

E-MAIL, MAIL OR FAX TO:

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

Due February 28 2013

Due 1 ebildary 20, 2013	0	
Filed in 2013 for Calendar Year 2012 – Print legibly in b		Ę
Name: GRANT F. LANGLEY Do you live	e in the City of Milwauker?	s ONo
City Position: CITY ATTORNEY (ELECTIVE OFFICE)		
(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 2012

For Office Use Only

A. List each EMPLOYER from which you and your immediate family received \$1,000 or more during 2012 (e.g., City of Milw.).

City and State	Nature of Business	Self (S) or Family (F)
Milwaukee, Wl	Municipality	S
	1	

B. List other sources of income from which you or your immediate family received income of \$1,000 or more in 2012.

Name of Payer	City and State	Nature of Business

Part 2 - Business As of December 31, 2012

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, 2012

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

Name of each Security or	Т	AMOUNT	AMOUNT - " ✓ " ONE			
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
See attached sheet						
***				,,,,		

Part 4 - Real Estate	e				As of Dec	ember 31, 2012	
List specific location of R principal residence) in w	EAL ESTATE in hich you or you	Milwaukee, Ozauke ır immediate family	e, Racir hold at	ne, Washington and Wau t least 10% interest which	kesha countion is valued at	es (except your \$5,000 or more.	
Street Address		County	<u></u>	Type of Property	Nat	ure of Interest	
	<u>l</u>						
Part 5 - Creditors List each CREDITOR to w	hom you and y	our immediate fam	ily ow	ed \$5,000 or more on De		ember 31, 2012 012.	
Creditor (\$5,000 or mo	ore) Ci	ity and State	\$5,0	000 - \$50,000 (check ✔)	more than	\$50,000 (check 🗸)	
US Bank Line of Cre	dit M	ilwaukee, Wl		437000 4307000 (Enecky)		X	
1 - 190 - 19							
Part 6 - Associatio						ember 31, 2012	
				ture of your association.			
Name of Organ		City and Sta		Nature of Association		er, officer, director)	
440th/12th Commu	nity Council	Milwaukee, \	<u>WI</u>		Member		
Part 7 - Gifts						endar year 2012	
				TAINMENT or GIFTS mor			
Name of Prov	ider	City and Stat	te	Description of Gift		Approx. Value	
					-		
Did you file any separate	gift reporting t	 forms in 2012? (Yes 💽	 No		·	
Part 8 - Honoraria	and Paym	ent of Expenses	S		During ca	lendar year 2012	
List sources of HONORAI	RIA and payme	ent of EXPENSES of I	more ti	han \$50 related to your c	ity duties, fo	r 2012.	
Payer	Approximate \	Value of Expenses	An	nount of Honorarium	Circums	tances of Receipt	
				- Caralleria			
				16,100			
Did you file any separate	honoraria/payı	ment of expense disc	losures	in 2012? 🔘 Yes 💿 N	lo		
and correct to the best of n is nothing to report. Typing list your daytime telephone	ny knowledge, int gyour name on the number and e-r	formation and belief. If a ne line below constitute nail address. Clearly ind	any part s your si licate if y	contained in this Statement of has been left blank, I have do gnature of this document. Play your daytime telephone numl request, all information requi	one so intention ease sign and d per or e-mail ad	nally because there ate your form and Idress is your home	
Signature	(III)	or a pablic			/26/2013	~ - · #14444#(
Daytime telephone nu	mber 474-2	86-2601		ls this your home t		er? O Yes O No	
E-mail address glang	gl@milwauk	ee.gov		Is this your ho	me e-mail addre	ess? Yes • No	
						•	

Name of each Security or Mutual Fund Sponsor	Stock, Options, Futures	Bond	Limited Partnership	WI Govt Sect.	Mutual Fund or Money Market	\$5,000- \$50,000	More than \$50,000
McDonald's Corp.	Stock					X	
Prax Air Inc.	Stock					X	
Dow Chemical	Stock					X	
Exxon Mobil	Stock					X	
DTE Energy	Stock					X	
ING Funds					Mutual Fund	X	
Fidelity Fund					Mutual Fund	X	

i

1

•



Filed in 2013 for Calendar Year 2012 - Print legibly in black ink or type

For Office Use Only

CITY OF MILWAUKEE

2013 FEB 28 PM 3: 15

CITY CLERK'S OFFICE

E-MAIL, MAIL OR FAX TO:

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

Due February 28, 2013

Name: 5 PENCER			FACIO						
City Position: MILW	AUKEE	CITY TR	<u>ON 5010</u>	ER_					
(include department, title, b	oard, comr	mission, elective office	if applicable	<u>.</u>				<u>-</u>	
SEE THE INSTRUCTION SI	HEET FOR	EXPLANATIONS, E	XAMPLES .	AND E	KCEPTIO	NS.			
Part 1 - Sources of In	come					For	cale	ndar ye	ar 2012
A. List each EMPLOYER from	which yo	u and your immediat	e family rec	eived \$	1,000 or n	nore during	2012	(e.g., City	of Milw.).
Name of Payer		City and State		Nature	of Busine	:SS	Se	elf (S) or F	amily (F)
CITY OF MILW.	m	ILW.WI.	CITY	THE	ASU RE	R	<u>/:</u>	<u>5} </u>	
CITY OF MILW. W/ STATE SENATE/ DATABASE, INC. /MA	m	AMISON WI.	STATE	551	UNTOGO	or and Time	<u> </u>	5)	
DATABASE, INC. /MA	OTC M	12w. Wi.	DATAT	TRAN	1146/9	OBRI-TIM GALHGA	4	£)	
B. List other sources of inco	me from w	/hich you or your imm	nediate fam	ily rece	ived inco	me of \$1,00)0 or 1	nore in 20	12.
Name of Payer		City and S	tate			Nature of E	Busine	≥55	
									
