

Statement of Economic Interests RECEIVED DELIVERED

Filed in 2016 for calendar year 2015

Name: Considine, David L. 2016 MAY -2 PM 2:54
(last name, first name & initial)

State position: Representative, 81st District GOVERNMENT
ACCOUNTABILITY BOARD
(held or sought) (include agency, division, branch or district, if applicable)

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://gab.wi.gov>.
 Still have questions? For priority service send an e-mail to: GABEthics@wisconsin.gov; otherwise call (608) 261-2028.

****Attach additional pages as needed/Please See Instructions.****

Part A **As of December 31, 2015**

1. 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.

	"✓" one			"✓" one			"✓" one	
	\$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
Profile Series			Small Cap			Bond		
Vanguard Retirement 2055 Fund			BlackRock Russell 2000 Index - T			BlackRock US Debt Index Fund		
Vanguard Retirement 2045 Fund								
Vanguard Retirement 2035 Fund			DFA US Micro Cap			Federated US Government Securities 2-5 Yr.		
Vanguard Retirement 2025 Fund			Mid Cap			Vanguard Long-Term Investment Grade Adm		
			BlackRock Mid Cap Equity Index - F					
Vanguard Retirement 2015 Fund			T. Rowe Price Mid Cap Growth			Money Market		
						Vanguard Admiral Treasury Money Market		
Vanguard Target Retirement Income Fund			Large Cap			Fixed		
			Calvert Social Investment Equity I			Stable Value Fund		
International			Fidelity Contrafund			FDIC Bank Option		
American Funds EuroPacific								
BlackRock EAFE Equity Index - T			Vanguard Institutional Index Fund Plus			Brokerage		
						Schwab SDB Money Market		
			Vanguard Wellington Fund - Admiral			Schwab SDB Securities		

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.

Name of security	Type of security - "✓" one					Amount - "✓" one	
	Stock/option/futures	Bond	Limited partnership	Wisconsin governmental security	Mutual or money market fund	\$5,000 to \$50,000	More than \$50,000
<u>Primoris Chase S.C. Emp Profit</u>		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
<u>TRIA</u>						<input checked="" type="checkbox"/>	
<u>Holt</u>							<input checked="" 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
NG 194 Breezy Hill Rd	Caledonia	Columbia	WI	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 2015, list businesses, organizations, and lobbyists that paid the enterprise \$10,000 or more in calendar year 2015.

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	"√"

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			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 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.

Creditor	City	State	"✓" one	
			\$50,000 or less	More than \$50,000

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, identify agency or institution)	City	State	Nature of employer's business
Prairie Clinic, S.C.	Princeton	WI	Medical Clinic
Wisconsin Assembly	Madison	WI	Legislature

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
FmHA Farm Payments	Washington	D.C.

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

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests in 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

5/2/2016
 Date

608-366-9693
 Daytime phone number

schucksbar@gmail.com
 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.

