



**ETHICS COMMITTEE AGENDA**

**FRIDAY, JULY 10, 2026 AT 1:00 PM**

**MUNICIPAL BUILDING COUNCIL CHAMBERS – 106 JONES STREET, WATERTOWN, WI 53094**

**1. CALL TO ORDER**

**2. PUBLIC COMMENT**

*Each individual who would like to address the Committee will be permitted up to three minutes for their comments*

**3. NEW BUSINESS**

A. Review and take action: approve Ethics Committee meeting minutes from April 10, 2026

B. Review and take possible action: Statement of Economic Interest form

C. Review and take action: approve Ordinance to Amend Section 65-8(F) Disclosure of Interests of the City of Watertown General Ordinances

**4. OLD BUSINESS**

**5. ADJOURNMENT**

*Persons requiring other reasonable accommodations for any of the above meetings, may contact the office of the City Clerk at [cityclerk@watertownwi.gov](mailto:cityclerk@watertownwi.gov) phone 920-262-4000*

*A quorum of any City of Watertown Council, Committee, Board, Commission, or other body, may be present at this meeting for observing and gathering of information only*



**ETHICS COMMITTEE**  
**Meeting Minutes**  
**Municipal Building**  
**106 Jones Street, Room 2044**  
**Watertown, WI 53094**  
**Friday, April 10, 2026 at 1:00 PM**

**Members Present:** Joe Kallas and Steve Zgonc  
**Others Present:** City Attorney Alexandra Panagopoulos

**1. CALL TO ORDER**

Meeting called to order at 1:01 p.m.

**2. PUBLIC COMMENT**

John Katsch spoke in favor of Steve Zgonc being on the Ethics Board.

**3. NEW BUSINESS**

**A. Review and take action: Ethics Committee meeting minutes from March 13, 2026.**

Joe Kallas made a motion to recommend approval of March 13, 2026 minutes, seconded by Steve Zgonc. Unanimously passed.

**4. OLD BUSINESS**

**A. Review and discuss: Amendment to the Ethics Board rules of procedures.**

Steve Zgonc made a motion to recommend to Common Council approval of amendments to the Ethic Board rules of procedures, seconded by Joe Kallas. Unanimously passed.

**5. ADJOURNMENT**

Joe Kallas made a motion to adjourn, seconded by Steve Zgonc. Unanimously passed.  
Meeting adjourned at 1:14 p.m..

Respectfully submitted,

Alexandra Panagopoulos  
City Attorney

Note: The minutes are uncorrected. Any correction made thereto will be noted in the minutes of the proceedings at which these minutes are approved.



**CITY OF WATERTOWN, WISCONSIN  
STATEMENT OF ECONOMIC INTERESTS**

Certain information required to be disclosed on this form may not be applicable to you, your spouse, or your minor children. Where not applicable, please write N/A (meaning not applicable). All spaces must be filled with the required information or N/A. Leave no space blank. If the space provided is not sufficient, attach additional sheets, making sure that you indicate to which item the information pertains.

PLEASE TYPE OR PRINT

City Position, Public Office held, Committee appointed to: \_\_\_\_\_

A. Name: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ Name(s) of Minor Children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Different names used in business, if any: \_\_\_\_\_

B. List all corporations or other entities which are or may do business with or receive funds from the City of Watertown in which you, your spouse or minor children own an interest in or serve on a board or committee for.

Name of Business Entity City and State	Description of Interest (Example: common stock, limited partnership, etc.) You need not report dollar value, number of shares or fractional interests.	Held by Whom (Enter X)	
		You	Spouse or Minor Child



Name: \_\_\_\_\_

C. List the names of all employers or clients who have paid in excess of \$5,000.00 in the last year to you and your spouse:

Employer	Brief Statement of Nature of Employment	You	Spouse

D. List all parcels of real estate within the City in which you, your spouse or minor children beneficially own or control any interest, including an option to purchase.

