



This form must be filed with: **City of West Allis Ethics Board**  
 7525 West Greenfield Avenue  
 West Allis, Wisconsin 53214  
 ethics@westalliswi.gov

Reporting Period:	2020
Information must be current as of this Reporting Date:	2020-12-31

**FOR OFFICE USE ONLY**  
**DATE RECEIVED:**

## CITY OF WEST ALLIS ETHICS BOARD STATEMENT OF ECONOMIC INTERESTS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Spouse's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: *(If different from above)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**POSITION HELD OR SOUGHT:** *(include agency, division or district if applicable)* \_\_\_\_\_

### Definitions and Explanatory Material

**INCOME:** Means gross income from whatever source derived as provided at Section 61 of the Internal Revenue Code. Address questions about "income" to your tax adviser.

**IMMEDIATE FAMILY:** Refers to your spouse and a relative who either receives more than 50% of his or her financial support from you or from whom you receive such support.

**ORGANIZATION:** Refers to all corporations, partnerships, associations, trusts and other legal entities organized for profit regardless of form - except governments and individual people.

**TRUST:** If you or your immediate family, separately or together is the only beneficiaries of a trust, treat the trust's assets as if you own them directly. If you or your immediate family has a proportional interest in a trust, treat that proportion of the trust's assets as if you own them directly. For example, if you and your immediate family have a 1/3 interest in a trust, complete your Statement as if you own 1/3 of each of the trust's assets.

If you or a member of your immediate family created a trust and can revoke it without the beneficiaries' consent, treat its assets as if you own them directly.

**PUBLIC RECORDS:** Statements of Economic Interests are open for public inspection.

**REPORT TO THE BEST OF YOUR INFORMATION AND BELIEF:** Information required on this Statement must be provided on the basis of the best knowledge, information and belief of the individual filing the Statement.

**PENALTIES:** Section 3.05 of its Revised Municipal Code of the City of West Allis authorizes this form and Section 3.11 of such Code prescribes penalties for failure of a City of West Allis official or a candidate or nominee for local public office to file this form with the Ethics Board in a timely manner. Penalties may include forfeitures, reprimand, or, in the case of a candidate, exclusion from ballot.

**COMPLETE ITEMS 1 THROUGH 8. REFER TO SCHEDULES ONLY IF DIRECTED.**

1. **Creditors.** Identify each creditor doing business in or engaged in any transaction with or affecting the City to whom you or a member of your immediate family, separately or together, owed 5,000 or more on the Reporting Date given at the upper right hand corner of this page.

If you or a member of your immediate family owns a farm or other unincorporated business, account for its debts. Account for a general partner's share of a partnership's debts. List a creditor to whom \$5,000 or more is owed even if that is the total of several smaller debts. Do not include debts on your personal residence.

Check here if you do not have any business or personal debts of \$5,000 or more.

Name of Creditor	City and State	Check One	
		\$50,000 or less	More than \$50,000
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

2. **Offices and Directorships.** On the Reporting Date, were you or a member of your immediate family, an officer or director of or associated with a business or organization doing business in or engaged in any transaction with or affecting the City other than a charitable, political, or nonprofit social or community service organization or a trust?

EITHER check NO  OR check here  and complete Schedule A.

3. **Securities.** On the Reporting Date, did you or a member of your immediate family, directly or indirectly, separately or together, own securities valued at \$5,000 or more invested in one business or organization doing business in or engaged in any transaction with or affecting the City? Be sure to account for mutual funds, limited partnerships, and securities held in individual Retirement Accounts or a deferred compensation plan.

EITHER check NO  OR check here  and complete Schedule B.

4. **Gifts.** During the reporting period did you or your spouse receive any business entertainment, ticket, favor or item whose total value exceeded \$100 as a gift from a non-relative (even if the gift was unrelated to your official duties)?

EITHER check NO  OR check here  and complete Schedule C.

5. **Business Interests, Rental Property, Farms and Professional Practices.** On the Reporting Date, did you or a member of your immediate family, separately or together, operate your own business, or own or control, directly or indirectly, a 10% or greater interest in a business, corporation, partnership doing business in or engaged in any transaction with or affecting the City, or rental property located in the City?

EITHER check NO  OR check here  and complete Schedule D.

6. **Salary and Wages.** List each employer doing business in or engaged in any transaction with or affecting the City that paid you or a member of your immediate family salary or wages of \$1,000 or more during the Reporting Period (If your employer is the City of West Allis, list department.) Do not report income from any source listed at question 4 of Schedule D.

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Check here if no salary or wages were received.

7. **Real Estate.** On the Reporting Date, did you or a member of your immediate family hold an interest, including a partnership interest, valued at \$5,000 or more in real property located in the City of West Allis (other than your principal residence) for which you have not already listed the full address on Schedule D? Account for real estate held in trust.

