Committee Name:	PaF	Yo	our Name: _	Gretchen	Lowe
DATE of Meeting:	2/6/23	Municipality	You Reside	in: Madis or	7
Petition/CUP #/Reso	lution/Ordinance /	Amendment/Subj	ect: <u> </u>	-059	
☑ Wish to Sp	eak in Support] Wish to Speak in C	Opposition
☐ Wish to Re	gister in Support] Wish to Register in	Opposition
		Available for	Information	Only	
1. On this occasion YES (If you checked "NO" question.)	☑ NO				r than yourself? ed "YES" go to the next
Name, address and to	elephone number of	f each person or or	rganization y	ou are representing	:
COMMENTS: 2. Are you being particle person or organizating (If you checked "NO" go to the next question.	on? YES to the question, <u>ST</u>	□ NO			paid duties for this rm. If you checked "YES",
other governmental	body? TYES "to the question, S	☑ NO			your municipality or form. If you checked "YES",
4. Has or will the poduring the current re (A reporting period is	eporting period?	☐ YES ☐	NO	re than \$500 on co	unty lobbying activities
5. Do you anticipat	e making more tha	an two contacts w	vith the Cou	ınty Board supervi	sors other than at public
hearings or meeting (Do not count contact	's with the County E				
if you do make more	than 2 contacts at a	a later date, you mu	ust then con	tact the County Cler	rest of this form. <u>However,</u> k's office to file a form estion below. You must also
6. If you answered " spends more than \$	YES" to question 500 during the cur	5, do you underst rrent reporting pe	tand that if eriod, you m	the person or orga nust file a financial	nization you represent disclosure statement
Blvd., Room 106A for	please call the Cou more information.				210 Martin Luther King Jr.,
Date:	,/23 si	ignature: 🕍	etshind	me	
015-151 7/18	Printe	ad Name: (=	retcho	n Lowe	

Committee Name: PAF Your Name: Noi Rain Ford
DATE of Meeting: 2/6/2023 Municipality You Reside in:
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
Wish to Register in Support
Available for Information Only/bauswerguestians
1. On this occasion, are you officially representing an organization or a person other than yourself? X YES
Name, address and telephone number of each person or organization you are representing:
AFSEMS Dave County 13612's
COMMENTS:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? YES NO (If you checked "YES" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES" go to the next question.)
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities
during the current reporting period?
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? YES NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
6. If you answered "YES" to question 5, do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement
with the County Clerk??
Date: 2/6/2023 Signature:
015-151 7/18 Printed Name: NP.11 2210 50

Committee Name:	PGF	Your Name:	Ronald	Kent
DATE of Meeting:	2/6/23	_ Municipality You Reside	in:	N. Cor
	/ /	endment/Subject:		(
_	eak in Support		Wish to Speak in	Opposition
☑ Wish to Reg	gister in Support		Wish to Register i	n Opposition
		Available for Information C	Only	
☐ YES	NO NO	presenting an organization of the	-	
Name, address and tel	ephone number of ea	ach person or organization yo	ou are representing	g:
person or organization	on? YES o the question, STOP	tation or appearing incider NO you do not need to complet	·	
other governmental b	oody? TYES to the question, STO	earing solely on behalf of y NO P; you do not need to comple		
4. Has or will the perduring the current reporting period is J	porting period?	•	e than \$500 on co	ounty lobbying activities
5. Do you anticipate	making more than t	wo contacts with the Coun	ty Board supervi	sors other than at public
hearings or meetings (Do not count contacts	, ,	NO rd supervisor who represents	the district in which	ch you reside.)
if you do make more th	an 2 contacts at a lat	bove, <u>STOP</u> ; you do not nee er date, you must then conta "to either question, please o	ct the County Cler	rk's office to file a form
		o you understand that if th		
DI 1 D. 1004 C.	lease call the County	NO Clerk at 266-4121 or go to the		
Date: 2/6	<u> </u>	ature: May 19	tul	
015-151 7/18	Drinted N	James Krull 16	4.7	