Part 2 - Business		-						mber 3	
For any payer listed above t which you or your immediat partnership, LLC, Sub-S or St	e family h ub-C corpo	as a 10% or greater i pration (see instruction	nterest, list ons for certa	the IDE	NTITY OF ers which	or Subcha EACH PAYE do not have	pter (R of \$ e to b	corporat 1,000 to : e listed).	ion in such
For any payer listed above to which you or your immediat partnership, LLC, Sub-S or St Name of Payer	e family h ub-C corpo	as a 10% or greater i	nterest, list ons for certa	the IDE ain pay N	NTITY OF ers which ature of B	or Subcha EACH PAYE do not have usiness	pter (R of S e to b	corporate 1,000 to se listed).	ion in such State
For any payer listed above t which you or your immediat partnership, LLC, Sub-S or St	e family h ub-C corpo	as a 10% or greater i pration (see instruction	nterest, list ons for certa	the IDE ain pay N	NTITY OF ers which ature of B	or Subcha EACH PAYE do not have	pter (R of S e to b	corporate 1,000 to se listed).	ion in such State
For any payer listed above to which you or your immediat partnership, LLC, Sub-S or So Name of Payer CHILD CARE PROVINGS HE PATA BASE, N.C.	e family h ub-C corpo	as a 10% or greater i pration (see instruction	nterest, list ons for certa	the IDE ain pay N	NTITY OF ers which ature of B	S or Subcha EACH PAYE do not have usiness ENNING (PA	pter (ER of S e to b	corporate 1,000 to se listed).	State
For any payer listed above to which you or your immediat partnership, LLC, Sub-S or So Name of Payer CHILD CARE MANDERS' HE PAITA BASE, N.C. Part 3 - Investments	Name	as a 10% or greater i pration (see instruction of Business Receiving	nterest, list ons for certa g Payment	the IDE ain pay N CHILL JOYA	NTITY OF ers which ature of B OCANG TR	S or Subcha EACH PAYE do not have usiness ENNING(IP) TRAINING	pter (ER of Se to b	Corporate 1,000 to a listed). City and S City (M)	State
For any payer listed above to which you or your immediate partnership, LLC, Sub-S or Sub-Solven Range of Payer CNILO CARE PROVIDERS' HE PATA BASE, N.C. Part 3 - Investments List stocks, bonds, notes or containing the security or	Name	as a 10% or greater in pration (see instruction of Business Receiving streets you and you	nterest, list ons for cert g Payment r immediate	N. CHILL DATA CHILL DATA E family	NTITY OF ers which ature of B OCARE TR ENTRY F	S or Subcha EACH PAYE do not have usiness CANING (PA TRAIN) NO As of 000 or mor	pter (ER of Se to b	corporate 1,000 to a listed). City and S City and S City and S A A A A A A A A A A A A A	ion in such itate (W/M)
For any payer listed above to which you or your immediate partnership, LLC, Sub-S or Suname of Payer CHILDCARE PRONESS: HE PAITA BASE, NC. Part 3 - Investments List stocks, bonds, notes or contents.	Name	as a 10% or greater in pration (see instruction of Business Receiving streets you and you	nterest, list ons for cert g Payment r immediate	N. CHILL DATA CHILL DATA e family	NTITY OF ers which ature of B OCARE TR ENTRY F	S or Subcha EACH PAYE do not have usiness ENNING (PA TRA) NO NO As of	Dece	corporate 1,000 to selisted). City and Section (Managember 3	State State (x) (x)
For any payer listed above to which you or your immediate partnership, LLC, Sub-S or Stone Name of Payer CHILDCARE PROVIDES HE PATA BASE, NC. Part 3 - Investments List stocks, bonds, notes or containing the security or	Name	as a 10% or greater in pration (see instruction of Business Receiving streets you and you	r immediate	N. CHILL DATA DATA PEGENERAL BOND PEGENERAL	NTITY OF ers which ature of B OCARE TR ENTRY F	As of Mutual Fund	Dece	corporate 1,000 to selisted). City and Selisted Million Milli	ion in such State Constant Consta
For any payer listed above to which you or your immediate partnership, LLC, Sub-S or Stone Name of Payer CHILDCARE PROVIDES HE PATA BASE, NC. Part 3 - Investments List stocks, bonds, notes or containing the security or	Name	as a 10% or greater in pration (see instruction of Business Receiving streets you and you	r immediate	N. CHILL DATA DATA PEGENERAL BOND PEGENERAL	NTITY OF ers which ature of B OCARE TR ENTRY F	As of Mutual Fund	Dece	corporate 1,000 to se listed). City and Section 1,000 to se listed). City and Section 1,000 to se listed).	ion in such State Constant Consta
For any payer listed above to which you or your immediate partnership, LLC, Sub-S or Sub-Solven Range of Payer CNILO CARE PROVIDERS' HE PATA BASE, N.C. Part 3 - Investments List stocks, bonds, notes or containing the security or	Name	as a 10% or greater in pration (see instruction of Business Receiving streets you and you	r immediate	N. CHILL DATA DATA PEGENERAL BOND PEGENERAL	NTITY OF ers which ature of B OCARE TR ENTRY F	As of Mutual Fund	Dece	corporate 1,000 to se listed). City and Section 1,000 to se listed). City and Section 1,000 to se listed).	ion in such State Constant Consta
For any payer listed above to which you or your immediate partnership, LLC, Sub-S or Sub-Solven Range of Payer CNILO CARE PROVIDERS' HE PATA BASE, N.C. Part 3 - Investments List stocks, bonds, notes or containing the security or	Name	as a 10% or greater in pration (see instruction of Business Receiving streets you and you	r immediate	N. CHILL DATA DATA PEGENERAL BOND PEGENERAL	NTITY OF ers which ature of B OCARE TR ENTRY F	As of Mutual Fund	Dece	corporate 1,000 to se listed). City and Section 1,000 to se listed). City and Section 1,000 to se listed).	ion in such State Constant Consta

