

**Statement of Economic Interests**

Filed in 2010 for calendar year 2009 by

**RECEIVED**

**Roy, Kelda Helen**

Legislature

Assembly District 81

FEB 26 2010  
TEW

Wisconsin Government Accountability Board

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 on voicemail.  
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.

Profile Series	\$5,000 to \$50,000	More than \$50,000	Small Cap	\$5,000 to \$50,000	More than \$50,000	Bond	\$5,000 to \$50,000	More than \$50,000
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	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2015	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input 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

American Century Ultra	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ariel Socially Responsible Fund	<input checked="" 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

	<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

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

**WISCONSIN GOVERNMENTAL SECURITIES**

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

	<input type="checkbox"/>	<input type="checkbox"/>
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<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)
<del>2215 N. Sherman</del>	<del>Madison</del>	<del>Dane</del>	<del>Principal residence</del>

**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
ACS Student Loans	Utica	NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<del>Bank of America</del>	<del>?</del>	<del>?</del>	<del><input checked="" type="checkbox"/></del>	<del><input type="checkbox"/></del>
Summit Credit Union	Madison	WI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<del>US Bank</del>	<del>Fargo</del>	<del>ND</del>	<del><input checked="" type="checkbox"/></del>	<del><input type="checkbox"/></del>
<u>Citibank</u>	<u>The Lakes</u>	<u>NV</u>	<input checked="" 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>NARAL Pro-Choice WI</del>	<del>Madison</del>	<del>WI</del>	<del>Non profit women's health advocacy</del>
<u>State of Wisconsin (Legislature)</u>	<u>Madison</u>	<u>WI</u>	<u>Government</u>

**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
<del>Fred Gibbs, Shannon Withycombe</del>	<del>Madison</del>	<del>WI</del>
<del>K. Wilton</del>	<del>Madison</del>	<del>WI</del>

**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
<u>Dan &amp; Mary Klein - Engagement present</u>	<u>Washington</u>	<u>DC</u>

**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
✓ BILD - Council on State Gov't			Non-profit legislative leadership training
✓ Urban Initiative for Reproductive Health	465		Non-profit health conference - travel
✓ Am. Council of Young Political Leaders	808		Non-profit public diplomacy delegate - travel

**FILING NOTES -or- COMMENTS**

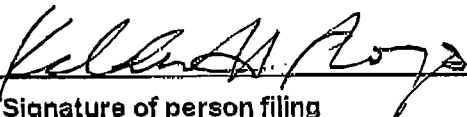
If we saw an opportunity to clarify a prior report, we added comments or filing tips below. Please review any comments and make the appropriate corrections.

In Item 1, please provide specific names (not only fund family name, account name, or symbol) of individual securities valued at \$5,000 or over, and check whether the value is under \$50,000 or over \$50,000.

In Item 10, you do not have to list the source of dividends, interest, insurance benefits, or an individual unless the individual was a lobbyist, or income you already reported in item 2 or 9.

**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.

 Signature of person filing	Daytime phone #	(608) 266-5340
	Date	2/22/10
	E-mail address	Rep.Roys@legis.wisconsin.gov

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.

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