RECEIVED
JUN 01 2018
Wisconsin Ethics Commission

Statement of Economic Interests

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT https://ethics.wi.gov.
Still have questions? For priority service send an e-mail to: Ethics@wi.gov.
Attach additional pages as needed/Please see instructions.

Last Name	First Name	Middle Initial	Start Date or (if nominated) Nomination Date
Stubbs	Shelia	R	4-15-18

☐ Check if a Current Official. List State Position Held (including agency, division, branch or district, if applicable):

☒ Check if a Candidate. List office sought, including branch or district, if applicable, and election date.

Part A — As of December 31 or Nomination/Appointment Date

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.

Deferred Compensation Funds	"✓" one $5,000 to $50,0000	"✓" one Over $50,000	Deferred Compensation Funds	"✓" one $5,000 to $50,0000	"✓" one Over $50,000
Profile Series			**Small Cap Funds**		
Vanguard Retirement 2055 Fund			BlackRock Russell 2000 Index		
Vanguard Retirement 2045 Fund			DFA US Micro Cap		
Vanguard Retirement 2035 Fund			**International Funds**		
Vanguard Retirement 2025 Fund			American Funds EuroPacific		
Vanguard Retirement 2015 Fund			BlackRock EAFE Equity Index		
Vanguard Target Retirement Income			**Bond Funds**		
Large Cap Funds			BlackRock US Debt Index		
Calvert Equity			Federated US Gov't Securities 2-5 Yr.		
Fidelity Contrafund			Vanguard Long-Term Investment Grade		
Vanguard Institutional Index			**Fixed Income Funds**		
Vanguard Wellington Adm. - Shares			Stable Value Fund		
Mid Cap Funds			FDIC Bank Option		
BlackRock Mid Cap Equity Index			**Money Market Funds**		
T. Rowe Price Mid Cap Growth			Vanguard Treasury Money Market		

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: Mutual or Money Market Fund	Stock/ Option/ Futures	Bond	Limited Partnerships	Wisconsin Governmental Securities	Amount - "✓" 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 percent or greater interest.

a) Enterprise(s) operating under a business or trade name, list here.

Name of business	Municipality	County	State	Describe nature of business

b) Enterprise(s) NOT operating under a business or trade name, list here.

Name of business	Municipality	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 the calendar year, list businesses, organizations, and lobbyists that paid the enterprise $10,000 or more in the calendar year. Check the far-right box if the organization authorized you to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative.

Businesses, organizations, or 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 listed in Item 2).

LOCATION OF PROPERTY			NATURE OF INTEREST
Street address or fire number	Municipality	County	(own, lease, option, easement, land contract)

6. **OFFICERS AND DIRECTORS.** List organizations not listed in Item #2 of which you or a family member was an officer or director.

Business or organization	City	State	Position
BLPNA	Madison	WI	President
Grace Time Church	Madison	WI	Pastor
MOE	Madison	WI	President
Grace Time Church	Madison	WI	Board of Director
Operation Straighten up	Madison	WI	Secretary

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
End Time Church	Madison	WI
BLPNA	Madison	WI
WOE	Madison	WI
Operation Straighten-Up	Madison	WI

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

Creditor	City	State	"✓" one	
			$50,000 or less	Over $50,000
Consumer portfolio Services, Inc	Irvine,	CA	✓	
Elizabeth Hartford	Appleton	WI	✓	
CAC Acceptance	Madison	WI	✓	
Credit Acceptance Corporation	Southfield	MI	✓	

Part B For The Previous Calendar Year (January 1 to December 31)

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

Name of employer (If State of Wisconsin, identify agency/institution)	City	State	Nature of employer's business
Madison Metropolitan School District	Madison	WI	School
Dane County, WI Government	Madison	WI	Elected official

10. **ADDITIONAL SOURCES OF INCOME.** Other sources from which you or your family received income of $1,000 or more.

Source of Income	City	State
Social Security Benefits	Madison	WI

11. **ENTERTAINMENT/GIFTS.** Individuals or organizations that provided *you* with entertainment or gifts (over $50 in the aggregate).

Name of provider	City	State

12. **HONORARIA AND EXPENSES.** Sources of honoraria and payment of expenses related to *your* state government duties (more than $50 in the aggregate).

Date Received	Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

Printed Name: Shelia R. Stubbs	
Daytime Phone Number: 608-345-6961	Email Address: Sheliastubbs09@yahoo.com

This filing is for:

- ☐ Annual Filing due by April 30, _____ (fill in appropriate year) covering the preceding year
- ☐ My nomination/appointment, which occurred or will occur on _____ (date)
- ☒ My candidacy to participate in an election. The election date is: 11/6/18 (election date)

This filing includes _____ (#) of pages

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 the following calendar year, I certify that I will amend it on or before the statutory filing deadline to accurately reflect my economic interests as of December 31st. If any part has been left blank, I have done so intentionally because there is nothing to report.

The information sought in this form is required by Wis. Stat. §§19.43 and 19.44, or Supreme Court Rule 60.05. 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 Wis. Stat. §15.04(1)(m), the Wisconsin Ethics Commission states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

Shelia R. Stubbs
Signature of person required to file

5/31/18
Date Signed