



OUTAGAMIE COUNTY EXECUTIVE
Thomas M. Nelson
320 South Walnut St.
Appleton, WI 54911
920.832.1684
thomas.nelson@outagamie.org

May 9, 2023

To: The Honorable Outagamie County Board of Supervisors

Ladies & Gentlemen:

Please be advised that the terms of Board of Adjustment Zoning Ordinance members Roy Hegard and Bob Stadel are set to expire July 1, 2023. Both have agreed to serve additional terms.

Therefore, I nominate Mr. Hegard and Mr. Stadel for reappointment to the Board of Adjustment Zoning Ordinance, with terms set to expire June 30, 2026.

Supporting documents are attached. Thank you.

Sincerely,

Thomas Nelson

cc: Steve Swanson, Zoning Administrator
Kevin Englebert, Director, Development & Land Services

Outagamie County Application for Executive Appointment

Name: ROY HEGARD

Address: _____

Home Phone: () _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Would you like agendas and minutes emailed to you? Yes No

Do you want your email address given to the general public? Yes No

Present Employer/Position:

HEGARD LAW PRACTICE, _____

20+- YEARS

Previous Employer/Position:

Educational Background:

B.S. U.W. GREEN BAY, J.D. UW MADISON, POST GRAD WORK UWGB

Present and Previous Public Service Involvement: (other commissions, committees and years of involvement) 25-30 years - FOUNDRY MEMBER, ELLINGTON COMMUNITY CLUB, PREVIOUS MEMBER TOWN OF ELLINGTON PLANNING COMMISSION, TOWN SUPERVISOR, CANDIDATE FOR STATE LEGISLATURE, OUTAGAMIE COUNTY BOARD OF ADJUSTMENT.

Comments:

MY UNDERGRADUATE + POST GRAD COURSEWORK INCLUDED SIGNIFICANT LAND USE AND PLANNING STUDIES, AND I HAVE ATTENDED SEVERAL ZONING AND BOARD OF ADJUSTMENT SEMINARS. MY EDUCATION, INVOLVEMENT IN PUBLIC SERVICE AND PRIOR 12-15 YEARS EXPERIENCE ON THE BOARD OF ADJUSTMENT MAKE ME A GOOD CANDIDATE FOR THE POSITION

Signature: _____

Date Submitted: 4/24/2023

OUTAGAMIE COUNTY DISCLOSURE
IN COMPLIANCE WITH RESOLUTION 46—1974 AND ORDINANCE C-2010-11
AND CHAPTER 2, SECTION 2-424 – 2-426 OF THE OUTAGAMIE COUNTY
CODE OF ORDINANCES

The purpose of this Disclosure Statement is to make full disclosure of all potential or actual conflicts of interest. Conflicts of interest occur when the personal interests, financial or otherwise, of a person actually or potentially interfere with the person's professional obligations to and/or the best interests of Outagamie County.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
HEGARD	Roy	E	[REDACTED]	
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
[REDACTED]				

POSITION OR CAPACITY WITH OUTAGAMIE COUNTY (now held or seeking):

BOARD OF ADJUSTMENT

PRINCIPAL EMPLOYER(S) NAME

HEGARD LAW PRACTICE - SELF EMPLOYED

ADDRESS

[REDACTED]

SOURCE OF INCOME IN EXCESS OF \$1,200 PER YEAR (List all sources or anticipated in excess of \$1,200/year). List any interest in any business, contract, lease or item of value, the nature and extent of such interest, holding or employment which may involve a conflict of interest or potential conflict or ethics problem in conducting county business.

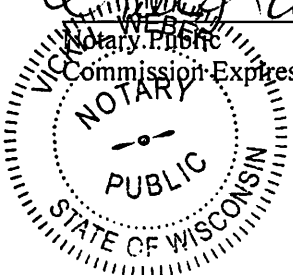
MANY CLIENTS PAY \$1,200 PER YEAR ~~IN~~ IN FEES. I WOULD
 REFUSE MYSELF FROM ANY HEARING WHERE A CONFLICT OR
 POTENTIAL CONFLICT WOULD ARISE

I, ROY HEGARD currently serving or will be serving Outagamie County in the capacity of BOARD OF ADJUSTMENT certify that I anticipate no income from any other source to be in conflict with the county ethics code nor do I have any holdings not disclosed which would be in conflict or a potential conflict of interest or violation of the Outagamie County Code of Ordinances, Chapter 2, Section 2-424 – Section 2-426, Resolution 46—1974 and Ordinance C-2010-11.

Roy E. Hegard
 Signature

Subscribed and sworn to before me this 24 day of APRIL, 2023.

[Signature]
 Notary Public
 Commission Expires February 18, 2020



Seal

Outagamie County Application for Executive Appointment

Name: ROBERT W. STADEL

Address: [REDACTED]

Home Phone: [REDACTED] Work Phone: () N.A. Cell Phone: [REDACTED]

E-Mail Address: [REDACTED]

Would you like agendas and minutes emailed to you? Yes No

Do you want your email address given to the general public? Yes No

Present Employer/Position:

RETIRED

Previous Employer/Position:

OUTAGAMIE COUNTY / PLANNING DIRECTOR

Educational Background:

B. SCIENCE

Present and Previous Public Service Involvement: (other commissions, committees and years of involvement)

OUTAGAMIE COUNTY BOARD OR ADJUSTMENT / 15 PLUS YEARS
OUTAGAMIE COUNTY SERGEANT - AT-ARMS / 15 PLUS YEARS
GRAND CHUTE PLAN COMMISSION / 15 PLUS YEARS

Comments:

-

Signature: 

Date Submitted: 4/27/2023

OUTAGAMIE COUNTY DISCLOSURE
IN COMPLIANCE WITH RESOLUTION 46—1974 AND ORDINANCE C-2010-11
AND CHAPTER 2, SECTION 2-424 – 2-426 OF THE OUTAGAMIE COUNTY
CODE OF ORDINANCES

The purpose of this Disclosure Statement is to make full disclosure of all potential or actual conflicts of interest. Conflicts of interest occur when the personal interests, financial or otherwise, of a person actually or potentially interfere with the person's professional obligations to and/or the best interests of Outagamie County.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
STADEL	ROBERT	WILLIAM	920.733.0046	
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
[REDACTED]				

POSITION OR CAPACITY WITH OUTAGAMIE COUNTY (now held or seeking):
 BOARD OF ADJUSTMENT

PRINCIPAL EMPLOYER(S) NAME
 N.A.

ADDRESS

SOURCE OF INCOME IN EXCESS OF \$1,200 PER YEAR (List all sources or anticipated in excess of \$1,200/year). List any interest in any business, contract, lease or item of value, the nature and extent of such interest, holding or employment which may involve a conflict of interest or potential conflict or ethics problem in conducting county business.

WRS
 SOCIAL SECURITY

I, ROBERT STADEL currently serving or will be serving Outagamie County in the capacity of BOARD OF ADJUSTMENT certify that I anticipate no income from any other source to be in conflict with the county ethics code nor do I have any holdings not disclosed which would be in conflict or a potential conflict of interest or violation of the Outagamie County Code of Ordinances, Chapter 2, Section 2-424 – Section 2-426, Resolution 46—1974 and Ordinance C-2010-11.

[Signature]
 Signature

Subscribed and sworn to before me this 27th day of April, 2023.

Melissa A. Johnson Melissa A. Johnson
 Notary Public
 Commission Expires: 02/04/2024