Real Estate Parcels by Street Address or Legal Description	Owned by You (Enter X)	Spouse or Minor Child (Enter X)

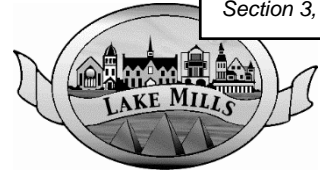
*I declare under penalties of law that I have examined this statement (including attached sheets) and to the best of my knowledge and belief it is true, correct and complete.*

\_\_\_\_\_  
Signature of Person Required to File

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Finance Dept. Rec'd

# CITY OF LAKE MILLS STATEMENT OF INTERESTS



All elected officials or candidates for elective office, and all appointed officials who are employees or contractors of the City of Lake Mills are expected to carry out their duties in the best interests of the City. The following Statement of Interests is intended to provide information that will identify potential conflicts of interest with those duties. Serving as officers or directors on the board(s) of organizations, as well as certain financial information, may indicate the possibility of a conflict of interest. Notwithstanding this disclosure, all persons holding positions with the City of Lake Mills have the continuing responsibility to avoid conflicts of interest as they carry out their responsibilities. See § 71-5 of the Lake Mills Municipal Code for "Standards of Conduct" and additional information on disclosure and disqualification.

- The filing of this statement is required by § 71-5 of the Lake Mills Municipal Code.
- Everyone required to file must respond to **ALL** of the items, except as indicated.

1.

NAME	
ADDRESS	
CITY/STATE/ZIP	TELEPHONE
OFFICE/COMMITTEE POSITION HELD OR SOUGHT	
CITY EMPLOYEE CLASSIFICATION OR JOB TITLE	

2.

EMPLOYER'S NAME
EMPLOYER'S ADDRESS(S)
POSITION(S) HELD WITH EMPLOYER(S)

3. Identify every organization of which you or any adult member of your immediate family is an officer or director, and the identity of every organization of which you or any adult member of your immediate family owns or controls, directly or indirectly, jointly or separately, at least 5% of the outstanding equity provided, however, that membership only in an organization need not be disclosed.

NAME OF ORGANIZATION	Greater than 5% OWNED OR CONTROLLED BY YOU? OR BY FAMILY MEMBER?	OFFICER OR DIRECTOR IN BY YOU? OR BY FAMILY MEMBER?

4. Identify all real estate within the City of Lake Mills, or within Jefferson County, other than primary residence, in which you or any member of your "immediate family"<sup>1</sup> has a direct or indirect interest. Section 3, Item B.  
 identity of any entity owning or controlling any real estate within the City of Lake Mills, or within Jefferson County, which you or any member of your immediate family has a direct or indirect interest.

TYPE AND ADDRESS	OWNED AND CONTROLLED BY	HELD BY FILER OR FAMILY MEMBER?

<sup>1</sup> "Immediate Family" means (1) An individual's spouse or (2) an individual's relative by marriage, lineal descent or adoption who receives, directly or indirectly, more than one-half of his or her support from the individual or from whom the individual receives, directly or indirectly, more than one-half of her or his support.

**By signing this statement, I declare that the foregoing information is correct and complete to the best of my knowledge as of this date.**

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**SIGNATURE**

**DATE**

**STATEMENT OF INTERESTS MUST BE SIGNED AND DATED**

**RETURN TO:            CITY CLERK'S OFFICE  
                                  200 D WATER STREET  
                                  LAKE MILLS, WI 53551**

## DUE: February 28, 2026

**M**ilwaukee strives to maintain a reputation for good government and high ethical standards. Each employee, official, and board/commission member can support this reputation through conduct that shows integrity and concern for public interest. Ethical behavior involves using good judgment and common sense in performing duties and responsibilities.

All employees, officials and board/commission members are covered by the City Code of Ethics, found in the Milwaukee Code Ordinance (MCO), Chapter 303, which describes standards of conduct and conflicts of interest. The Milwaukee Common Council determines which individuals are required to file the Statement of Economic Interests pursuant to Chapter 303. These persons include:

- All elected city officials
- City employees identified by department heads as having discretionary powers
- Members and nominees of designated boards and commissions
- Candidates for elective office

The Ethics Board takes the information you provide in the Statement of Economic Interests seriously. Each form is checked when it arrives for completion. Each year the Board conducts a random review of the entire filing. Some forms may be returned for clarification or completion.

