

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. *N/A*

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. *N/A*

Street address or fire number	Municipality or Town	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, list businesses, organizations, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2009.

N/A

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. *N/A*

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). *N/A*

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 listed in Item #2.) *N/A (only non profits)*

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 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
US Bank	milwaukee	WI		✓
UW Credit Union	Madison	WI	✓	
Great Lakes	Madison	WI	✓	

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, identify agency or institution)	City	State	Nature of employer's business
WI State Assembly	Madison	WI	Legislative
Cardinal Stritch Univ.	milwaukee	WI	university

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

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. *N/A*

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
*SEE Attachment			

I 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 31, 2009, I certify that I will amend it on or before January 8, 2010 if amendment is necessary to bring it into conformity with the true statement of my economic interests as of December 31, 2009. **If any part has been left blank, I have done so intentionally because there is nothing to report.**

Signature of person filing: *Tamara Grigsby*
 Date: *4/30/10*
 Daytime phone: *(414) 659-5322*
 E-mail address: *td-grigsby@yahoo.com*

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.

**Grigsby, Tamara D.
Legislature
Assembly District 18**

Part B 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 Ethics Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
NCSL - Child Welfare Advisory Council (hotel/flight)	\$775	0	Presentation
Black Alliance for - flight Educational Options (BAEO) - hotel	\$243 360	0	Presentation
NCSL - Fall Forum - hotel Domestic Retreat - flight	\$448 \$266	0	Participation
UW Platteville - Black Student Union		\$500	Presentation

2354 N. 41st Street
Milwaukee, WI 53210
414-873-5557

**Rep. Tamara D.
Grigsby**

Fax

To: WI Government Accountability Board **From:** Tamara Grigsby

Fax: 608.264.9313 **Pages:** 5 (including cover)

Phone: 608-266-8123 **Date:** 4/30/10

Re: 2009 Statement of Economic Interest **cc:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

● **Comments:**

If there are any questions or concerns, please don't hesitate to contact me at 414-659-5322

Thank You,

Tamara