	REAL ES				, Washington and Wau east 10% interest which	kesha co	
Street Address		County			Type of Property		Nature of Interest
							-
			"				
Part 5 - Creditors st each CREDITOR to		ou and yo	ur immediate fami	ilv owed	l \$5,000 or more on De		December 31, 2012
Creditor (\$5,000 or n			y and State	·	00 - \$50,000 (check ✓)	Ţ	
ASSOCIATED BAND		MILL	ונו ט	1	, , , , , , , , , , , , , , , , , , , ,		1/
AWCREDIT UN)ion)	MANIC	(m) (a/)				
SUMMIT CREDIT	LINIAN	ינינינינינינינינינינינינינינינינינינינ	500 W		V		
	77.1-19	,, , , , , , , , , , , , , , , , ,					
Part 6 - Associati	ons					As of	December 31, 2012
st every organization	with wh	nich you a	re associated and	the natu	ire of your association.		
Name of Orga	anizatio	n	City and Stat	e	Nature of Association (e.g., member, officer,		
MICH NGAGAN SE	RUC65	INC.	MILWW		CHAIR OF B.	Ω.	
MILW BOYS+618	45 6	LUB	MILW, WI		TRUST 66		
Part 7 - Gifts							calendar year 2012
		ons that p			AINMENT or GIFTS more		
Name of Pro	vider		City and State		Description of Gift		Approx. Value
							70
<u>uaremen</u>							
id you file any separat	e gift rep	orting fo	rms in 2012? 🔘	Yes ()	No		
Part 8 - Honorari						During	calendar year 201:
			-		ın \$50 related to your c		
Payer	Approx	kimate Va	lue of Expenses	Amo	ount of Honorarium	Circu	ımstances of Receipt
Payer Approximate			· ·				
							
				l			
		· · ·					1127
id you file any separate	e honora	ria/payme	ent of expense discl	osures ir	12012? O Yes O N	0	
			·		2012? Yes N		c Interests is true, complete
I have read the accompan	ying instr my knowl	uctions and ledge, infor	d certify that the information and belief. If a	mation co	ontained in this Statement of as been left blank, I have do	f Economi	ntionally because there
I have read the accompan and correct to the best of is nothing to report. Typin	ying instr my knowl ng your na	uctions and ledge, infor ime on the	d certify that the information and belief. If a line below constitutes	mation co ny part ha your sigr	entained in this Statement o	f Economi one so inte	ntionally because there nd date your form and
I have read the accompan and correct to the best of is nothing to report. Typin list your daytime telepho telephone number or hor	nying instr my knowl ng your na ne numbe ne e-mail	uctions and ledge, infor ime on the er and e-ma address. In	d certify that the information and belief. If a line below constitutes il address. Clearly indithe event of a public r	mation co ny part ha your sigr cate if you ecords re	entained in this Statement of as been left blank, I have do nature of this document. Ple ur daytime telephone numb quest, all information requi	f Economi one so inte ase sign a per or e-ma red by law	ntionally because there nd date your form and all address is your home will be released.
I have read the accompan and correct to the best of is nothing to report. Typin list your daytime telepho telephone number or hor	nying instr my knowl ng your na ne numbe ne e-mail	uctions and ledge, infor ime on the er and e-ma address. In	d certify that the information and belief. If a line below constitutes il address. Clearly indithe event of a public r	mation co ny part ha your sigr cate if you ecords re	entained in this Statement of as been left blank, I have do nature of this document. Ple ur daytime telephone numb quest, all information requi	f Economi one so inte ase sign a per or e-ma red by law	ntionally because there nd date your form and ail address is your home
I have read the accompan and correct to the best of is nothing to report. Typin list your daytime telepho telephone number or hor Signature	nying instr my knowl ng your na ne numbe ne e-mail	uctions and ledge, infor time on the er and e-ma address. In time time time cell phone	d certify that the information and belief. If a line below constitutes il address. Clearly indithe event of a public r	mation co ny part ha your sign cate if you ecords re	entained in this Statement of as been left blank, I have do nature of this document. Ple ur daytime telephone numb quest, all information requi	of Economione so interest in the solution of t	ntionally because there nd date your form and all address is your home will be released.



