

Statement of Economic Interests

Filed in 2019 for calendar year 2018

Official Name: Berceau, Terese L.

- If you were appointed or nominated to a new position or a new term of office since 12/31 of the previous year, this section should be current as of your start date.
- If you are a continuing official, this section should be current as of 12/31 of the previous year.
- If you are a candidate, this section should be current as of 12/31 of the year before your election. (Forms may not be filed before 12/1 of the year before your election.)

The information sought in this form is required by Wis. Stat. §§ 19.43 and 19.44, 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.

Definitions:

- "*Family*" or "*family member*" means your spouse, and any child, stepchild, 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.
- "*Income*" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest.
- A "*lobbyist*" is an individual who attempts to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employee on another's behalf for pay. For a list of current lobbyists, go to: <https://lobbying.wi.gov/Who/Lobbyists/2017REG/SearchNames>.

If you need further assistance, please contact Ethics Commission Staff at 608-266-8123 or ethics@wi.gov.

Information current as of December 31, 2018

1A: WISCONSIN DEFERRED COMPENSATION PROGRAM INVESTMENTS

a) Funds Available in Wisconsin Deferred Compensation Program. These funds are available to participants in the Wisconsin Deferred Compensation program and many of them are also available for direct purchase, independent of that 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. Please report other investments under the next question.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

PROFILE SERIES

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Retirement 2055	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2045	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2035	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2025	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Retirement 2015	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Target Retirement Income	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

INTERNATIONAL

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
American Euro Pacific Growth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
BlackRock EAFE Equity Index	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

SMALL CAP

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Russell 2000 Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
DFA US Micro Cap Portfolio	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

MID CAP

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock Mid Cap Equity Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
T Rowe Price Mid Cap Growth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

LARGE CAP

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Calvert Social Investment Equity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fidelity Contrafund	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Institutional Index Plus	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Wellington - Admiral Shares	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

BOND

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
BlackRock US Debt Index	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federated US Government Securities 2-5yrs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanguard Long-term Investment Grade Adm Shares	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

MONEY MARKET

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Vanguard Admiral Treasury Money Market	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

FIXED RETURNS FOR THE QUARTER

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Stable Value	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
FDIC Bank Option	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

1B: OTHER INVESTMENTS

b) Other Investments. List mutual and money market funds, stocks, bonds, limited partnerships, and Wisconsin governmental securities in which you and your family's interest was valued at \$5,000 or more. Please list securities by name (e.g., Fidelity S&P Index 500 Fund, or ABC Corporation). Do not just list the type of account or the institution through which the investments are held (e.g., IRA, Merrill Lynch account, etc.).

Include: stocks and stock options, commodity futures contracts, bonds, limited partnerships, securities issued by the State of Wisconsin or by local government entities within Wisconsin, mutual funds, and money market funds (include any of the aforementioned investments held directly, or through a deferred compensation plan, profit-sharing plan, or pension plan whose investments you or your family directs; in an individual retirement account (IRA); in a trust you or a family member created or of which you or a family member have beneficial use; or held for you by a corporation, partnership, or other entity which you or a family member controls).

DO NOT include: the Wisconsin retirement system, savings accounts, checking accounts, certificates of deposit, annuities, insurance contracts, securities issued by the federal government or a government outside Wisconsin, securities issued by an organization that does not do any business in Wisconsin, investments held by you or your family whose total interest is valued less than \$5,000.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

WISCONSIN GOVERNMENTAL SECURITY

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
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STOCK

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Amgen Inc.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Berkshire Hathaway	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Microsoft	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

MUTUAL FUND OR MONEY MARKET FUND			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Calvert Mutual/Fund	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Metro West Fund Int	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Metro West Fund Short	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

LIMITED PARTNERSHIP			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000

BOND			
Name of Security	None	\$5,000 to \$50,000	More Than \$50,000
Metropolitan West	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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) Enterprises operating under a business or trade name:

List the name of each business; farm; and rental, commercial and income-producing real estate that operated under a business name.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

#	Name of Business	Nature of Business	City	County	State
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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.

b) Enterprises not operating under a business or trade name: If no business or trade name, list the address or fire number where the enterprise is located.

- If you or a family member owned rental or other income-producing real estate, but did not operate under a business name, list the street address or fire number, municipality or town, county, and state of the real estate, and describe the nature of the business.
- If you or a family member was self-employed, but did not operate under a business name, list the street address or fire number, municipality or town, county, and state of the real estate, and describe the nature of the business.

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#	Name of Business	Nature of Business	City	County	State
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3: BUSINESS PARTNERS

Business Partners. For each enterprise reported under question 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

If you need to edit the name of the business, make changes in question 2.

List separately for each business the names and locations:

- for a general partnership, its partners
- for a corporation not registered to do business in Wisconsin, its officers and directors
- for a limited partnership not registered to do business in Wisconsin, its general partners

Do not list:

- information for a limited partnership created or registered in Wisconsin
- information for a corporation created or registered in Wisconsin

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

#	Name of Business	Partners, or Officers and Directors	City	State
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4: COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS

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 question 2 from which the filer or a member of the filer's immediate family received \$10,000 or more in the previous calendar year, list businesses, organizations, and lobbyists that paid the enterprise \$10,000 or more in the previous calendar year.

