



Electronic Data Systems Corporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

<b>BONDS</b>	(check one)	\$5,000 to \$50,000	More than \$50,000
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>LIMITED PARTNERSHIPS</b>	(check one)	\$5,000 to \$50,000	More than \$50,000
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>WISCONSIN GOVERNMENTAL SECURITIES</b>	(check one)	\$5,000 to \$50,000	More than \$50,000
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.

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.

Name of business	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.

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

**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 already listed in item 2).

Location of property Street address or fire number	Municipality or town	County	Nature of interest (e.g. own, lease, option, easement, land contract)

**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
Associated Bank	Green Bay	WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bank of America	Dallas	TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Capital One	St. Louis	MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chase Bank	Wilmington	DE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<del>CVAC</del>	<del>?</del>	<del>?</del>	<del><input checked="" type="checkbox"/></del>	<del><input type="checkbox"/></del>
NorthShore Bank	Brookfield	WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pioneer Credit Union	Green Bay	WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RBS	Providence	RI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
USAA Savings Bank	San Antonio	TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wells Fargo Financial	Des Moines	IA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

*Remove*

**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
EDS, an HP Company <i>HP</i>	Dallas	WI	Data processing
State of WI - Legislature	Madison	WI	State Government

**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.

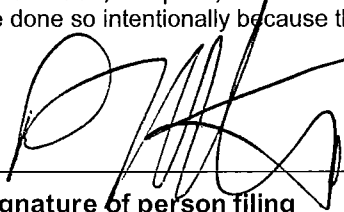
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

**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) 266-5840
		Rep.Montgomery@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

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