For	Office	Use	Only

ETHICS BOARD

E-MAIL, MAIL OR FAX TO:

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

Due February 28, 2013

	iled in 2013 for Calendar	Year 2012 – Print	legibly	in black ir	ık or type		
Name: Martin Matson			Do yo	u live in th	e City of Milwa	ukee?	s ONo
City Position: Comptrolle (include department, title, b			e)				·
SEE THE INSTRUCTION S	HEET FOR EXPLANATION	ONS, EXAMPLES	AND E	XCEPTIO	NS.		
Part 1 - Sources of In	icome				For ca	lendar ye	ar 2012
A. List each EMPLOYER fron	n which you and your imn	nediate family red	eived \$	1,000 or m	ore during 20)12 (e.g., City	of Milw.)
Name of Payer	City and Stat	e	Nature	of Busine	SS	Self (S) or F	amily (F)
City of Milwaukee	Milwaukee, \	WI	Go	vernment		Sel	f
			·				
B. List other sources of inco	me from which you or yo	our immediate fan	nily rece	eived inco	me of \$1,000 (or more in 20)12.
Name of Payer	City	and State			Nature of Bus	iness	
							-
						<u></u>	
Part 2 - Business					As of De	cember 3	2012
For any payer listed above t which you or your immedia partnership, LLC, Sub-S or S	te family has a 10% or gr	eater interest, list	the IDE	NTITY OF	or Subchapte EACH PAYER (er C corporat	ion in
Name of Payer	Name of Business Re	ceiving Payment	N	ature of B	usiness	City and S	itate
		· · · · · · · · · · · · · · · · · · ·	_	2.			
			-				
	1		1				
Part 3 - Investments						ecember 3	I, 2012
List stocks, bonds, notes or					000 or more).		
		T Stock, Options,	YPE OF SEC	URITY - " ✓ " Wi Gov't.	000 or more). ONE Mutual Funds o	AMOUNT : \$5,000-	"√" ONE
List stocks, bonds, notes or one of each Security or Mutual Fund Sponsor		Т	YPE OF SEC	URITY - " 🗸 "	000 or more). ^{ONE}	AMOUNT	- " ✓ " ONE
List stocks, bonds, notes or one of each Security or Mutual Fund Sponsor	other investments you ar	Stock, Options, Futures	YPE OF SEC	URITY - " ✓ " Wi Gov't.	000 or more). ONE Mutual Funds o	AMOUNT r \$5,000- \$50,000	"√" ONE
List stocks, bonds, notes or one of each Security or Mutual Fund Sponsor	other investments you ar	Stock, Options, Futures	YPE OF SEC	URITY - " ✓ " Wi Gov't.	000 or more). ONE Mutual Funds o	AMOUNT r \$5,000- \$50,000	"√" ONE
List stocks, bonds, notes or one of each Security or Mutual Fund Sponsor	other investments you ar	Stock, Options, Futures	YPE OF SEC	URITY - " ✓ " Wi Gov't.	000 or more). ONE Mutual Funds o	AMOUNT r \$5,000- \$50,000	"√" ONE

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.

Street Address	County	Type of Property	Nature of Interest
469 N 50th Street	469 N 50th Street Milwaukee		Own

Part 5 - Creditors As of December 31, 2012

List each CREDITOR to whom you and your immediate family owed \$5,000 or more on December 31, 2012.

Creditor (\$5,000 or more)	City and State	\$5,000 - \$50,000 (check ✓)	more than \$50,000 (check ✓)
BMO Harris Bank	Milwaukee, WI		Х

Part 6 - Associations

As of December 31, 2012

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

Name of Organization	City and State	Nature of Association (e.g., member, officer, director)
Public Policy Forum	Milwaukee, WI	Member

Part 7 - Gifts

During calendar year 2012

List individuals and organizations that provided you with ENTERTAINMENT or GIFTS more than \$50 in 2012.

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

Did you file any separate gift reporting forms in 2012? () Yes (No

Part 8 - Honoraria and Payment of Expenses

During calendar year 2012

List sources of HONORARIA and payment of EXPENSES of more than \$50 related to your city duties, for 2012.

Approximate Value of Expenses	Amount of Honorarium	Circumstances of Receipt

	Approximate Value of Expenses	Approximate Value of Expenses Amount of Honorarium

Did you file any separate honoraria/payment of expense disclosures in 2012? 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 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.

reseptione number of nome 2-man address. In the event of a public secolds see	duest, an information required by law will be released.
Signature Martin Matter	Date /- 2ユーマン/ユ
Daytime telephone number 414-286-2301	Is this your home telephone number? O Yes O No
E-mail address mmatso@milwaukee.gov	Is this your home a mail address? O Yes O No.