The Statement of Economic Interests form is a public record as defined by the Wisconsin Public Records law, Sec. 19.31-39, Wis. Stats. Traditionally, requests to view the Statements are received by the Ethics Board shortly after the February 28 filing deadline. Occasionally requests are made for Statements from previous years. Any member of the public may request a copy or inspection of your Statement of Economic Interests form.

**The fees and penalties for filing the Statement of Economic Interests Form after the February 28th due date are as follows:**

- **\$25 if 11 days or more late**
- **\$5 per day if more than 30 days late, up to a maximum of \$100 in daily late fees**

**Late fees must accompany any late filings or your statement will not be accepted.** See s. 303-11-2a, *Milwaukee Code of Ordinances*

**Employees, city officials and board/commission members who have not filed Statement of Economic Interests Forms within 45 days of the deadline may be referred to the City Attorney for charges in Municipal Court, with a conviction subject to a forfeiture of \$250 to \$1,000 and imprisonment for failure to pay the forfeiture of 10 to 40 days.** See s. 303-11-2d, *Milwaukee Code of Ordinances*

To view the City of Milwaukee Ethics Code and the Board of Ethics Rules and Procedures, visit our web site at [www.milwaukee.gov/ethics](http://www.milwaukee.gov/ethics). If you have any questions, please contact the City of Milwaukee Ethics Board Office at (414) 286-8641.

**Thank you,  
Your Milwaukee Ethics Board**

**CHAIR**

Michael Kruse

**VICE CHAIR**

Bradley Kalscheur

Clarence Nicholas

Emily Mueller

Barbara Notestein

Daniel Vliet

Gini Hendrickson

**(SEE REVERSE FOR LOCAL AND STATE ETHICS GUIDELINES)**

**As you go about your official duties, please keep these general guidelines in mind:**

- A city employee or official should not accept anything of value that could appear to influence his/her public duties.
- A city employee or official should not accept anything of value that could appear to be a reward for action taken in his/her public duties.
- A city employee or official must report any gift or entertainment totaling more than \$50 received during the year.
- A city employee or official should not use his/her public position for personal gain or for the gain of immediate family members or for organizations in which he/she has an interest.
- A city employee or official should not use workplace information that is unavailable to the public, for personal gain.
- Contracts of more than \$3,000 between a city employee or official and the city are prohibited without written disclosure to the Ethics Board and to the contracting department.

- A city employee or official should not represent persons, for compensation, before city departments, commissions, or boards unless as part of his/her official duties or at a recorded open hearing.
- For 12 months after leaving city employment, an employee or official may not represent, for compensation, persons before city departments, commissions or boards related to his/her former position.

These comments are only a general description of parts of the Ethics code itself. The actual statutes, rules, and opinion summaries, as well as the Ethics Board itself, should be consulted when questions arise. The complete text of the ethics code can be found in Chapter 303 of the Milwaukee Code of Ordinances. City departments also have copies of the code for posting.

# STATE GUIDELINES

Many city officials are also covered by the requirements for Local Officials put forth in the Wisconsin State Statutes. The State Code of Ethics for Local Officials does not apply to all city employees and officials. Section 19.59 of the Wisconsin Statutes cover:

- Elected officials
- Individuals appointed to a position for a specified term
- Individuals who serve in a position at the pleasure of the Mayor or Common Council

Positions within City government that fit this definition are not only covered by local ethics code but also have responsibilities to conform to the requirements of the State of Wisconsin Ethics Code for Local Officials as well.

We are attaching State Ethics Form 219, which offers guidelines on gifts and entertainment.

Please take a few moments to review it. Our Board recommends that you keep it on file for future reference. If you have any questions regarding the State Guidelines for Local Officials please contact the State of Wisconsin Government Accountability Board at (608) 266-8123.



# INSTRUCTIONS

Section 3, Item B.