EITHER check NO  OR check here  and complete Schedule E

8. **All Other Payments Received And Not Accounted For Previously.** With the exception of dividends, interest, sales of securities to unknown parties, insurance payments, inheritances, gifts, return of capital, did you or a member of your immediate family receive \$1,000 or more during the Reporting Period from any source doing business in or engaged in any transaction with or affecting the City that you have not already listed at Item 6 or on an accompanying schedule? Be sure you have accounted for every such source from which you or a member of your immediate family received payment totaling \$1,000 or more before deductions and depreciation and regardless of whether a payment is taxable (including payments from retirement benefits, directors and consultants fees, commissions and land contracts).

EITHER check NO  OR check here  and complete Schedule F.

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**Statement of Economic Interests are Open for Public Inspection**

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By signing this form I certify that the information contained in this Statement of Economic Interests and information I have filed with it is true, correct and complete to the best of my knowledge, information and belief.

\_\_\_\_\_  
SIGNATURE OF PERSON FILING

\_\_\_\_\_  
Date

OPTIONAL: Telephone number at which you can be reached during normal business hours. \_\_\_\_\_

- Schedules follow -

# SCHEDULE A - C to STATEMENT OF ECONOMIC INTERESTS

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

## SCHEDULE A - OFFICES AND DIRECTORSHIPS

Identify each business or organization of which you or a member of your immediate family was an officer or director on the Reporting Date, except:

- Charitable organizations (entities to which your gift is tax deductible),
- Political organizations (entities whose primary purpose is to influence voting),
- Nonprofit social and community service organizations, and Trusts.

You do not have to list businesses or organizations that do not do business in the City or engage in any business or transaction affecting the City.

Name of Business or Organization	City and State	Position Held

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## SCHEDULE B - SECURITIES

"Securities" INCLUDES stocks, bonds, mutual funds, money market funds, limited partnerships, and commodity future contracts.

"Securities" EXCLUDES certificates of deposit, annuity contracts, insurance policies.

Identify each business, organization or governmental entity in which you or a member of your immediate family, directly or indirectly separately or together, owned securities at \$5,000 or more on the Reporting Date.

List reportable securities regardless of whether they are held in an Individual Retirement Account or invested in a deferred compensation program.

You do not have to list securities held in a retirement system. You do not have to list organizations that do not do business in the City or engage in any business or transaction with or affecting the City. For securities held in trust, see "TRUST" on page 1 of your Statement.

Check here if no reportable securities.

Name of Issuer	Stock Exchange or City of Issuer or Note "Mutual Fund"	Type of Security (stocks, bonds, mutual or money market funds, etc.)	Check One	
			\$50,000 or less	More than \$50,000
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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## SCHEDULE C - GIFTS

Identify each business, organization or individual (other than a relative) from which you or your spouse received any gift or gifts whose total value exceeded \$100 during the Reporting Period.

"Gift" means: payment or receipt of anything of value without valuable consideration.

"Anything of Value" means: any money, property, favor, service, payment, advance, forbearance, loan, guaranty of loan or promise of future employment, including, without restriction by enumeration, tickets, passes, admission offered and provided by sponsors or organizations doing business with the City. However, an official is not precluded from attending programs or events sponsored by an agency of City government to which an official shall attend or participate in the course of official duty, and a gift does not include political contributions which are reported under Wisconsin Statutes Chapter 11, or hospitality extended for a purpose unrelated to City business by a person other than an organization. Fees, honorariums, compensation or reimbursement of expenses in excess of \$100 for a published work, meeting, presentation of a paper, talk or demonstration must be reported within 60 days of receipt, accompanied by a brief report for the event concerned.

"Relative" means: your spouse, child, uncle, aunt, niece, nephew, or person to whom you are engaged to be married; you or your spouse's parent, grandparent, grandchild, brother, or sister; or your brother's or sister's spouse.

You need not list information about a payment if you received it from an employer listed under Item 5 of your Statement or from a source of income listed on Schedule D or F; or if you can show by clear and convincing evidence that the payment was unrelated to your official duties and unrelated to City business.

Check here if you have no reportable gift or gifts.

Name of Business, Organization or Individual Providing Gift	City and State

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# SCHEDULE D - F to STATEMENT OF ECONOMIC INTERESTS

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

## SCHEDULE D - BUSINESS INTERESTS, RENTAL PROPERTY, FARMS AND PROFESSIONAL PRACTICES

1. **Columns a, b and c.** Complete the first 3 columns for each self or family owned business (including rental property, a farm or consulting work), partnership or corporation in which you or a member of your immediate family, separately or together, owned or controlled a 10% or greater interest on the Reporting Date. You do not have to identify any business or organization not doing business in or engaged in any transaction with or affecting the City; nor do you have to identify any rental property not located in the City.

