FCNTX

Statement of Economic Interests

Filed in 2017 for calendar year 2016 by

Kolste, Debra

Legislature

Assembly District 44

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

ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

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. More More More \$5,000 to \$5,000 to \$5,000 to than than than \$50,000 \$50,000 \$50,000 \$50,000 \$50,000 \$50,000 **Profile Series Small Cap Bond** Vanguard Retirement BlackRock Russell 2000 BlackRock US Debt ~ 2055 Index Index Vanguard Retirement DFA US Micro Cap Federated US 2045 Government Securities Mid Cap Vanguard Retirement 2-5yr 2035 BlackRock Mid Cap Equity ~ Vanguard Long-term Index Vanguard Retirement Investment Grade Adm T Rowe Price Mid Cap Growth Vanguard Retirement **Money Market** 2015 Large Cap Vanguard Admiral Vanguard Target Calvert Social Investment Treasury Money Market Retirement Income Equity **Fidelity Contrafund** Fixed International Stable Value 1 American Euro Pacific **V** Vanguard Institutional Index V Growth Plus FDIC Bank Option BlackRock EAFE **V** Vanguard Wellington -~ **Equity Index** Admiral Shares 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. (check one) \$5,000 to \$50,000 MUTUAL OR MONEY MARKET FUND More than \$50,000 **ABTIX V** American Balanced **V** FB American High Income Trust ~ American Inter Growth Inc ~ **AQMIX V** Bond Fund of America **V BRLIX V** BRSVX ~ Capital Growth World A **V** Capital Income Builder ~ DODFX ~ DODGX **V**

~

ļ	Fundamental Investors			✓
ļ	Goldman Sachs Asia Equity		☑	
ļ.	Growth Fund of Amer			Y
!	Income Fund of America			~
ļ	INVESCO Van Kampen Corp Bond		$\overline{\mathbf{v}}$	
ļ	INVESCO Van Kampen Equity and Income Fund A			<u> </u>
!	Investment Company of America	"	V	ANDROVA
!	MPHQX		✓	
ļ	MWTIX		✓	
!	NAESX	· · · · · · · · · · · · · · · · · · ·	✓	The state of the s
!	New World Fund		V	
ļ	OAKMX		✓	
1	POAGX		✓	
	PRFDX		V	· [
!	PRMSC		✓	
!	PRRIX		$\mathbf{\overline{Q}}$	
į.	Putnam Tax Exempt Income		✓	
!	Small Cap World Sm CWX		✓	
}	Tax Exempt Bond Fund of America			V
!	TGBAX		V	
!	TRBCS		✓	
;	Van Kampen Comstock A			~
ļ.	VDIGX		V	
!	VEIIX		✓	
!	VEIPX	······································	V	
!	VEXPX		✓	
ţ	VGSIX		✓	
!	VIMSX		∠	
!	VISVX		✓	
!	VMGRX		✓	Contractive Contra
ļ	VMRGX		V	
ļ.	VTSMX		✓	
}	VWNFX		✓	
!	YACKX		V	
	VTIHY			Ø
	VISAX			
	STOCKS/OPTIONS/FUTURES	(check one)	\$5,000 to \$50,000	More than \$50,000
1 /				
1 1	AIRM		<u> </u>	
] .	Bershire B		V	
į	862		~	
! v	BND		✓	
.	BSV		V	
!	CDST		V	
$\vdash_{\vec{V}}$	CGNX		V	
! .	Citigroup		V	
ļ	(CSTE		V	

MTN			/	
S X				
G.V.S. Companya and a second companya and a			·	[
EFA				
Н		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
HEI			<u> </u>	
Home Depot			<u> </u>	personal particulary
Remainment Lopes			<u> </u>	
JP Morgan	COLUMN TO A STATE OF THE PARTY		<u> </u>	
EINKO			<u> </u>	
MA			<u> </u>	[man]
MIDD		<u> </u>	<u> </u>	
MKL			<u> </u>	
RPAI			<u> </u>	
TRV			<u> </u>	
TSLA			<u> </u>	
UA			<u>v</u>	
UPS			<u> </u>	
V			<u> </u>	
VWO			<u> </u>	
XLK			<u>v</u>	
3TP				
<u> </u>				
BONDS		(check one)	<u> </u>	0,000 More than \$50,0
BONDS		(Cileck Oile)	\$3,000 to \$3	
LIMITED PARTNERSHIPS		(check one)	\$5,000 to \$5	0,000 More than \$50,0
LIMITED PARTNERSHIPS		(check one)	Ψ0,000 το ψο	
WISCONSIN GOVERNMENTAI	SECURITIES.	(check one)	\$5,000 to \$5	0,000 More than \$50,0
WISCONSIN GOVERNMENTAL	L SECURITIES	(Clieck Olle)	\$5,000 to \$5	
and business activities in v a) Enterprise(s) operating ^{Name of} ^{business}	st businesses, farms, rental, which you or your family had under a business or trade na Municipality or Town	l at least a 10% of ame, list here. County	r greater in State	Describe nature of business
3KO, LC	Colby	Thomas	KS	Farming
	or Town	***************************************		nature of business
				······
b) Enterprise(s) NOT opera	ating under a business or tra Municipality	nde name, list her	e.	Describe
	ating under a business or tra Municipality or Town Minneapolis	ade name, list her County Hennepin	' e. State MN	Describe nature of business rental apt