Submit Form



E-MAIL, MAIL OR FAX TO:

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

For Office Use Only CITY OF MILWAUKEE 2013 FEB 28 PM 4: 32

	City of Milwaukee Ethics Board, 200 E. Wells Street, Room 205, Milwaukee, WI 53202 ethics@milwaukee.gov • Fax: (414) 286-3456 Due February 28, 2013			C	CITY CLERK'S OFFIC			
Name: Phil Chavez	riled in 201	3 for Calendar Ye	ar 2012 – Print			* -		
					ou li ve in th	e City of Mil	waukee? 🧿 Y	es 🔾 No
ity Position: City of Mi	lwaukee l	Municipal Judg	ge - Branch 3	3				
include department, title,	board, comr	nission, elective of	fice if applicable	e)				
ETHE INSTRUCTION S	HEET FOR	EXPLANATION	S, EXAMPLES	AND E	XCEPTIO	NS.		
art 1 - Sources of I							calendar y	
List each EMPLOYER from	n which yo	and your immed	diate family rec	eived \$	1,000 or n	nore during	2012 (e.g., Cit	y of Milw
Name of Payer		City and State		Nature	e of Busine	255	Self (S) or	Family (F
City of Milwaukee		Milwaukee, Wi			Judge		9	}
ist other sources of inc	ome from w	hich you or your	immediate fan	ily rec	eived inco	me of \$1,00	0 or more in 2	2012.
Name of Payer		City ar	nd State	<u> </u>		Nature of B	usiness	 .
		<u> </u>					****	· · · · · · · · · · · · · · · · · · ·
				-		 		
	-							····
art 2 - Business						As of I	December 3	1, 201
any payer listed above ch you or your immedia tnership, LLC, Sub-S or S	ite family h	as a 10% or great	er interest. list	the IDE	ENTITY OF	EACH PAYE	R of \$1,000 to	such
Name of Payer	Name	of Business Recei	ving Payment	N	ature of B	usiness	City and	State
***************************************	······································							
irt 3 - Investments							December 3	1, 201
stocks, bonds, notes or	other inves	tments you and y					:).	
ime of each Security or			Stock, Options,	PE OF SEC	WI Gov't,	ONE Mutual Fund:		- "✓" ONE
utual Fund Sponsor			Futures	Note	Sect.	Money Marke		\$50,000
			<u> </u>		ļ <u>.</u>			ļ <u>.</u>
	 	·-·						ļ
								_
			l	ì				T

ソ							
Part 4 - Real Est							December 31, 2012
List specific location of principal residence) is	of REAL ES n which yo	TATE in M ou or your	lilwaukee, Ozaukee immediate family	a, Racin hold at	ne, Washington and Wauk t least 10% interest which	is value	unties (except your d at \$5,000 or more.
Street Addres	:SS		County		Type of Property		Nature of Interest
de actualità attà le locumento anni la bistoria a mandra del constitución de la constituc							
# Miles Turk							
Part 5 - Credito	rs					Asof	December 31, 2012
		ou and yo	our immediate fam	ily ow	ed \$5,000 or more on Dec		
Creditor (\$5,000 or	r more)	Cit	y and State	\$5,0	000 - \$50,000 (check ✓)	more	than \$50,000 (check √)
Citibank			ux Falls, SD		X		
BMO Harris	s	C	hicago, IL		X		
Bank of Ameri	ica	Ch	arlotte, NC		X		
Dane County Credi	it Union	Me	adison, WI		X		
Part 6 - Associa	tions					As of	December 31, 2012
		nich you a	re associated and	the na	ture of your association.		
Name of Or	/ganizatio	n	City and State	te	Nature of Association	(e.g., me	ember, officer, director)
State Bar of	- 		Madison, W			Member	
Special Olympi	ics Wisco	onsin	Madison, W	<u>/ _ </u>	Board	d of Dire	ectors
Part 7 - Gifts						- Secretary	olender voor 2012
	organizatio	ons that p	roulded you with	CNTER	TAINMENT or GIFTS more		calendar year 2012
Name of Pr							
Name v. r.	/OVIder		City and State	<u>a</u>	Description of Gift	<u>t</u>	Approx. Value
PRINCIPLE AND INC.							
]			
Did you file any separa	ate aift rep	norting fo	rms in 2012? ()	Ves ©) No		<u> </u>
Part 8 - Honora						- Marian	- Ludorycov 2012
					han \$50 related to your cit		calendar year 2012
		-		· · · · · · · · · · · · · · · · · · ·			
Payer	Approx	kimate va	alue of Expenses	Am	nount of Honorarium	Circu	umstances of Receipt
	 			-			
				 			
Sidvou file any separa	Late honora	-ia/navmi	-nt of evnence discl		in 2012? Yes 💿 No		
***************************************	•						
I have read the accompa	anying instri	uctions and	I certify that the inform	mation c	contained in this Statement of has been left blank, I have dor	Economic	c interests is true, complete
is nothing to report. Typ	ping your na	ame on the l	line below constitutes :	s yaur sig	gnat <u>ure of thi</u> s document. Plea	ase sign an	nd date your form and
list your daytime teleph	hone nu <u>mbei</u>	<u>er and</u> e-mai	il address. Clearly indic	icate if yo	our daytime telephone numbe request, all information require	er or e-mai	ail address is your home
Signature			1/4		Date 02		
Daytime telephone	L	114-281	2809 				
Daytime telephone	number _	717	7-0000		is)his your home tel	lephone n	number? 🔘 Yes 🔞 No

E-mail address pchave@milwaukee.gov

Is this your home e-mall address? Yes • No

Part 5 - Creditors as of December 31, 2012 (CONTINUING)

List each CREDITOR to whom you and your immediate family owed \$5,000 or more on December 31, 2012.