If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name; otherwise merely explain the nature of the enterprise. If rental property is owned or operated under a trade, partnership, or corporate name, list the name only; otherwise, give the address of each property. If you have an interest in a trust, see "TRUST" on page 1.

2. **Column d.** For each enterprise you have listed, identify its form by placing the appropriate letter in column d.

- P - Partnership or Proprietorship (any self or family owned business, if not incorporated).
- S - Service Corporation or corporation electing to be taxed under Subchapter S of the Internal Revenue Code.
- C - Corporation that is not an S corporation.

3. **Column e.** For each enterprise you have marked P or S, indicate in column e whether you or a member of your immediate family's share of the gross rents, sales, fees, or receipts during the Reporting Period (before deductions and depreciation) was Less or More than \$1,000 by entering "L" or "M". For each enterprise you have marked C, note whether you or a member of your immediate family received Less or More than \$1,000 exclusive of dividends or interest. List only "L" or "M", not dollar amount.

a. Name of Business, Corporation, Partnership, Farm or Address of Rental Property.	b. City & State	c. Nature of Enterprise (farming, law, rental property, etc.)	d. Form	e. Gross Income Enter "L" or "M"

Did you designate PM or SM for an enterprise listed above?

If no, you are finished with Schedule D. Return to Item 6 of your statement. If yes, complete the rest of this schedule.

4. **Sources of Income.** For each enterprise you designated PM or SM provide information about the sources from which the enterprise derived \$1,000 or more during the Reporting Period. No identification need be made of individuals or organizations not doing business in or engaged in any transaction with or affecting the City or from which dividends or interest are received.

a. **Income From Individuals.** Merely list the general nature of the business or circumstances for which the enterprise received \$1,000 or more from an individual during the Reporting Period (e.g., rental property; practice of law or accounting) OR, if you prefer, identify the individual.

Check here if none.

Either General Nature of Business or Name of Individual

b. **Income From Other Sources:** List each business, sole proprietorship, commercial tenant, governmental entity, labor union, association, 3rd party payer, lobbyist, or other entity from which the enterprise derived \$1,000 or more during the Reporting Period. Account for income from a decedent's estate as income from an individual under paragraph a.

Check here if none.

Source of Income	City and State

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### SCHEDULE E - REAL ESTATE

Identify the full address of all real estate located in the City other than your principal residence in which you or a member of your immediate family held an interest, including a partnership interest, option, easement, or land contract, valued at \$5,000 or more on the Reporting Date if you have not already listed the full address on Schedule D.

Include your personal residence only if you conduct a business from the same address or rent out a portion of it, for example a family farm, an attached office, a rental duplex. You need not list property located outside the City. You need not identify property in which you have less than a 10% interest. If you have an interest in real estate held in trust, see "TRUST" on page 1.

If no reportable real estate, check here.

Location of Property (street address and municipality)	Type of Property (farm, recreational, apartment, or commercial)	Nature of Interest (own, lease, option, land contract, partnership)

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**SCHEDULE F - ALL OTHER PAYMENTS RECEIVED AND NOT ACCOUNTED FOR PREVIOUSLY**

1. PAYMENTS FROM OTHER INDIVIDUALS: Did you or a member of your immediate family receive payments totaling \$1,000 or more during the Reporting Period from an individual other than a lobbyist for which you have not already accounted at question 4 of Schedule D?

If you or a member of your immediate family owned an unincorporated business, farm, professional practice, or rental property, EITHER identify each individual who paid in \$1,000 or more OR list the nature of the business for which the income was received. Account for fees, commissions and land contracts. No identification need be made of any individual not doing business in or engaged in any transaction with or affecting the City.

If not applicable, check here.

Person or General Nature of Business (rental property, practice of law, farming, etc.)

2. ALL OTHER PAYMENTS: Except for the exclusions noted below, identify every other source, individual, business or organization doing business in or engaged in any transaction affecting the City from which you or a member of your immediate family received income totaling \$1,000 or more during the Reporting Period (before deductions or depreciation) that you have not accounted for at question 4 on Schedule D.

Account for retirement and social security payments, director's fees, payments from lobbyists and governmental entities, fees, commissions and land contracts. You need not list information about the sale of stocks or bonds unless you know the identity of the purchaser. List the purchaser of securities or real estate if you know and your gain is \$1,000 or more. You need not account for dividends, interest, insurance payments, scholarships (if no teaching or services required), inheritances, gifts or return of capital.

If not applicable, check here.

Source of Payment	City and State

**REMEMBER TO SIGN YOUR FORM**