

Statement of Economic Interests

For Office Use Only

ETHICS BOARD

MAIL OR FAX TO:

City of Milwaukee Ethics Board, 200 E		Street, Room 205, Mebruary 28, 2		02 Fax:(4	114) 28 6 -07	23			
Name: Beth Conv City Position: ASSistan (include department, title, board	ads	ofor Calendar Yea on Clean City Aztan	remains a policable	egibly i		k or type : City of Milwa	auke	e? <u>X</u> Yes	No
SEE THE INSTRUCTION SHEET					CEPTION				
Part 1 - Sources of Incon			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				aler	idar yea	r 2009
A. List each EMPLOYER from Whi		and your immed	liate family rece	eived \$1	,000 or m			<u> </u>	
Name of Payer	r i	City and State			of Busine		_	If (S) or Fa	
	M					· · · · · · · · · · · · · · · · · · ·		3	
City of Milwantere Us Nept of Veterans Affairs	M	(wankee, WI	Red	erola	eramen sveinne	nt-		C	
vis pega-				Û					
B. List other sources of income f	rom w	hich you or your	immediate fam	ily recei	ived incor	ne of \$1,000	or m	ore in 20	09.
Name of Payer			od State	T		Nature of Bu			
N/A				-					
			•						
				125					
						As of D	O.C.A.	mber 31	2009
Part 2 - Business For any payer listed above that is which you or your immediate fai partnership, LLC, Sub-S or Sub-C	milv h	as a 10% or great	er interest, list	the IDEI	NTITY OF	or Subchap EACH PAYER	ter C	corporati	ion in
Name of Payer	lame (of Business Recei	ving Payment	Na	ture of B	usiness	•	City and 5	tate
N/A									
Part 3 - Investments						As of D	ece	mber 31	, 2009
List stocks, bonds, notes or other	r inves	tments you and	your immediate	e family	held (\$5,	000 or more).		-
Name of each Security or			n	PE OF SEC	URITY - " / "	ONE		AMOUNT -	more than
Mutual Fund Sponsor			Stock, Options, Futures	Sond, Note	WI Gov't. Sect.	Mutual Funds Money Marke		\$50,000	\$50,000
TTA-Cref State Farm Ba						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
State Farm Ba	mh					1		~	

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rt 4 -	Keal	Esta	те

As of December 31, 2009

Street Address		County	Type of Property	Nature of Interest
N/A				
art 5 - Creditors	vou and vo	urimmodiato fami	ly owed \$5,000 or more on De	As of December 31, 200
reditor (\$5,000 or more)	<u> </u>	and State	\$5,000 - \$50,000 (check 🗸)	more than \$50,000 (check
(Men Wan Servicing	Clevela			
tak Form Bank	1	for Ic		
Icus Fargo	Souix	Falls, SD	V	
ti mortuged	2'6alla	armo field, WZ		
rt 6 - Associations				As of December 31, 200
	which you a	re associated and (the nature of your association	
Name of Organizati		City and State		n (e.g., member, officer, directo
Visconsin State Bar Vistoma (Assoc. of Public Pension Actorneys — sec at the				
		Sacramento, C	A member	
7741 705 0 1000	sceattle	red sheet fo	radditural untermation	During calendar year 20
art 7 - Gifts individuals and organiza	tions that p	rovided you with E	ENTERTAINMENT or GIFTS mo	
Name of Provider	£	City and State		
NM				
·			The second secon	During colondar year 20
art 8 - Honoraria an	d Paymer	nt of Expenses		During calendar year 20
art 8 - Honoraria and sources of HONORARIA a	d Paymer	nt of Expenses	nore than \$50 related to your	city duties, for 2009.
art 8 - Honoraria and sources of HONORARIA a	d Paymer	nt of Expenses		
art 8 - Honoraria an	d Paymer	nt of Expenses	nore than \$50 related to your	city duties, for 2009.
art 8 - Honoraria and sources of HONORARIA a	d Paymer	nt of Expenses	nore than \$50 related to your	city duties, for 2009.
Payer App	d Paymer and payment roximate Va	nt of Expenses t of EXPENSES of n lue of Expenses	nore than \$50 related to your Amount of Honorarium	city duties, for 2009.
sources of HONORARIA a Payer App	d Paymer and payment roximate Va	nt of Expenses t of EXPENSES of n lue of Expenses	nore than \$50 related to your	city duties, for 2009.
Payer App N/A you file any separate hono have read the accompany	d Payment and payment roximate Va praria/payment ring instruct and correct	nt of Expenses t of EXPENSES of m lue of Expenses ent of expense discludions and certify the	Amount of Honorarium Osures in 2009? Ves No Notat the information contained mowledge, information and bing to report.	city duties, for 2009.
Payer App	d Payment and payment roximate Value or raria/payment in struct and correct or right and corr	nt of Expenses t of EXPENSES of m lue of Expenses ent of expense discludions and certify the	Amount of Honorarium osures in 2009? Yes No nat the information contained mowledge, information and b	city duties, for 2009. Circumstances of Receipt

City of Milwaukee – Statement of Economic Interests Beth Conradson Cleary (2/2010) Part 6 – Associations (continued)

Name of Organization	City and State	Nature of Association
Marquette Volunteer Legal Clinic	Milwaukee, WI	Steering Committee Member
Association of Municipal Attorneys	Milwaukee, WI	Member
League of Wisconsin Municipalities		Member
FUEL Milwaukee	Milwaukee, WI	Creative Council Member
Creighton University, Milwaukee	Milwaukee, WI	Member
Alumni Advisory Board		