## Statement of Economic Interests

### Ethics Board

<p><b>General filing information:</b></p> <ul style="list-style-type: none"> <li>• The information sought in this form is required by Chapter 303, Milwaukee Code of Ordinances.</li> <li>• Attach additional pages if necessary.</li> <li>• Go to the Ethics Board website at <a href="http://www.milwaukee.gov/ethics">www.milwaukee.gov/ethics</a> for extra forms and instructions.</li> <li>• Questions? Email <a href="mailto:ethics@milwaukee.gov">ethics@milwaukee.gov</a> or call (414) 286-8641.</li> </ul>	<p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>• “Immediate family member” means your spouse and any child, step-child, parent or parent-in-law who receives more than one-half of his or her support from you or from whom you receive more than one-half of your support.</li> <li>• “Income” means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest.</li> </ul>
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### Part 1 – Sources of Income For calendar year 2025

**A. EMPLOYERS. List each EMPLOYER from which you and your immediate family received \$1,000 or more in 2025.**

- |  |   |
|--|---|
| <p><b>LIST:</b></p> <ul style="list-style-type: none"> <li>• each employer from which you and your immediate family member received \$1,000 or more during the year</li> <li>• City of Milwaukee, if applicable</li> </ul> | <p><b>DO NOT LIST:</b></p> <ul style="list-style-type: none"> <li>• An individual (unless the individual was a lobbyist, your employer, or acting on behalf of a business or organization)</li> </ul> |
|--|---|

**B. OTHER SOURCES OF INCOME. List other sources from which you or your immediate family received income of \$1,000 or more in 2025.**

- |  |  |
|--|--|
| <p><b>LIST:</b></p> <ul style="list-style-type: none"> <li>• any entity from which you or your immediate family has received income of \$1,000</li> <li>• Social Security payments</li> <li>• an entity from which you or your family received retirement benefits</li> <li>• an entity from which you or your family received directors fees</li> </ul> | <p><b>DO NOT LIST:</b></p> <ul style="list-style-type: none"> <li>• the source of dividends or interest</li> <li>• the source of insurance benefits, inheritances, scholarships (if no teaching or services were required in return)</li> <li>• a decedent’s estate</li> <li>• a political contribution that has been reported to the Election Commission</li> <li>• an individual (unless the individual was a lobbyist, your employer, or acting on behalf of a business or organization)</li> </ul> |
|--|--|

### Part 2 – Business

For any BUSINESS that is a partnership, limited liability company, Subchapter S, or Subchapter C corporation in which you or your immediate family, directly or indirectly, separately or together, owned or controlled at least 10% interest *and* from which you or your immediate family has received \$1,000 or more during 2025, list the name of the business and identity of each payer of \$1,000 or more to the business, as of December 31, 2025.

- |   |  |
|---|--|
| <p><b>LIST:</b></p> <ul style="list-style-type: none"> <li>• partnership (general, limited or limited liability)</li> <li>• corporation (regardless of tax status and including service corporations)</li> <li>• limited liability company (LLC)</li> </ul> | <p><b>DO NOT LIST:</b></p> <ul style="list-style-type: none"> <li>• an individual (unless the individual was a lobbyist, your employer, or acting on behalf of a business or organization)</li> <li>• a decedent’s estate</li> </ul> |
|---|--|

# Part 3 – Investments

List stocks, bonds, notes or other investments you and your immediate family held (minimum \$5,000) as of December 31, 2025.

**LIST THE NAME OF EACH:**

- stock and stock option
- bond
- note or other evidence of indebtedness
- sponsor of mutual fund and money market fund (i.e. Fidelity or Janus Fund)
- security issued by the State of Wisconsin or by local governmental entities within Wisconsin
- any of the above held directly or:
  - in a deferred compensation plan, profit sharing plan, or pension plan whose investments you or your immediate family direct
  - in an individual retirement account (IRA)
  - in a trust in which you or your immediate family member has beneficial use
  - held for you by a corporation, partnership, or other entity which you or your immediate family member controls

**DO NOT LIST:**

- savings accounts
- checking accounts
- certificates of deposit
- annuities
- insurance contracts
- securities issued by the federal government or a government outside Wisconsin
- securities in a company in which you and your immediate family’s total interest is valued at less than \$5,000

## EXPLANATIONS

**List the security by name.** For example, list “Harley Davidson” or “IBM.” Do NOT list “deferred compensation plan” or “IRA” or “Charles Schwabb,” since these terms do not identify the securities within the deferred compensation plan, IRA, or brokerage account.