7 =	
Committee Name: P+F DATE of Meeting: Feb 6, 2023 Municipal Munici	Your Name: Sara Markham
DATE of Meeting: Feb 6, 2023 Municip	pality You Reside in: Madi San
Petition/CUP #/Resolution/Ordinance Amendment	/Subject: # 0 A - 0 59
Wish to Speak in Support	☐ Wish to Speak in Opposition
Wish to Register in Support	☐ Wish to Register in Opposition
☐ Availab	ole for Information Only
1. On this occasion, are you officially representing	ng an organization or a person other than yourself?
(If you checked "NO" STOP; you do not need to compaquestion.)	plete the rest of the form. If you checked "YES" go to the next
Name, address and telephone number of each person	n or organization you are representing:
COMMENTS:	
	appearing incidental to your other paid duties for this
person or organization? YES NO (If you checked "NO" to the question, STOP; you do not go to the next question.)	not need to complete the rest of this form. If you checked "YES",
3. Are you an elected official who is appearing so	olely on behalf of your office or for your municipality or
other governmental body? YES NO (If you checked "YES" to the question, STOP; you do go to the next question.)	not need to complete the rest of this form. If you checked "YES",
	resent spend more than \$500 on county lobbying activities
	NO NO
(A reporting period is January to June, or July to Dece	
	icts with the County Board supervisors other than at public
hearings or meetings? YES NO (Do not count contacts with the County Board supervi	sor who represents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, STO if you do make more than 2 contacts at a later date, y	OP ; you do not need to complete the rest of this form. <u>However</u> , ou must then contact the County Clerk's office to file a form r question, please continue to the question below. You must also
	derstand that if the person or organization you represent ng period, you must file a financial disclosure statement
Blvd. Room 106A for more information.	266-4121 or go to the Clerk's office at 210 Martin Luther King Jr.,
Date: 7-losur, 4, 2023 Signature: 015-151 7/18 Printed Name: 50	ara P'Mkhand
015-151 7/18 Printed Name: 4	rra Markham

Committee Name: P+1	<u> </u>	Your Name:	WILLIAM FOOTE
DATE of Meeting:	- <u>२७२२</u> Municipa	ality You Reside i	in: CITY OF MANISOF
Petition/CUP #/Resolution/C)rdinance Amendment/S	Subject:	2022 OA-059
☐ Wish to Speak in S			Wish to Speak in Opposition
Wish to Register in	Support		Wish to Register in Opposition
•	Available	e for Information O	Pnly
☐ YES ☐ NO			or a person other than yourself? form. If you checked "YES" go to the next
Name, address and telephone	number of each person	or organization yo	u are representing:
COMMENTS:			
2. Are you being paid for y	our representation or a	ppearing inciden	tal to your other paid duties for this
person or organization? (If you checked "NO" to the que go to the next question.)		t need to complete	e the rest of this form. If you checked "YES",
3. Are you an elected offici	al who is appearing sol	ely on behalf of y	our office or for your municipality or
other governmental body? (If you checked "YES" to the q go to the next question.)		ot need to comple	te the rest of this form. If you checked "YES",
4. Has or will the person or	organization you repre	sent spend more	than \$500 on county lobbying activities
during the current reporting (A reporting period is January	•	NO nber.)	
5. Do you anticipate making	g more than two contac	ts with the Coun	ty Board supervisors other than at public
hearings or meetings? \(\overline{\o		or who represents	the district in which you reside.)
if you do make more than 2 co	ontacts at a later date, you	u must then contac	d to complete the rest of this form. <u>However,</u> ct the County Clerk's office to file a form ontinue to the question below. You must also
			e person or organization you represent st file a financial disclosure statement
with the County Clerk?? □			
Blvd Room 1064 for more in	formation	•	ne Clerk's office at 210 Martin Luther King Jr.,
Date: (2) (0) (20)	Signature:	miller Fa	FUCTE
015-151 7/18	Printed Name:	WILLIAM	FUTTE

