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Statement of Economic Interests
Filed in 2017 for calendar year 2016 by

# Harsdorf, Sheila E.

Legislature

Senate District 10



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.

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INVESTMENTS								THE STATE OF THE S
Wisconsin Deferre	d Compe	nsation	NSATION PROGRAM Program, please place a prough the Program.	lf you hel checkmar	ld an inv k next to	estment in a fund a c each fund in which	vailable w n you held	ithin t   \$5,00
	\$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 \$50,0
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Vanguard Retirement 2055			BlackRock Russell 2000 Index			BlackRock US Debt Index	. 🗆	
/anguard Retirement 2045			DFA US Micro Cap			Federated US		
/anguard Retirement 9035			Mid Cap			Government Securitie 2-5yr	\$	
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025 /anguard Retirement	_		T Rowe Price Mld Cap Growth			Investment Grade Adr	n <u> </u>	E 6
015		ш	Large Cap			Money Market		
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nternational			Fidelity Contrafund			Fixed		
merican Euro Pacific Browth			Vanguard Institutional Index Plus			Stable Value		
ilackRock EAFE Equity	' <b>-</b>		Vanguard Wellington- Admiral Shares			FDIC Bank Option		
b) OTHER INVESTI	MENTS I	List stoc	■ :ks, bonds, limited partne	rshins. W	lisconsi:	l n dovernmental sec	urities an	d
mutual and money	market fu	nds in w	hich you and your family	's interes	t was va	lued at \$5,000 or m	ore.	
MUTUAL OR MONE	Y MARKE	T FUND		(ch	eck one)	\$5,000 to \$50,000	More than	\$50,0
American Funds Nev	w Perspec	tive				-	⊌′	
Lord Abbett Growth	Opportunit	ies				✓		
Roth IRA						₩		
Powershares	, Oyn	amic	Pharmoceutical	3		<b>₽</b>		
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LIMITED PARTIMER	ب اللائب			,				

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Business or organization	City	<b>St</b>	ate Position
GENT, REPRESENTATIVE OR SPOKESP			
representative (unless already listed in ite		ittomey-at-iaw, agei	
Business or organization		City	State
CREDITORS List creditors to which you	or your family owed :	55,000 or more.	(check one)
Creditor	City	State \$5,000 to \$5	0,000 More than \$50,000
Associated Bank	Hudson	WI Z	
	-		
		🔲	
t B			For calendar year
EMPLOYERS List your and your family's	EMPLOYERS (\$1,000	or more of income	) in 2016.
Name of amployer			Nature of employer's
Name of employer (If State of Wisconsin, also identify agency or institu	ition) City	State	nature of employers business
State of WI - Legislature	Madison	WI	State Government
ADDITIONAL SOURCES OF INCOME List of \$1,000 or more in 2016.	t other sources from	which you or your t	amily received incom
•		City	State
•		City	State
Source of income			
Source of income	duals and organizați		
ENTERTAINMENT AND GIFTS List indivior gifts (more than \$50) in 2016.	duais and organizati		State  Du with entertainmen  State
ENTERTAINMENT AND GIFTS List indivior gifts (more than \$50) in 2016.	duals and organizati	ons that provided y	ou with entertainmen
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### **ADDENDUM**

## STATEMENT OF ECONOMIC INTERESTS File in 2016 for calendar year 2016 by

Harsdorf, Sheila E. Legislature Senate District 10

Part A

I. INVESTMENTS

a. Wisconsin Deterred Compensation Programs

b. Other investments

MUTUAL OR MONEY MARKET FUND	(check one) \$5,000 to \$50,000	More than \$50,400
Powershares 600 Trust	W	(van)
SPOR Consumer Staples	Œ	
fidelity Overseas	短	heren j
fidelity Select Health Care		Name of the same o
T. Rome Price Floating Rate	Œ	البيا
T. Rome Price New Honzans	111-	January .
T. Rowe Price Personal Strategy:	Theme 19	, conserve (c) and (c)
T. Rowe Price Mid-Cap gran	124404	Committee of the commit
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And Miles Mi	Land	) gall.
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WISCONSIN GOVERNMENTAL	L SECURITIES	(check one)		0,000 More than \$50,0
				<u> </u>
BUSINESS ACTIVITIES Lis	st businesses, farms, ren vhich you or your family i	tal, commercial, and had at least a 10% o	i income-pr r greater int	oducing real estate; terest.
) Enterprise(s) operating	under a business or trade	e name, list here.		
Name of	Municipality or Town	County	State	Describe
Dusiness		a a a a a a a a a a a a a a a a a a a	manan dahar sahadid da saga da sejigi tar digerapiya sa sama	A Committee of the Comm
o) Enterprise(s) NOT opera	ating under a business or	trade name, list he	re.	
Name of	Municipality	Carrati	State	Describe nature of business
ousiness	or Town	County	**************************************	nature of business
i corporation, service corp roducing real estate repor eceived \$10,000 or more in	poration (SC), limited liabi rted in Item 2, from which is 2016, list businesses, o is year 2016	ility company (LLC); the filer or a memb rganizations, and lo	, partnershiper of the file bbyists that	p, or income- er's immediate famil t paid the enterprise
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SENATOR HARSDORF

## 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, 2016. If any part has been left blank, I have done so intentionally because there is nothing to report.

Shelle Housdonf
Signature of person filing

Daytime phone # \_(608) 266-7745

Sheila.Harsdorf@legis.wisconsin.gov

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

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