



2. **BUSINESS ACTIVITIES.** List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

a) Enterprise(s) operating under a business or trade name, list here.

Name of business	Municipality or Town	County	State	Describe nature of business

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

Street address or fire number	Municipality or Town	County	State	Describe nature of business

3. **COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS.** For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2 from which the filer or a member of the filer's immediate family received \$10,000 or more in 2015, list businesses, organizations, and lobbyists that paid the enterprise \$10,000 or more in calendar year 2015.

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

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State	"✓"

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

Business	Partners, or officers and directors	City	State

5. **NON-COMMERCIAL REAL ESTATE.** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you already listed in Item 2).

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

6. **OFFICERS AND DIRECTORS.** List organizations of which you or a family member was an officer or director (unless already listed in Item #2.)

Business or organization	City	State	Position

7. **AGENT, REPRESENTATIVE OR SPOKESPERSON.** List 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 already listed in item 2, 3, or 6.)

Business or organization	City	State

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

Creditor	City	State	"✓" one	
			\$50,000 or less	More than \$50,000

**Part B** **For calendar year 2015**

9. **EMPLOYERS.** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2015.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
STATE - SUPREME COURT	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 2015.

Source of income	City	State
SEE ATTACHMENT		


11. **ENTERTAINMENT AND GIFTS.** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2015.

Name of provider	City	State

12. **HONORARIA AND EXPENSES.** List, for 2015, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Government Accountability Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

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.


3/21/16
608-266-1888  
 Signature of person filing Date Daytime phone number  
PATIENCE.ROGGENSACK@WTCOURTS.GOV  
Email Address

The information sought in this form is required by §§19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form by the statutory deadline may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Government Accountability Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), Wisconsin Statutes, the Government Accountability Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

ATTACHMENT  
TO  
PATIENCE ROGGENSACK'S  
STATEMENT OF ECONOMIC INTERESTS

NAME OF SECURITY	AMOUNT - CHECK ONE	
	\$5,000 to \$50,000	More than \$50,000
<b>Mutual or Money Market Fund</b>		
Ishares MSCI Emerg Mkt Vol (EEMV)	X	
Ishares Russell 1000 GRW ETF (IWF)	X	
Ishares Russell 1000 Value ETF (IWD)	X	
FTS	X	
Dentsche X-Trackers	X	
I Shares MSCI	X	
<b>Stocks/Options/Futures</b>		
George F. Roggensack Blind Trust		X
Madison Gas & Electric	X	
Madison Medical Center		X
Patience D. Roggensack Blind Trust		X
SIS Inc.		X
Stemina Biomarker Discovery Inc.	X	
U.S. Bank	X	
<b>Limited Partnerships</b>		
DiVall Hilldale Limited Partnership	X	

<b>ADDITIONAL SOURCES OF INCOME</b>		
Source of Income	City	State
Geo. F. Roggensack Blind Trust	Madison	WI
Madison Medical Center	Madison	WI
Patience D. Roggensack Blind Trust	Madison	WI
SIS Inc.	Prairie du Sac	WI
Social Security Administration	Washington	DC