Committee Name:	sinal tryance	Your Name:	ess Brookly
DATE of Meeting: 2	16 23 Municipa	ality You Reside in:	Dane
Petition/CUP #/Resolut	ion/Ordinance Amendment/s	Subject: <u>2022</u>	- DA -059
☐ Wish to Speal			sh to Speak in Opposition
Wish to Regis	ter in Support	☐ Wi	sh to Register in Opposition
	Available	e for Information Only	1
1. On this occasion, a	re you officially representing	an organization or	a person other than yourself?
	(NO <u>OP</u> ; you do not need to comple	ete the rest of the for	m. If you checked "YES" go to the next
Name, address and telep	phone number of each person	or organization you a	are representing:
COMMENTS:			
		ppearing incidental	to your other paid duties for this
person or organization (If you checked "NO" to t go to the next question.)		t need to complete tl	ne rest of this form. If you checked "YES",
3. Are you an elected	official who is appearing sol	ely on behalf of you	ır office or for your municipality or
other governmental bo (If you checked "YES" to go to the next question.)	_	ot need to complete	the rest of this form. If you checked "YES",
4. Has or will the pers	on or organization you repre	sent spend more th	nan \$500 on county lobbying activities
during the current repo (A reporting period is Jan	rting period?	NO nber.)	
5. Do you anticipate m	aking more than two contac	ts with the County	Board supervisors other than at public
hearings or meetings? (Do not count contacts w	☐ YES ☐ NO ith the County Board supervise	or who represents the	e district in which you reside.)
if you do make more that	n 2 contacts at a later date, you	u must then contact t	o complete the rest of this form. <u>However,</u> the County Clerk's office to file a form tinue to the question below. You must also
-	•	-	person or organization you represent file a financial disclosure statement
with the County Clerk?			
(If you checked "NO" ple Blvd., Room 106A for mo	-	66-4121 or go to the	Clerk's office at 210 Martin Luther King Jr.,
Date:	Signature:		
015-151 7/18	Printed Name:		

REGISTRATION BEFORE	COUNTY COMMITTEE
Committee Name: PoF Your	Name: Reegy Peterson
DATE of Meeting: <u>2/6/23</u> Municipality Yo	ou Reside in: MAVISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject	: 6A -059
☐ Wish to Speak in Support	☐ Wish to Speak in Opposition
Wish to Register in Support	☐ Wish to Register in Opposition
Available for Inf	ormation Only
1. On this occasion, are you officially representing an organization.) NO (If you checked "NO" STOP; you do not need to complete the question.)	
Name, address and telephone number of each person or organ	nization you are representing:
COMMENTS:	
2. Are you being paid for your representation or appearing person or organization? YES NO (If you checked "NO" to the question, STOP; you do not need to go to the next question.)	
3. Are you an elected official who is appearing solely on	behalf of your office or for your municipality or
other governmental body? YES NO (If you checked "YES" to the question, STOP; you do not need go to the next question.)	to complete the rest of this form. If you checked "YES"
4. Has or will the person or organization you represent sp	pend more than \$500 on county lobbying activities
during the current reporting period? YES NO (A reporting period is January to June, or July to December.)	
5. Do you anticipate making more than two contacts with	the County Board supervisors other than at public
hearings or meetings? YES NO (Do not count contacts with the County Board supervisor who is	represents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you of if you do make more than 2 contacts at a later date, you must be indicating such activity. If you checked "YES" to either question sign this form.)	then contact the County Clerk's office to file a form
6. If you answered "YES" to question 5, do you understand spends more than \$500 during the current reporting period	
with the County Clerk? ? YES NO (If you checked "NO" please call the County Clerk at 266-4121	or go to the Clark's office at 240 Martin Luther King La
Blvd., Room 106A for more information.	or go to the Clerk's office at 210 Martin Luther King Jr.,
Date: 26123 Signature: Clegor	y Viele
015-151 7/18 Printed Name:	Peagy Peterson