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	u^,		
Cornerstone Grain		Colby		KS			
HI Plains Coop		Colby		KS			
Scoular		Kansas City		KS			
BUSINESS PARTNERS For each and directors (other than yourself Department of Financial Institution), unless the information is alr						
Business	Partners, or officers and directo	ors City			State		
3KO, LC	Ali Kolste, Tori Kolste	Minne	apolis		MN		
3KO, LC	Drew Kolste	Byron			IL		
3KO, LC	Rex Kolste	Janes	ماان		WI		
Location of property Street address or fire number	Municipality or town County	1144, 1144, 1114, 1114, 1114, 1114, 1114, 1114, 1114, 1114, 1114, 1114, 1114, 1114, 1114, 1114, 1114, 1114, 11	easeme	vn, lease, optic ent, land contr	act)		
OFFICERS AND DIRECTORS List director (unless already listed in in Business or organization Health Net of Rock Co		gann ag gan ann ann an gangara, gan ag ar anngar a sa a	State	s an officer Position Board	or		
director (unless already listed in i Business or organization	tem 2). City Janesvi POKESPERSON List organizar dealings with others as an at	lle	State WI horized	Position Board you or a fan	nily		
director (unless already listed in i Business or organization Health Net of Rock Co AGENT, REPRESENTATIVE OR S member to represent them in thei	tem 2). City Janesvi POKESPERSON List organizar dealings with others as an at	lle	State WI horized	Position Board you or a fan	nily on, or		
director (unless already listed in i Business or organization Health Net of Rock Co AGENT, REPRESENTATIVE OR S member to represent them in thei representative (unless already lis	City Janesvi POKESPERSON List organiza r dealings with others as an at	ations that aut torney-at-law,	State WI horized sagent, s	Position Board you or a fan pokesperso	nily on, or		
director (unless already listed in in Business or organization Health Net of Rock Co AGENT, REPRESENTATIVE OR Somember to represent them in their representative (unless already list) Business or organization CREDITORS List creditors to whether the control or the control of	City Janesvi POKESPERSON List organizar dealings with others as an atted in item 2, 3 or 6).	ations that aut torney-at-law, City	State WI horized agent, s	Position Board you or a fan pokesperso	nilly on, or State		
director (unless already listed in in Business or organization Health Net of Rock Co AGENT, REPRESENTATIVE OR Somember to represent them in their representative (unless already list) Business or organization	City Janesvi POKESPERSON List organiza r dealings with others as an at	ations that aut torney-at-law, City	State WI horized agent, s	Position Board you or a fan pokesperso	nilly on, or State		

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's business
Mercy Health Systems	Janesville	WI	Health care
State of WI - Assembly	Madison	WI	Legis
Dean/65 M	Fort AKINSON	Wſ	Health car
ADDITIONAL SOURCES OF INCOME List other	sources from which you o	r vour f	amily received income
of \$1,000 or more in 2016.	Sources from Willon you o	i your i	anny roccivou moomo
Source of income	City		State
ENTERTAINMENT AND GIFTS List individuals a or gifts (more than \$50) in 2016.	and organizations that pro	vided y	ou with entertainment
ENTERTAINMENT AND GIFTS List individuals a or gifts (more than \$50) in 2016. Name of provider	and organizations that pro	vided y	ou with entertainment State
or gifts (more than \$50) in 2016.		vided y	
or gifts (more than \$50) in 2016.		vided y	
or gifts (more than \$50) in 2016. Name of provider	City		State
or gifts (more than \$50) in 2016.	City urces of honoraria and pay	yment c	State of expenses related to
or gifts (more than \$50) in 2016. Name of provider HONORARIA AND EXPENSES List, for 2016, so your state government duties (more than \$50) no Commission	City urces of honoraria and pay	yment c	State of expenses related to

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

Daytime phone # (608) 266-7503

rep.kolste@legis.wisconsin.gov

Signature of person filing

Date

E-mail address

The information sought in this form is required by §§19.43 and 19.44, *Wisconsin Statutes*. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The 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

ame	proje	ect Debra	xolste	
ate		* And the state of		
	S	tocks	5-50	750
sks	N	and Lane Y		
313	NI	KE		
	PA			
	1	LN		
		u×	V	
·	5 N			
	SI		. V	
		KS		
	TOO		~	
	**		V	
		L C		
		K		
		LN	V	
			V	
÷ **	VO	ote		
. *	VO		V	
	VO XL XL			
	XL			
	M L	TUAL	FUNDS	
	M L	TUAL	FUNDS	
	XL XL V	TABX		
	XL XL V	TUAL	FUNDS	
	XL XL V	TABX	FUNDS	
	XL XL V	TABX	FUNDS	
	XL XL V	TABX	FUNDS	
	XL XL V	TABX	FUNDS	
	XL XL V	TABX	FUNDS	
	XL XL V	TABX	FUNDS	
	XL XL V	TABX	FUNDS	
	XL XL V	TABX	FUNDS	
	XL XL V	TABX	FUNDS	
	XL XL V	TABX	FUNDS	
	XL XL V	TABX	FUNDS	