**Name of sponsor of mutual fund or money market fund:** List the sponsor name only, NOT each separate fund within each mutual fund or money market. Combine the value of all within each sponsor name.

**To determine whether an investment meets the \$5,000 minimum for reporting** add the total value of all types of securities you and your immediate family held in an individual business or other entity.

**Investments held by a corporation, partnership or other entity which you and your immediate family control:** Investments must be listed (if aggregating \$5,000 or more) if they are owned by another entity which you and your immediate family control (i.e. have more than 50% of outstanding voting interests or have a majority of the directors or managers of the entity).

**Investments held in a trust:** List the name of each security valued at \$5,000 or more, held in a trust created by you or in which you have a vested beneficial interest.

**Investments held in a Tax Qualified Account:** If an investment is owned in a tax qualified account (a deferred compensation plan, profit-sharing plan, or pension plan), you must list the name of the security **only if you or a member of your immediate family controls the selection of that security in your account.** (If the individual investments in your plan are selected by someone other than you, such as an investment advisor or plan trustee, then you do not have to list the individual securities in that plan.) Because you control investments in your Individual Retirement Account (IRA), you must list individual securities held by your IRA.

**City of Milwaukee Deferred Compensation Plan:** This plan is not directed by the employee unless you have the PCRA (Personal Choice Retirement Account). If you are involved in the PCRA you must list the name of each security valued at \$5,000 or more.

**Wisconsin Governmental Securities:** Any security issued by the State of Wisconsin or by local governmental entities within Wisconsin.

## Part 4 – Real Estate

Section 3, Item B.

List specific location of REAL ESTATE in Milwaukee, Ozaukee, Racine, Washington and Waukesha counties (except your principal residence) in which you or your immediate family hold at least 10% interest which is valued at \$5,000 or more as of December 31, 2025.

### LIST:

- real estate you or your immediate family owned directly or through: (a) partnership; (b) a corporation; (c) a trust; or (d) other enterprise

### DO NOT LIST:

- your principal residence unless it was used for the conduct of a business or for rental purpose

## Part 5 – Creditors

List each creditor to whom you and your immediate family owed \$5,000 or more as of December 31, 2025.

### LIST:

- each creditor (for personal and business debts, including mortgages) if you or a family member was personally liable for the debt
- your portion of any partnership debts

## Part 6 – Associations

List every organization with which you are associated and the nature of your association with that organization as of December 31, 2025

### LIST THE NAME OF EACH:

- business, labor union, association, cooperative, or other organization with which you were associated and the nature of your association, i.e. officer, member, director, authorized representative, or agent
- non-profit social or community service organizations
- Bar Association

### DO NOT LIST:

- charitable organizations (entities to which a contribution is tax deductible, i.e. American Red Cross)
- political organizations (entities whose primary purpose is to influence voting)
- trusts
- federal, state, or local governmental agencies

## Part 7 – Gifts

List individuals and organizations that, directly or indirectly, provided you with ENTERTAINMENT or GIFTS totaling more than \$50 in 2025. You may disclose gifts throughout the year on the gift/honoraria/payment of expenses form. Additional forms are available on the Ethics Board website at [www.milwaukee.gov/ethics](http://www.milwaukee.gov/ethics). If you have filed a disclosure form for 2025 mark the box “yes”. If you have filed disclosure forms throughout the year with the Board, you are not required to list them again on this statement.

**A “gift” includes** any money, property, favor, service, entertainment, travel, or payment furnished without valuable consideration. Includes tickets to sporting or theatrical events, golfing fees, prizes, samples and promotional items, items from sales representatives, or a part of business promotions, and similar items.

**A “gift” does not include** political contributions reported to the Election Commission, or meals, beverages, items, or lodging that an individual offers as hospitality at his or her own expense, and not as a business expense, for reasons unrelated to your holding a city office or position.

