

# Statement of Economic Interests

**HAND DELIVERED**

Filed in 2010 for calendar year 2009 by

**Black, Spencer J.**

Legislature  
Assembly District 77

RECEIVED  
TEW 10 FEB 20 10 9:52 TEW

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://ethics.state.wi.us>.  
Still have questions? For priority service send an e-mail to: [GABEthics@wi.gov](mailto:GABEthics@wi.gov); otherwise leave a detailed message at (608) 261-2028.  
ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

**Part A**

**As of December 31, 2009**

**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.

	\$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
<b>Profile Series</b>			<b>Small Cap</b>			<b>Bond</b>		
Vanguard Retirement 2045	<input type="checkbox"/>	<input type="checkbox"/>	BGI Russell 2000 Index	<input type="checkbox"/>	<input type="checkbox"/>	BGI US Debt Index	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2035	<input type="checkbox"/>	<input type="checkbox"/>	DFA US Micro Cap	<input type="checkbox"/>	<input type="checkbox"/>	Federated US Government Securities 2-5yr	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2025	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mid Cap</b>			Vanguard Long-term Investment Grade Adm Shares	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BGI Mid Cap Equity Index	<input type="checkbox"/>	<input type="checkbox"/>	<b>Money Market</b>		
Vanguard Target Retirement Income	<input type="checkbox"/>	<input type="checkbox"/>	T Rowe Price Mid Cap Growth	<input type="checkbox"/>	<input type="checkbox"/>	Vanguard Admiral Treasury Money Market	<input type="checkbox"/>	<input type="checkbox"/>
<b>International</b>			<b>Large Cap</b>			<b>Fixed Returns for the Quarter</b>		
American Euro Pacific Growth	<input type="checkbox"/>	<input type="checkbox"/>	Calvert Social Investment Equity	<input type="checkbox"/>	<input type="checkbox"/>	Stable Value	<input type="checkbox"/>	<input type="checkbox"/>
BGI EAFE Equity Index	<input type="checkbox"/>	<input type="checkbox"/>	Fidelity Contrafund	<input type="checkbox"/>	<input type="checkbox"/>	FDIC Bank Option	<input type="checkbox"/>	<input type="checkbox"/>
			Vanguard Institutional Index Plus	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			Vanguard Wellington-Admiral Shares	<input type="checkbox"/>	<input type="checkbox"/>			

**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.

**MUTUAL OR MONEY MARKET FUND**

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

Lincoln VIP Special Opportunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
River Source RAVAY Select	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vanguard Balanced Portfolio	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**STOCKS/OPTIONS/FUTURES**

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

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**BONDS**

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

US Treasury Bond	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**LIMITED PARTNERSHIPS**

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



**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 organizations that authorized you or a family member to represent them in their 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. (check one)

Creditor	City	State	\$5,000 to \$50,000	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part B** **For calendar year 2009**

**9. EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2009.

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's business
<del>California Institute of Technology</del>	<del>Pasadena</del>	<del>CA</del>	<del>education</del>
State of WI - Legislature	Madison	WI	State Government
University of Wisconsin Hospital & Clinics Authority	Madison	WI	Health care
<i>NST Candle Milk Camp</i>	<i>Cambridge MA</i>	<i>MA</i>	<i>education</i>

**10. ADDITIONAL SOURCES OF INCOME** List other sources from which you or your family received income of \$1,000 or more in 2009.

Source of income	City	State

**11. ENTERTAINMENT AND GIFTS** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2009.

Name of provider	City	State

**12. HONORARIA AND EXPENSES** List, for 2009, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Government Accountability Board.

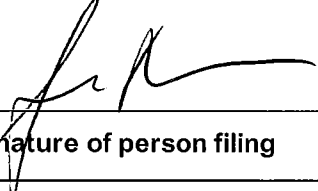
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

## 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) 266-7521
_____	11/30/10	Rep.Black@legis.state.wi.us
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  
*Eth 1 Personalized. For use in 2010*