option	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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, Merrill Lynch account, etc.).

Include: stocks and stock options, commodity futures contracts, bonds, limited partnerships, securities 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 GOVERNMENTAL SECURITY**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
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STOCK			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
ATT	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

MUTUAL FUND OR MONEY MARKET FUND			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Pacific Life	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Western Asset Managed Muni A	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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
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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
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## 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
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#### 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: your 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.

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
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## 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
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## 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.

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

#	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.

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

#	Name of Provider	City	State
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## 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
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(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.)

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](mailto: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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2045	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2035	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2025	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2015	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Target Retirement Income	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

INTERNATIONAL			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
American Euro Pacific Growth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
BlackRock EAFE Equity Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SMALL CAP**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Russell 2000 Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
DFA US Micro Cap Portfolio	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MID CAP**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Mid Cap Equity Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
T Rowe Price Mid Cap Growth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**LARGE CAP**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Calvert Social Investment Equity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fidelity Contrafund	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vanguard Institutional Index Plus	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Wellington - Admiral Shares	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**BOND**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock US Debt Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federated US Government Securities 2-5yrs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Long-term Investment Grade Adm Shares	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MONEY MARKET**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Admiral Treasury Money Market	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FIXED RETURNS FOR THE QUARTER**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Stable Value	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
FDIC Bank Option	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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, Merrill Lynch account, etc.).

Include: stocks and stock options, commodity futures contracts, bonds, limited partnerships, securities 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 GOVERNMENTAL SECURITY**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
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STOCK			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
ATT	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

MUTUAL FUND OR MONEY MARKET FUND			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Pacific Life	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Western Asset Managed Muni A	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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
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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
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## 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
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#### 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
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#### 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.

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
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## 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
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## 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.

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

#	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.

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

#	Name of Provider	City	State
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## 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 questions 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
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#### 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.

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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.)

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## 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](mailto: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 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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2045	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Retirement 2035	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2025	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2015	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Target Retirement Income	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**INTERNATIONAL**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
American Euro Pacific Growth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
BlackRock EAFE Equity Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SMALL CAP**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Russell 2000 Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
DFAUS Micro Cap Portfolio	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MID CAP**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Mid Cap Equity Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
T Rowe Price Mid Cap Growth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**LARGE CAP**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Calvert Social Investment Equity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fidelity Contrafund	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vanguard Institutional Index Plus	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Wellington - Admiral Shares	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**BOND**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock US Debt Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federated US Government Securities 2-5yrs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Long-term Investment Grade Adm Shares	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MONEY MARKET**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Admiral Treasury Money Market	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FIXED RETURNS FOR THE QUARTER**

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Stable Value	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
FDIC Bank Option	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>



## 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, Merrill Lynch account, etc.).

Include: stocks and stock options, commodity futures contracts, bonds, limited partnerships, securities 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 GOVERNMENTAL SECURITY

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
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### STOCK

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
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ATT	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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### MUTUAL FUND OR MONEY MARKET FUND

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
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Pacific Life	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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Western Asset Managed Muni A	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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### LIMITED PARTNERSHIP

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
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### BOND

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
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## 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
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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
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### 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
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## 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
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## 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.

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
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## 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
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## 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.

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

#	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.

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

#	Name of Provider	City	State
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## 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
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## 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: \_\_\_\_\_

Date : \_\_\_\_\_