### Do not list:

Gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiancé (e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law

List, for 2025, sources of HONORARIA and payment of EXPENSES more than \$50 related to your city duties as provided for in Chapter 303-9-2a, MCO. You may disclose honoraria or payment of expenses throughout the year on the gift/honoraria/payment of expenses form. Additional forms are available for printing on the Ethics Board website at [www.milwaukee.gov/ethics](http://www.milwaukee.gov/ethics). If you have filed a disclosure form for 2025, mark the box “yes.” If you have filed disclosure forms throughout the year with the Board, you are not required to list them again on this statement.

### LIST :

- each individual or organization from which you received lodging, transportation, meals, expenses, or honoraria having a total value of more than \$50, for attendance at a conference, presentation of a talk, participation in a meeting, or for a published work about issues initiated by or affecting city government or city agencies

### DO NOT LIST:

- information about lodging, transportation, meals, money or any other thing of pecuniary value if:
  - you returned it within 30 days
  - you received it from the agency of which your city public office is a part
  - you received it from a source already listed in Part 1 or Part 2
  - you already reported the payment to the Ethics Board as a matter of public record
  - the expense is unrelated to holding public office and did not arise from holding public office



### Ethics Board

Please sign and date your form and list your daytime telephone number. Clearly indicate if your daytime telephone number is your “home” telephone number. In the event of a public records request, your “home” telephone number will not be disclosed, if clearly marked.

### Mail, or email completed form to:

City of Milwaukee Ethics Board  
200 East Wells Street, Room 205  
Milwaukee, WI 53202

[ethics@milwaukee.gov](mailto:ethics@milwaukee.gov)

**Due: February 28, 2026.**

**PLEASE NOTE: Forms filed after the due date may be subject to late filing fees.**

If you email the form, you will receive confirmation of receipt. If you do not receive a confirmation, contact the Ethics Board Office at (414) 286-8641.

If you fax the form, keep the original and do not mail it to the Ethics Board. Keep a copy of your completed form for your records.

For questions regarding the City of Milwaukee Ethics Code please contact the City of Milwaukee Ethics Board Office at (414) 286-8641 or visit our web site at [www.milwaukee.gov/ethics](http://www.milwaukee.gov/ethics).



# Statement of Economic Interests

Ethics Board

For Office Section 3, Item B.

### E-MAIL, MAIL OR FAX TO:

City of Milwaukee Ethics Board, 200 E. Wells Street, Room 205, Milwaukee, WI 53202  
[ethics@milwaukee.gov](mailto:ethics@milwaukee.gov) • Fax: (414) 286-3456

**Due February 28, 2026**

**Filed in 2026 for Calendar Year 2025 – Print legibly in black ink or type**

Name: \_\_\_\_\_ Do you live in the City of Milwaukee?  Yes  No

City Position: \_\_\_\_\_  
 (include department, title, board, commission, elective office if applicable)

**SEE THE INSTRUCTION SHEET FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS.**

## Part 1 – Sources of Income

For calendar year 2025

A. List each EMPLOYER from which you and your immediate family received \$1,000 or more during 2025 (list City of Milwaukee employment).

Name of Payer	City and State	Nature of Business	Self (S) or Family (F)

B. List other sources of income from which you or your immediate family received income of \$1,000 or more in 2025.

Name of Payer	City and State	Nature of Business

## Part 2 – Business

As of December 31, 2025

For any payer listed above that is a partnership, limited liability company, Subchapter S or Subchapter C corporation in which you or your immediate family has a 10% or greater interest, list the IDENTITY OF EACH PAYER of \$1,000 to such partnership, LLC, Sub-S or Sub-C corporation (see instructions for certain payers which do not have to be listed).

Name of Payer	Name of Business Receiving Payment	Nature of Business	City and State

## Part 3 – Investments

As of December 31, 2025

List stocks, bonds, notes or other investments you and your immediate family held (\$5,000 or more).