Please also indicate if an organization listed authorized you to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative.

List: both a third-party payer as well as the customer, client, or tenant if the business received income from a third-party payer (such as a fee, commission, or insurance payment received by a realtor, travel agent, or medical practice)

Do not list: an individual (unless the individual was a lobbyist or acting on behalf of a business or organization), or a decedent's estate

Information in the section must cover the entire previous calendar year.

#	Name of Customers	City	State	Spokesperson
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5: NON-COMMERCIAL REAL ESTATE

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 already listed in question 2).

List: real estate you or your family owned directly or through a partnership, corporation, trust or other enterprise.

Do not list: you principal residence unless it was used to conduct business or for rental purposes, or real estate for which you provided the location under question 2.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

#	Location of Property	Municipality or town	County	State	Nature of interest
1	4181 Cherokee Drive	Madison	Dane	Wisconsin	own

6: OFFICER OR DIRECTOR

Officers and Directors. List organizations of which you or a family member was an officer or director (unless already listed in question 2).

List: each business, labor union, association, cooperative, or other organization of which you or a family member was an officer or director.

Do not list: charitable organizations (entities to which a contribution is tax deductible), political organizations (entities whose primary purpose is to influence voting), non-profit social or community service organizations, trusts, or federal/state/local governments or governmental agencies.

Information in this section must be current as of the new official's start date or nomination date. For candidates, or officials filing an annual SEI, the section must be current as of 12/31 of the previous calendar year.

#	Business or Organization	City	State	Position
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7: AGENT, & REP. SPOKESPERSON

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, agency, spokesperson, or representative (unless already listed in question 2, 3, or 6).

List: each business, labor union, association, cooperative, partnership, or other organization for which you or a family member was an authorized representative or legal agent; in the case of a lawyer, business clients for which you or a family member was authorized to provide representation in dealing with other parties or before a tribunal.

Do not list: employers listed in Item 9, businesses you listed in Item 2 as having a 10 percent or greater interest, individuals, charitable organizations (entities to which a contribution is tax deductible), political organizations (entities whose primary purpose is to influence voting), non-profit social or community service organizations, trusts, federal/state/local governments or governmental agencies, and organizations for which your efforts or those of a family member did not include representation to third parties (in the case of a lawyer).

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#	Business or Organization	City	State
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8: CREDITOR

Creditors. List creditors to which you or your family owed \$5,000 or more.

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

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#	Creditor	City	State	\$5,000 to \$50,000	More Than \$50,000
1	BMO Bank	Madison	WI	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9: EMPLOYERS

Employers. List your and your family's employers, or other sources of income (\$1,000 or more of income) in the previous calendar year.

List: each employer from which you or a family member received income of \$1,000 or more during the year; the office or department (if a State of Wisconsin employee).

Do not list: an individual (unless the individual was a lobbyist or action on behalf of an organization).

Information in the section must cover the entire previous calendar year.

#	Name of Business	City	State	Nature of Business
1	State of WI - Legislature	Madison	WI	State Government

10: ADDITIONAL SOURCES OF INCOME

List other sources from which you or your family received income of \$1,000 or more in the previous calendar year.

List: Social Security payments; an entity from which you or your family received retirement benefits; an entity from which you or your family received directors fees; in the case of a fee or commission, both a third-party payer as well as your customer, client, or tenant; an entity that purchased real estate from you or your family; an entity that furnished you or your family honoraria not reported in question 12; any source of income not listed in question 2 or 9

Do not list: the source of dividends or interest; the source of insurance benefits, inheritances, scholarships (if no teaching or services were required in return); the purchaser of securities unless you know the purchaser's identity; an individual (unless the individual was a lobbyist or acting on behalf of a business or organization).

Information in the section must cover the entire previous calendar year.

#	Source of Income	City	State
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11: ENTERTAINMENT AND GIFTS

List individuals and organizations that provided you with entertainment or gifts (more than \$50 in the aggregate) in the previous calendar year.

Do not list: gifts received by family members if they were not intended for you; 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.

Information in the section must cover the entire previous calendar year.

#	Name of Provider	City	State
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12: HONORARIUM EXPENSES

List, for the previous calendar year, sources of honoraria and payment of expenses related to your state government duties (more than \$50 in the aggregate) not previously reported to the Wisconsin Ethics Commission.

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 state government or state agencies.

Do not list: information about lodging, transportation, meals, money or any other thing of pecuniary value: (1) if you returned it within 30 days; (2) if you received it from the agency of which your state public office is a part; (3) if you received it from a source already listed in question 2, 9, or 10; (4) if you already reported the payment to the Wisconsin Ethics Commission as a matter of public record.

Information in the section must cover the entire previous calendar year.

#	Payer	Expenses Value	Honorarium Amount	Circumstances of receipt
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STATEMENT OF SPOUSAL NON-DISCLOSURE ATTACHMENT

Click any documents below to open

ADDITIONAL DOCUMENTS

Click any documents below to open

(You must check this checkbox and click Submit to file your SEI).

I have read the accompanying instructions and certify:

Due Date: 4/30/2019

Certified Date: 5/9/2019

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 31st 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 31st. 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, 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.

If filing a paper copy please sign and date:

Signature: _____

Date: _____

(Public) Email: _____

(Public) Phone: _____