Wells Fargo

Des Moines, IA

More than \$50,000

Part 6 - Associations as of December 31, 2012 (CONTINUING)

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

Wisconsin Football Coaches Association

Poynette, WI

Member

Wisconsin Municipal Judges Association

Milwaukee, WI Member

Committee to Improve Interpretation and Translation in the Wisconsin Courts Madison, WI Board Advisor



For Office Use Only

CITY OF MILWAUKEE

013 FEB 26 AM 8: 58

CITY CLERK'S OFFICE

E-MAIL, MAIL OR FAX TO:

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

Due February 28, 2013

Name: Derek Mosley	
Name: Dorok Wesley Do yo	ou live in the City of Milwaukee? • Yes • No
City Position: Municipal Court Judge	
(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 2012

A. List each EMPLOYER from which you and your immediate family received \$1,000 or more during 2012 (e.g., City of Milw.).

Name of Payer	City and State	Nature of Business	Self (S) or Family (F)
City of Milwaukee	Milwaukee, WI	Municipal Judge	S
WI Dept. of Administration Madison, WI		Administrative Law Judge	F

B. List other sources of income from which you or your immediate family received income of \$1,000 or more in 2012.

Name of Payer	City and State	Nature of Business	
Brides & Grooms	Various locations in WI	Wedding Officiant	

Part 2 - Business

As of December 31, 2012

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

Part 3 - Investments

As of December 31, 2012

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

Name of each Security or	TYPE OF SECURITY - " / " ONE					AMOUNT - " / " ONE	
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	
N/A							
		<u> </u>					
		_				<u> </u>	