Name of each Security or Mutual Fund Sponsor	Stock, Options, Futures	Bond, Note	WI Gov't. Sect.	Mutual Funds or Money Market	\$5,000-\$50,000	more than \$50,000

**Part 4 Real Estate**

As of Decem

Section 3, Item B.

List specific location of REAL ESTATE in Milwaukee, Ozaukee, Racine, Washington and Waukesha counties (excluding your principal residence) in which you or your immediate family hold at least 10% interest which is valued at \$5,000 or more.

Street Address	County	Type of Property	Nature of Interest

**Part 5 Creditors**

As of December 31, 2025

List each CREDITOR to whom you and your immediate family owed \$5,000 or more on December 31, 2025.

Creditor (\$5,000 or more)	City and State	\$5,000 - \$50,000 (check ✓)	more than \$50,000 (check ✓)

**Part 6 Associations**

As of December 31, 2025

List every organization with which you are associated and the nature of your association.

Full Name of Organization	City and State	Nature of Association (e.g., member, officer, director)

**Part 7 Gifts**

During calendar year 2025

List individuals and organizations that provided you with ENTERTAINMENT or GIFTS more than \$50 in 2025.

Name of Provider	City and State	Description of Gift	Approx. Value

Did you file any separate gift reporting forms in 2025?  Yes  No

**Part 8 Honoraria and Payment of Expenses**

During calendar year 2025

List sources of HONORARIA and payment of EXPENSES of more than \$50 related to your city duties, for 2025.

Payer	Approximate Value of Expenses	Amount of Honorarium	Circumstances of Receipt

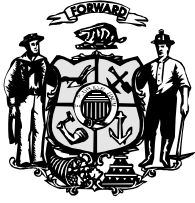
Did you file any separate honoraria/payment of expense disclosures in 2025?  Yes  No

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. Typing your name on the line below constitutes your signature of this document. Please sign and date your form and list your daytime telephone number and e-mail address. Clearly indicate if your daytime telephone number or e-mail address is your home telephone number or home e-mail address. In the event of a public records request, all information required by law will be released.

 Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ Is this your home telephone number?  Yes  No

E-mail address \_\_\_\_\_ Is this your home e-mail address?  Yes  No



# Statement of Economic Interests

Section 3, Item B.

IF YOU ARE A CURRENT OFFICIAL, PLEASE CONSIDER FILING ELECTRONICALLY AT <https://sei.wi.gov> BEFORE USING THIS PAPER FORM. FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <https://ethics.wi.gov>. Email further questions to: [Ethics@wi.gov](mailto:Ethics@wi.gov). \*\*Attach additional pages as needed/Please See Instructions.\*\*

Last Name	First Name	Middle Initial	Start Date:(For new employees or nominees only)
<input type="checkbox"/> Check if a Current Official. <u>List State Position Held</u> (including agency, division, branch or district, if applicable):			
<input type="checkbox"/> Check if a Candidate. <u>List office sought</u> , including branch or district, if applicable, and election date.			

## Part A As of December 31 or Nomination/Appointment Date/End Date

### 1. INVESTMENTS.

a) **Funds Available in Wisconsin Deferred Compensation Program.** These funds are available to participants in the Wisconsin Deferred Compensation program. If you held an investment of \$5,000 or more in any of these funds – either directly or through the program -- please check the appropriate box.

Deferred Compensation Funds	"√" one		Deferred Compensation Funds	"√" one	
	\$5,000 to \$50,000	Over \$50,000		\$5,000 to \$50,000	Over \$50,000
<b>Fixed Income Funds</b>			<b>Brokerage Funds</b>		
Stable Value			Schwab PCRA		
FDIC Bank Option					

b) **Other Investments.** List stocks, bonds, limited partnerships, and Wisconsin governmental securities in which you and your family's interest was valued at \$5,000 or more. Please attach a list with additional items if necessary.

