



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   |
|---------------------------|----------------------|----------|-------|-------------------------------|
| GROUP ONE MARKETING, INC. | MENDOTA              | WAUKESHA | WI    | Media, Advertising, Marketing |
|                           |                      |          |       |                               |
|                           |                      |          |       |                               |

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 from which the filer or a member of the filer's immediate family received \$10,000 or more in 2014, list businesses, organizations, and lobbyists that paid the enterprise \$10,000 or more in calendar year 2014.

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

| Businesses, organizations, lobbyists that were customers, clients, or tenants | City       | State | "✓" |
|---|------------|-------|-----|
| Goodwill Industries, S.E. Wisconsin   | Milwaukee  | WI    |     |
| WI Dental Association   | West Allis | WI    |     |
|   |            |       |     |

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 |
|---------------------|-------------------------------------|---------|-------|
| GROUP ONE MARKETING | Rick Brandtjen                      | Mendota | WI    |
|                     |                                     |         |       |
|                     |                                     |         |       |

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          |                      |        | NATURE OF INTEREST (own, lease, option, easement, land contract) |
|-------------------------------|----------------------|--------|--|
| Street address or fire number | Municipality Or Town | County |  |
|                               |                      |        |  |
|                               |                      |        |  |
|                               |                      |        |  |

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 each organization that authorized you or a family member to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless listed in item 2, 3, or 6.)

| Business or organization | City | State |
|--------------------------|------|-------|
|                          |      |       |
|                          |      |       |

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

| Creditor       | City       | State | "✓" one         |                   |
|----------------|------------|-------|-----------------|-------------------|
|                |            |       | \$5,000 or less | More than \$5,000 |
| PROVIDENT BANK | SANTA ROSA | CA    |                 | ✓                 |
| US BANK        | ST. LOUIS  | MO    |                 | ✓                 |
|                |            |       |                 |                   |

**Part B** **For calendar year 2014**

9. **EMPLOYERS.** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2014.

| Name of employer<br>(If State of Wisconsin, identify agency or institution) | City      | State | Nature of employer's business |
|---|-----------|-------|-------------------------------|
| GROUP ONE MARKETING, INC.   | MENOMONIE | WI    | MARKETING, ADVERTISING, Media |
|   |           |       |                               |
|   |           |       |                               |

10. **ADDITIONAL SOURCES OF INCOME.** List other sources from which you or your family received income of \$1,000 or more in 2014.

| Source of income | City | State |
|------------------|------|-------|
|                  |      |       |
|                  |      |       |

11. **ENTERTAINMENT AND GIFTS.** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2014.

| Name of provider | City | State |
|------------------|------|-------|
|                  |      |       |
|                  |      |       |

12. **HONORARIA AND EXPENSES.** List, for 2014, 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 |
|-------|-------------------------------|----------------------|--------------------------|
|       |                               |                      |                          |
|       |                               |                      |                          |

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 31<sup>st</sup> for an election in the following year, I certify that I will amend it on or before the statutory filing deadline if an amendment is necessary to bring it into conformity with the true statement of my economic interests as of December 31, 2014. **If any part has been left blank, I have done so intentionally because there is nothing to report.**

Signature of person filing: Janel Brandtgen      Date: 1/20/15      Daytime phone #: 414-915-8425  
 E-mail address: Janel@Brandtgen.com

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.