Part 5 - Creditors N/A Part 5 - Creditors List each CREDITOR to who Creditor (\$5,000 or more Equitable Bank Bank of America Prime Financial Part 6 - Association List every organization wit Name of Organiz State Bar of Wisc WI Municipal Judges A Part 7 - Gifts	ch you or your om you and you e) City Ma Cha Sth which you a cation	county County our immediate family and State adison, WI arlotte, NC	ily owe	ed \$5,000 or more on Dec	As of December 31, 2012 tesha counties (except your is valued at \$5,000 or more. Nature of Interest As of December 31, 2012 tember 31, 2012. more than \$50,000 (check X As of December 31, 2012 (e.g., member, officer, director) Member	
Part 5 - Creditors List each CREDITOR to who Creditor (\$5,000 or more Equitable Bank Bank of America Prime Financial Part 6 - Association: List every organization wit Name of Organiz State Bar of Wisc WI Municipal Judges A	S th which you a consin	our immediate family and State adison, WI arlotte, NC are associated and City and State Madison, W	\$5,0	ed \$5,000 or more on Dec 100 - \$50,000 (check 🗸) X X X ture of your association. Nature of Association	As of December 31, 2012 Tember 31, 2012. The more than \$50,000 (check X As of December 31, 2012 (e.g., member, officer, director)	
Part 5 - Creditors List each CREDITOR to who Creditor (\$5,000 or more Equitable Bank Bank of America Prime Financial Part 6 - Association List every organization wit Name of Organiz State Bar of Wisc WI Municipal Judges A	S th which you a consin	our immediate family and State adison, WI arlotte, NC are associated and City and State Madison, W	\$5,0	ed \$5,000 or more on Dec 100 - \$50,000 (check 🗸) X X X ture of your association. Nature of Association	As of December 31, 2012 Tember 31, 2012. The more than \$50,000 (check X As of December 31, 2012 (e.g., member, officer, director)	
Creditor (\$5,000 or more Equitable Bank Bank of America Prime Financial Part 6 - Association List every organization wit Name of Organiz State Bar of Wisc WI Municipal Judges A	S th which you a consin	y and State adison, WI arlotte, NC are associated and City and Stat Madison, W	\$5,0	X X ture of your association. Nature of Association	more than \$50,000 (check \checkmark) X As of December 31, 2012 (e.g., member, officer, director)	
Creditor (\$5,000 or more Equitable Bank Bank of America Prime Financial Part 6 - Association List every organization wit Name of Organiz State Bar of Wisc WI Municipal Judges A	S th which you a consin	y and State adison, WI arlotte, NC are associated and City and Stat Madison, W	\$5,0	X X ture of your association. Nature of Association	more than \$50,000 (check \checkmark) X As of December 31, 2012 (e.g., member, officer, director)	
Creditor (\$5,000 or more Equitable Bank Bank of America Prime Financial Part 6 - Association List every organization wit Name of Organiz State Bar of Wisc WI Municipal Judges A	S th which you a consin	y and State adison, WI arlotte, NC are associated and City and Stat Madison, W	\$5,0	X X ture of your association. Nature of Association	more than \$50,000 (check \checkmark) X As of December 31, 2012 (e.g., member, officer, director)	
Equitable Bank Bank of America Prime Financial Part 6 - Associations List every organization with Name of Organiz State Bar of Wisco WI Municipal Judges A	S th which you a cation	adison, WI arlotte, NC are associated and City and State Madison, W	the nate	X X ture of your association.	As of December 31, 2012 (e.g., member, officer, director)	
Bank of America Prime Financial Part 6 - Association: List every organization wit Name of Organiz State Bar of Wisc WI Municipal Judges A	S th which you a cation	adison, WI arlotte, NC are associated and City and State Madison, W	the nate	X X ture of your association.	As of December 31, 2012 (e.g., member, officer, director)	
Prime Financial Part 6 - Associations List every organization with Name of Organiz State Bar of Wisco WI Municipal Judges A	S th which you a zation consin	ere associated and City and State Madison, W	e 'l	X ture of your association. Nature of Association	(e.g., member, officer, director)	
Part 6 - Association: List every organization wit Name of Organiz State Bar of Wisc WI Municipal Judges A Part 7 - Gifts	th which you a zation consin	City and Stat Madison, W	e 'l	ture of your association. Nature of Association	(e.g., member, officer, director)	
Name of Organization with Name of Organization State Bar of Wiscows Municipal Judges Art 7 - Gifts	th which you a zation consin	City and Stat Madison, W	e 'l	Nature of Association	(e.g., member, officer, director)	
List every organization wit Name of Organiz State Bar of Wisc	th which you a zation consin	City and Stat Madison, W	e 'l	Nature of Association	(e.g., member, officer, director)	
Name of Organization with Name of Organization State Bar of Wiscows Municipal Judges Art 7 - Gifts	th which you a zation consin	City and Stat Madison, W	e 'l	Nature of Association	(e.g., member, officer, director)	
State Bar of Wisc WI Municipal Judges A Part 7 - Gifts	consin	Madison, W	ï			
WI Municipal Judges A		· · · · · · · · · · · · · · · · · · ·				
Part 7 - Gifts	Association	Milwaukee, V				
			<u>MI</u>		Member	
					During calendar year 2012	
	zations that p	provided you with F	NTERT			
Name of Provide	er	City and State	e	Description of Gif	t Approx. Value	
N/A						
Did you file any separate gii			Yes 🗿	No		
Part 8 - Honoraria a	nd Paymer	nt of Expenses			During calendar year 2012	
List sources of HONORARIA	and paymen	t of EXPENSES of m	ore th	ıan \$50 related to your ci	ty duties, for 2012.	
Payer Ap	proximate Va	lue of Expenses	·Am	nount of Honorarium	Circumstances of Receipt	
N/A						
	-					
Did you file any separate ho	noraria/payme	ent of expense disclo	osures l	in 2012? Yes • No)	
and correct to the best of my k is nothing to report. Typing yo	knowledge, infor our name on the l umberland e-mai	rmation and belief. If a line below constitutes il address. Clearly indic	ny part l your sig cate if yo	has been left blank, I have do gnature of this document. Plea our daytime telephone numb	Economic Interests is true, complete ne so intentionally because there are sign and date your form and er or e-mail address is your home ed by law will be released.	

Is this your home e-mail address? Yes O No

E-mail address derek.mosley@milwaukee.gov



For Office Use Only

CITY OF MILWAUKEE

2013 FEB 21 AM 9: 29

CITY CLERK'S OFFICE

E-MAIL, MAIL OR FAX TO:

