



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
N/A				

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
3139 A N. 39th Street	Milwaukee	Milwaukee	WI	Rental Property
3139 N. 39th Street	Milwaukee	Milwaukee	WI	Rental Property

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	"√"
N/A			

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
N/A			

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	
N/A			

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
N/A			

**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 already listed in item 2, 3, or 6.)

Business or organization	City	State
N/A		

**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
Direct Student Loans	Greenville	TX		✓
Nelnet (student loans)	Lincoln	NE	✓	

**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 (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
County of Milwaukee	Milwaukee	WI	Milw. House of Corrections
State of Wisconsin - Senate	Madison	WI	WI State Senate

**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

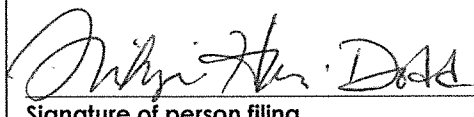
**11. ENTERTAINMENT AND GIFTS.** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2014.

Name of provider	City	State
Tina Johnson-Williams	Milwaukee	WI

**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
(see attached)			

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

4/23/2015  
 Date

608 266 2500  
 Daytime phone number

Sen.harrisdodd@legis.wiscconsin.gov  
 Email Address

The information sought in this form is required by §§19.43 and 19.44, *Wisconsin Statutes*. Failure to file a completed form by the statutory deadline 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.

**Part B 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 Ethics Board.

<b>Payer</b>	<b>Approximate value of expenses</b>	<b>Amount of honorarium</b>	<b>Circumstances of receipt</b>
The Sentencing Project Strategic Planning Meeting 8/19-20/2014, Washington DC			Program participant
Hotel	\$382		
Airfare	\$242		
Meals			
Ground Transportation			
Miscellaneous			



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NAME & ADDRESS

HARRIS-DODD, NIKYA  
 XXXXXX  
 WASHINGTON, DC 20036  
 US

ROOM 8140/D2  
 ARRIVAL DATE 8/19/2014 1:09:00PM  
 DEPARTURE DATE 8/20/2014 8:16:00AM  
 ADULT/CHILD 2/2  
 ROOM RATE \$167.00  
 RATE PLAN L-G1  
 Hhonor #  
 AL:

CONFIRMATION NUMBER : 3130076457

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DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDITS	BALANCE
8/19/2014	GUEST ROOM	IYEMANE	10048220	\$167.00		
8/19/2014	ROOM TAX	IYEMANE	10048220	\$24.22		
8/20/2014	MC *4326	MJOHNSO	10048740		\$191.22	
8/20/2014	EARLY DEPARTURE FEE	LMESSER	10049357	\$167.00		
8/20/2014	ROOM TAX	LMESSER	10049357	\$24.22		
8/20/2014	MC *4326	LMESSER	10049358		\$191.22	
	BALANCE					\$0.00
<b>EXPENSE REPORT SUMMARY</b>						
		8/19/2014	8/20/2014	STAY TOTAL		
ROOM & TAX		\$191.22	\$24.22	\$215.44		
MISCELLANEOUS		\$0.00	\$167.00	\$167.00		
DAILY TOTAL		\$191.22	\$191.22	\$382.44		
ACCOUNT NO				DATE OF CHARGE		FOLIO
MC *4326				08/20/14 10:33:00PM		1788429 A
CARD MEMBER NAME				AUTHORIZATION		INITIAL
HARRIS-DODD, NIKYA				09347E		
ESTABLISHMENT NO & LOCATION		ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR				
PURCHASES & SERVICES						
TAXES						
TIPS & MISC						
TOTAL AMOUNT						

F  
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C

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RETURNED FOR A CASH REFUND  
 PAYMENT DUE UPON RECEIPT