

Statement of Economic Interests

Filed in 2014 for calendar year 2013 by

Nerison, Lee A.

Legislature

Assembly District 96

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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; 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.

A

Profile Series	More than		Small Cap	More than		Bond	More than	
	\$5,000 to \$50,000	\$50,000		\$5,000 to \$50,000	\$50,000		\$5,000 to \$50,000	\$50,000
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"/>	Mid Cap			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"/>	Money Market		
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"/>	Large Cap			Fixed		
International			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 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 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

STOCKS/OPTIONS/FUTURES

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

BONDS

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

LIMITED PARTNERSHIPS

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

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
S3035 CTH B	Westby	Vernon	WI	Dairy farm

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.

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)

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
Associated Bank	Viroqua	WI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<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
Vernon Memorial Hospital	Viroqua	WI	Medical
Wisconsin State Assembly	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

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

Name of provider	City	State

12. HONORARIA AND EXPENSES List, for 2013, 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, 2013. 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) 266-3534

4/2/14

Date

Rep.Nerison@legis.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