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

Due February 28, 2013

Name: Valarie A. Hill	ed in 2013 for Calendar Y				e City of Milwa	ukee? 💽 Ye	s ONo
City Position: Municipal J (include department, title, bo		office if applicable					
SEE THE INSTRUCTION SHI				(CEPTIO	NS.		
Part 1 - Sources of Inc						lendar ye	ar 2012
A. List each EMPLOYER from v		ediate family rec	eived \$1	1,000 or n			
Name of Payer					Self (S) or F		
City of Milwaukee	Milwaukee, WI			Government		S	4 y (1 /
3. List other sources of incom	ne from which you or you	r immediate fan	nily rece	ived inco	me of \$1,000 o	or more in 20	012.
Name of Payer		and State	1		Nature of Bus	<u>_</u>	
Part 2 - Business		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-	-	As of De	cember 3	1, 2012
Part 2 - Business for any payer listed above that which you or your immediate partnership, LLC, Sub-S or Sub	tamily has a 10% or grea	ater interest. list	the IDE	NTITY OF	or Subchapte	£ \$1 000 to	ion in
or any payer listed above the	tamily has a 10% or grea	ater interest, list ructions for cert	the IDE	NTITY OF	or Subchapte EACH PAYER o do not have to	r C corporat	tion in such
or any payer listed above tha which you or your immediate partnership, LLC, Sub-S or Sub	tamily has a 10% or great b-C corporation (see instr	ater interest, list ructions for cert	the IDE	NTITY OF ers which	or Subchapte EACH PAYER o do not have to	er C corporate of \$1,000 to be listed).	tion in such
or any payer listed above tha which you or your immediate partnership, LLC, Sub-S or Sub	tamily has a 10% or great b-C corporation (see instr	ater interest, list ructions for cert	the IDE	NTITY OF ers which	or Subchapte EACH PAYER o do not have to	er C corporate of \$1,000 to be listed).	tion in such
or any payer listed above tha which you or your immediate partnership, LLC, Sub-S or Sub Name of Payer	tamily has a 10% or great b-C corporation (see instr	ater interest, list ructions for cert	the IDE	NTITY OF ers which	or Subchapte EACH PAYER o do not have to usiness	er C corporat of \$1,000 to be listed). City and S	cion in such
or any payer listed above that which you or your immediate partnership, LLC, Sub-S or Sub Name of Payer Part 3 - Investments	tamily has a 10% or grea o-C corporation (see instr Name of Business Rece	ater interest, list ructions for cert eiving Payment	the IDE	NTITY OF ers which ature of B	or Subchapte EACH PAYER o do not have to usiness As of De	er C corporate of \$1,000 to be listed).	cion in such
or any payer listed above that which you or your immediate partnership, LLC, Sub-S or Sub-Name of Payer Part 3 - Investments ist stocks, bonds, notes or ot	tamily has a 10% or grea o-C corporation (see instr Name of Business Rece	eter interest, list ructions for cert eiving Payment	the IDE ain paye Na Na	NTITY OF ers which ature of B	As of De	er C corporate f \$1,000 to be listed). City and Security	ion in such
or any payer listed above that which you or your immediate partnership, LLC, Sub-S or Sub Name of Payer Part 3 - Investments	tamily has a 10% or grea o-C corporation (see instr Name of Business Rece	I your immediate Stock, Options,	Na Na PE OF SEC	held (\$5,	As of De OOE Mutual Funds or	cember 3	ion in such
or any payer listed above that which you or your immediate partnership, LLC, Sub-S or Sub-Name of Payer Part 3 - Investments ist stocks, bonds, notes or ot Name of each Security or	tamily has a 10% or grea o-C corporation (see instr Name of Business Rece	eter interest, list ructions for cert eiving Payment	Na Na Page of Family	NTITY OF ers which ature of B held (\$5,	As of De	er C corporate f \$1,000 to be listed). City and S cember 3	ion in such
or any payer listed above that which you or your immediate partnership, LLC, Sub-S or Sub-Name of Payer Part 3 - Investments ist stocks, bonds, notes or ot Name of each Security or	tamily has a 10% or grea o-C corporation (see instr Name of Business Rece	I your immediate Stock, Options,	Na Na PE OF SEC	held (\$5,	As of De OOE Mutual Funds or	cember 3	ion in such
or any payer listed above that which you or your immediate partnership, LLC, Sub-S or Sub-Name of Payer Part 3 - Investments ist stocks, bonds, notes or ot Name of each Security or	tamily has a 10% or grea o-C corporation (see instr Name of Business Rece	I your immediate Stock, Options,	Na Na PE OF SEC	held (\$5,	As of De OOE Mutual Funds or	cember 3	ion in such
or any payer listed above that which you or your immediate partnership, LLC, Sub-S or Sub-Name of Payer Part 3 - Investments ist stocks, bonds, notes or ot Name of each Security or	tamily has a 10% or grea o-C corporation (see instr Name of Business Rece	I your immediate Stock, Options,	Na Na PE OF SEC	held (\$5,	As of De OOE Mutual Funds or	cember 3	ion in such

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.

Street Address	County	Type of Property	Nature of Interest

Part 5 - Creditors

As of December 31, 2012

List each CREDITOR to whom you and your immediate family owed \$5,000 or more on December 31, 2012.

Creditor (\$5,000 or more)	City and State	\$5,000 - \$50,000 (check 🗸)	more than \$50,000 (check ✓)
Wells Fargo	Des Moines, IA		Х
Capital One	Salt Lake City, UT	X	
American Express	Chicago, IL	X	
Barclay Bank	Wilmington, DE	x	

Part 6 - Associations

As of December 31, 2012

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

Name of Organization	City and State	Nature of Association (e.g., member, officer, director)
State Bar of WI	Madison, WI	member
WI Municipal Judges Assoc	Milwaukee, WI	member

Part 7 - Gifts

During calendar year 2012

List individuals and organizations that provided you with ENTERTAINMENT or GIFTS more than \$50 in 2012.

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

Did you file any separate gift reporting forms in 2012? Yes • No

Part 8 - Honoraria and Payment of Expenses

During calendar year 2012

List sources of HONORARIA and payment of EXPENSES of more than \$50 related to your city duties, for 2012.

Payer	Approximate Value of Expenses	Amount of Honorarium	Circumstances of Receipt

Did you file any separate honoraria/payment of expense disclosures in 2012? • 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 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.

telephone number or home e-mail address. In the event of a public records request, all information required by law will be released.			
Signature Valarie A. Hill	Date 2/21/13		
Daytime telephone number 4142863800	Is this your home telephone number? O Yes O No		
E-mail address vhill@milwaukee.gov	Is this your home e-mail address? Yes • No		