Name Of Security	Type of security - "√" one					Amount - "√" one	
	Stock/ Option/ Futures	Bonds	Limited Partnerships	Wisconsin Governmental Securities	Other	\$5,000 To \$50,000	More Than \$50,000

### 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	County	State	Describe nature of business

b) **Enterprise(s) NOT operating under a business or trade name, list here.**

Name of business	Municipality	County	State	Describe nature of business

3. **BUSINESS PARTNERS.** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (including yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business	Partners, or officers and directors	City	State

4. **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, from which the filer or a member of the filer's immediate family received \$10,000 or more in the calendar year, list businesses, organizations, and lobbyists that paid the enterprise \$10,000 or more in the calendar year. Check the far-right box if the organization authorized you to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative.

Businesses, organizations, or lobbyists that were customers, clients, or tenants	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).

LOCATION OF PROPERTY			NATURE OF INTEREST
Street address or fire number	Municipality	County	(own, lease, option, easement, land contract)

6. **OFFICERS AND DIRECTORS.** List organizations not listed in item #2 of which you or a family member was an officer or director.

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	Over \$50,000

**Part B For The Previous Calendar Year (January 1 to December 31)**

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

Name of employer (If State of Wisconsin, identify agency/institution)	City	State	Nature of employer's business

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

Source of Income	City	State

11. **ENTERTAINMENT/GIFTS.** Individuals or organizations that provided *you* with entertainment or gifts (over \$50 in the aggregate).

Name of provider	City	State

12. **HONORARIA AND EXPENSES.** Sources of honoraria and payment of expenses related to *your* state government duties (more than \$50 in the aggregate).

Date Received	Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

Printed Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

This filing is for:

Annual Filing due by April 30, \_\_\_\_\_ (fill in appropriate year) covering the preceding year

Final SEI Filing due 21 days after leaving state service, as of \_\_\_\_\_ (end date)

New nomination/appointment, which occurred or will occur on \_\_\_\_\_ (start date)

My candidacy to participate in an election. The election date is: \_\_\_\_\_ (election date)

This filing includes \_\_\_\_\_ (#) of pages

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. In the event this Statement of Economic Interests is filed prior to December 31<sup>st</sup> for the following calendar year, I certify that I will amend it on or before the statutory filing deadline to accurately reflect my economic interests as of December 31<sup>st</sup>. If any part has been left blank, I have done so intentionally because there is nothing to report.

The information sought in this form is required by Wis. Stat. §§19.43 and 19.44, Wis. Admin. Code § UWS 8.06, UW Board of Regents Policy, or Supreme Court Rule 60.05. 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 Wisconsin Ethics Commission will notify you of the identity of any person who examines your Statement. In accordance with Wis. Stat. §15.04(1)(m), the Wisconsin Ethics Commission states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

\_\_\_\_\_  
Signature of person required to file

\_\_\_\_\_  
Date Signed

**ORDINANCE TO  
AMEND SECTION 65-8(F) DISCLOSURE OF INTERESTS OF THE CITY  
OF WATERTOWN GENERAL ORDINANCES**

**SPONSOR: ALD. FRED SMITH  
FROM: ETHICS BOARD**

THE COMMON COUNCIL OF THE CITY OF WATERTOWN DOES ORDAIN AS FOLLOWS:

SECTION 1. §65-8(F) Form of Statement is hereby amended to read as follows:

F. Form of Statement. The person filing any Statement of Interests required under this subsection shall file such Statement **on a form** approved by the Ethics Board **subject to final approval of said form by the Common Council** and provided by the City Clerk.

SECTION 2. All ordinances or parts of ordinances inconsistent with the provisions of this ordinance are hereby repealed.

SECTION 3. This ordinance shall take effect and be in force the day after its passage and publication.

DATE:	<i>First meeting date</i>		<i>Second meeting date</i>	
READING:	1ST		2ND	
	YES	NO	YES	NO
DAVIS				
LAMPE				
BERG				
NITECKI				
BLANKE				
SMITH				
ARNETT				
HAASE				
MOLDENHAUER				
MAYOR STOCKS				
TOTAL				

ADOPTED     Type second meeting date    

\_\_\_\_\_  
CITY CLERK

APPROVED     Type second meeting date    

\_\_\_\_\_  
MAYOR

(Type meeting date of the FIRST meeting the ordinance will be considered) Ord. 26-XX