

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: _____ Name: _____

DATE of Meeting: _____ Municipality: _____

Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

Wish to Speak in Support

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? YES NO
(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 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? (A reporting period is January to June, or July to December.) YES NO

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, **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? ? YES NO
(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.)

Date: _____

Signature: _____

Print Name: _____

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Date: _____

Signature: _____

Print Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Health and Human needs Name: Justin Grebel

DATE of Meeting: 1/27/2022 Municipality: Dane Co

Petition/CUP #/Resolution/Ordinance Amendment/Subject: FL

Wish to Speak in Support
 Wish to Register in Support

Wish to Speak in Opposition
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? YES NO
(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:

SEIU Healthcare WI

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.)

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Date: 1/27/2022

Signature: [Signature]

Print Name: Justin Grebel

Clear Form

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Health & Human Needs Name: Chloe Honeyman-Blaede
DATE of Meeting: 1/27/2022 Municipality: Dane County
Petition/CUP #/Resolution/Ordinance Amendment/Subject: F1 Trauma Recovery and Training

- Wish to Speak in Support
Wish to Register in Support
Wish to Speak in Opposition
Wish to Register in Opposition
Available for Information Only

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(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:
SEIU Healthcare Wisconsin, 33 Nob Hill Rd, Madison, WI 53713, (608) 277-1199

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.)

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Date: 1/27/2022

Signature: [Handwritten Signature]
Print Name: Chloe Honeyman-Blaede