Statement of Economic Interests

Filed in 2011 for calendar year 2010 by

HAND DELIVERED

Fitzgerald, Scott

d, Scott RECEIVED

Legislature

2011 JAN 20 PM 17: 30

(check one) \$5,000 to \$50,000

More than \$50,000

Senate District 13

COVERHOLD IL

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OF A STIPPING MEDITION GROWN IN THE PROPERTY OF THE PROPERTY OF

Part A As of December 31, 2010 1. INVESTMENTS a) WISCONSIN DEFERRED COMPENSATION PROGRAM If you held an investment in a fund available within the Wisconsin Deferred Compensation Program, please place a checkmark next to each fund in which you held \$5,000 or more, whether held privately or through the Program. More More More \$5,000 to than \$5,000 to \$5,000 to than than \$50,000 \$50,000 \$50,000 \$50,000 \$50,000 \$50,000 **Profile Series** Small Cap Bond BlackRock US Debt Vanguard Retirement BlackRock Russell 2000 П П Index 2045 Index DFA US Micro Cap Federated US Vanguard Retirement Government Securities 2035 2-5yr Vanguard Retirement Mid Cap П 2025 Vanguard Long-term BlackRock Mid Cap Equity Investment Grade Adm Vanguard Retirement Money Market T Rowe Price Mid Cap П П Vanguard Admiral Growth П Vanguard Target Treasury Money Market Retirement Income Large Cap Fixed Returns for the Quarter Calvert Social Investment International Stable Value Equity American Euro Pacific **Fidelity Contrafund** Growth FDIC Bank Option П BlackRock EAFE Equity Vanguard Institutional Index Index Vanguard Wellington - \square П dmiral Shares 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. (check one) \$5,000 to \$50,000 MUTUAL OR MONEY MARKET FUND More than \$50,000 **USB** V П STOCKS/OPTIONS/FUTURES (check one) \$5,000 to \$50,000 More than \$50,000 BONDS (check one) \$5,000 to \$50,000 More than \$50,000 (check one) \$5,000 to \$50,000 More than \$50,000 LIMITED PARTNERSHIPS

WISCONSIN GOVERNMENTAL SECURITIES

a) Enterprise(s) operating un	dor a business or trade n	ama liet hara		
Name of business	Municipality or Town	County	State	Describe nature of business
b) Enterprise(s) NOT operatir	ng under a business or tr	ade name, list her	e.	·
Name of business	Municipality or Town	Caumtu	State	Describe nature of business
One Oak Farm	Town of Clyman	County Dodge	Wi	Agriculture
	Check if the organization others as an attorney-at-la			
	s that were customers, clients,			State "
Tracy Services, LLP		Hustisfo		WI
Tracy Services, LLP NEHIS Bros. FAR				Otate
BUSINESS PARTNERS For eand directors (other than you	each enterprise reported (Hustisfo TUNE under Item 2, list i tion is already rec	ts co-own	WI い い の の pers, partners, officer
BUSINESS PARTNERS For eand directors (other than you Department of Financial Instit	each enterprise reported trself), unless the informatutions. Partners, or officers STATE List the specific le	Inder Item 2, list ition is already reg	ts co-owners the	ers, partners, officer th the Wisconsin Sta
BUSINESS PARTNERS For eand directors (other than you Department of Financial Instit Business NON-COMMERICIAL REAL Est or your family had an interest listed in item 2). Location of property	each enterprise reported to rself), unless the informatutions. Partners, or officers STATE List the specific to except your principal re	Hustisfo TUNE under Item 2, list i tion is already reg and directors ocation of WISCO sidence and real	ts co-owners the	ers, partners, officer th the Wisconsin Sta L ESTATE in which yose location you already a contract g. own, lease, option, sement, land contract)

HAND DELIVERED

Business or organization	Cit	у	S	tate	Position	
AGENT, REPRESENTATIVE OR S member to represent them in thei representative (unless already lis	r dealings with others as a					
Business or organization		City			S	tate
CREDITORS List creditors to wh	ich you or your family ow	ed \$5,000 o	r more.	(che	eck one)	
Creditor	City	State	\$5,000 to \$	50,000	More than \$50,0	00
Horicon State Bank .	Horicon	WI			<u> </u>	
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t B				For	r calendar y	ear '
	family's EMPLOYERS (\$1	,000 or mor	e of incom	e) in	2010.	
Name of employer		,000 or mor	e of incom State	e) in :		
Name of employer (if State of Wisconsin, also identify agend				e) in Na bu	2010. ture of employer's	
Name of employer (if State of Wisconsin, also identify agend State of WI - Legislature ADDITIONAL SOURCES OF INCO of \$1,000 or more in 2010.	ey or institution) City Madiso	n	State WI	e) in Na bu	2010. ture of employer's siness ate Government ly received inc	· · · · · · · · · · · · · · · · · · ·
(if State of Wisconsin, also identify agend State of WI - Legislature ADDITIONAL SOURCES OF INCO	Madiso ME List other sources fr	om which y	State WI ou or your	e) in : Na bu: Sta	ture of employer's siness ate Government ly received incoming services are serviced incoming services are serviced incoming services are services a	come
Name of employer (if State of Wisconsin, also identify agend State of WI - Legislature ADDITIONAL SOURCES OF INCO of \$1,000 or more in 2010. Source of income ENTERTAINMENT AND GIFTS L or gifts (more than \$50) in 2010.	ME List other sources from the control of the contr	om which y City zations that City	State WI ou or your provided d payment to the Gov	e) in Na bu: Sta fami you v	ture of employer's siness ate Government ly received incoming several entertainment entertainment entertainment entertainment entertainment entertainment	ome tate

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

Daytime phone #

(608) 266-5660

Sen.Fitzgerald@legis.wisconsin.gov

Signature of person filing

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 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.

Mail or fax to: Wisconsin Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984; Fax: (608) 264-9319

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