Committee Nomes	REGISTRA	TION BEFORE	1	Aatthew Mobera
Committee Name: _ DATE of Meeting:	2/6/23		Name:	n: Madison
-				-9
	olution/Ordinance	\mendment/Subjec		-31
	peak in Support		L V	Wish to Speak in Opposition
Wish to R	egister in Support		_ □ v	Wish to Register in Opposition
		Available for Inf	ormation Or	nly
☐ YES	NO			or a person other than yourself? form. If you checked "YES" go to the next
	telephone number of	each person or orga	nization you	u are representing:
COMMENTS:	•			
2. Are you being p	aid for your repres	entation or appeari	ng incident	tal to your other paid duties for this
person or organizate (If you checked "NO" go to the next question	to the question, STC	NO NO NO not need	to complete	e the rest of this form. If you checked "YES",
3. Are you an elect	ted official who is a	ppearing solely on	behalf of ye	our office or for your municipality or
other governmenta (If you checked "YES go to the next question	S" to the question, S7	NO NO NOT need	to complet	te the rest of this form. If you checked "YES",
4. Has or will the p	erson or organizati	on you represent s	pend more	than \$500 on county lobbying activities
during the current in (A reporting period is			0	
5. Do you anticipa	te making more tha	n two contacts with	the Count	y Board supervisors other than at public
hearings or meeting (Do not count contact		NO pard supervisor who	represents t	the district in which you reside.)
if you do make more	than 2 contacts at a	later date, you must	then contac	I to complete the rest of this form. <u>However,</u> It the County Clerk's office to file a form Continue to the question below. You must also
6. If you answered 'spends more than \$	YES" to question 5 500 during the curi	, do you understan ent reporting perio	d that if the d, you mus	e person or organization you represent st file a financial disclosure statement
with the County Cle		□ NO		
(If you checked "NO' Blvd., Room 106A fo		nty Clerk at 266-4121	or go to the	e Clerk's office at 210 Martin Luther King Jr.,
Date: 2/6/	23 Sig	nature:	10/16	ably
015-151 7/18	Printed	Name:Ma	thew	Meberg

REGISTRATION BEFORE COUNTY COMM Committee Name: 5 Municipality You Reside in: DATE of Meeting: Petition/CUP #/Resolution/Ordinance Amendment/Subject: 22-0 Wish to Speak in Opposition Wish to Register in Support Wish to Register in Opposition Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? (If you checked "NO" **STOP**; you do not need to complete the rest of the form. If you checked "YES" go to the next question.) Name, address and telephone number of each person or organization you are representing: **COMMENTS:** 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES (If you checked "NO" to the question, **STOP**; you do not need to complete the rest of this form. If you checked "YES". go to the next question.) 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? YES (If you checked "YES" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.) 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? YES (A reporting period is January to June, or July to December.) 5. Do you anticipate making more than two contacts with the County Board supervisors other than at public hearings or meetings? X YES (Do not count contacts with the County Board supervisor who represents the district in which you reside.) (If you checked "NO" to questions 4 and 5 above, STOP; you do not need to complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. If you checked "YES" to either question, please continue to the question below. You must also sign this form.) 6. If you answered "YES" to question 5, do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the County Clerk? ? XYES (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.

Printed Name:

015-151 7/18

Committee Name: _	PIF	Your Na	me: <u>Ve</u>	il Rainford
DATE of Meeting:	2/6/2023	_ Municipality You R	eside in: _	Madison
Petition/CUP #/Reso	olution/Ordinance An	nendment/Subject:	2022	Disc 03/
Wish to Sp	eak in Support		☐ Wish	to Speak in Opposition
☐ Wish to Re	egister in Support	,	☐ Wish	to Register in Opposition
	[Available for Inform	ation Only	
⊠ YES	□ NO			person other than yourself? If you checked "YES" go to the next
Name, address and to	elephone number of e	ach person or organiza	tion you are	representing:
NTSCME B	ine County			1 to 4 the shows
COMMENTS:				
person or organizati	ion? 🔯 YES to the question, <u>STOF</u>	□ NO		rest of this form. If you checked "YES",
3. Are you an elected	ed official who is app	pearing solely on beh	alf of your	office or for your municipality or
other governmental (If you checked "YES go to the next question	" to the question, STO	NO P; you do not need to	complete the	e rest of this form. If you checked "YES",
4. Has or will the pe	erson or organizatio	n you represent spen	d more thai	n \$500 on county lobbying activities
•	eporting period? 🛭 January to June, or Ju			
5. Do you anticipate	e making more than	two contacts with the	County Bo	pard supervisors other than at public
hearings or meeting (Do not count contact	,	NO nrd supervisor who repr	esents the d	district in which you reside.)
if you do make more t	han 2 contacts at a la	ter date, you must ther	contact the	complete the rest of this form. <u>However,</u> e County Clerk's office to file a form ue to the question below. You must also
				rson or organization you represent e a financial disclosure statement
with the County Cler (If you checked "NO" Blvd., Room 106A for	please call the County more information.		go to the Cle	erk's office at 210 Martin Luther King Jr.,
Date: 2/6/	7023 Sign	_	200	
015-151 7/18	Printed I	Name: <u>Nei?</u>	Laintol	<u>a</u>