Committee Name: _	HHS		
DATE of Meeting: _	1/27/22	Municipality:_	Dane County
Petition/CUP #/Reso	olution/Ordinance An		
	 _ Wish to Speak in Sเ	upport	Wish to Speak in Opposition
	Wish to Register in	Support	Wish to Register in Opposition
			Available for Information Only
			n or a person other than yourself? YES NO the form. If you checked "YES" go to the next question.)
Name, address and t	telephone number of e	ach person or organiza	ation you are representing:
004445110			
COMMENTS:			
	•	• • • • • • • • • • • • • • • • • • • •	ncidental to your other paid duties for this
· ·	to the question, STO		complete the rest of this form. If you checked "YES",
3. Are you an elect	ted official who is ap	pearing solely on beh	nalf of your office or for your municipality or
	S" to the question, STC		complete the rest of this form. If you checked "YES",
4. Has or will the p	erson or organizatio	n you represent spen	d more than \$500 on county lobbying activities
during the current r	reporting period? (A	reporting period is Jan	uary to June, or July to December.) \(\subseteq \textbf{YES} \subseteq \textbf{NO} \)
5. Do you anticipa	te making more than	two contacts with the	e County Board supervisors other than at public
			resents the district in which you reside.)
if you do make more	than 2 contacts at a la	ater date, you must the	not need to complete the rest of this form. <u>However</u> , n contact the County Clerk's office to file a form please continue to the question below. You must also
			nat if the person or organization you represent you must file a financial disclosure statement
			YES NO
(If you checked "NO' Blvd., Room 106A fo	•	y Clerk at 266-4121 or	go to the Clerk's office at 210 Martin Luther King Jr.,
Date: 1/27/22		Signature	a:
		Print Nan	ne: Michele McGinn

Committee Name:		Name:	
DATE of Meeting:	Municipality:		
Petition/CUP #/Resolution/Ordina	nce Amendment/Su	bject:	
☐ Wish to Spe	ak in Support	Wish to Speak in Opposition	
☐ Wish to Reg	ister in Support	Wish to Register in Opposition	
		Available for Information Only	
		ganization or a person other than yourself? YES NO ne rest of the form. If you checked "YES" go to the next question.)	
Name, address and telephone numl	ber of each person or	organization you are representing:	
COMMENTS:			
2. Are you being paid for your re	presentation or app	pearing incidental to your other paid duties for this	
•		need to complete the rest of this form. If you checked "YES",	
3. Are you an elected official wh	o is appearing solel	y on behalf of your office or for your municipality or	
		need to complete the rest of this form. If you checked "YES",	
4. Has or will the person or orga	nization you represe	ent spend more than \$500 on county lobbying activities	
during the current reporting period	od? (A reporting perio	od is January to June, or July to December.) \square YES \square NO	
hearings or meetings?		with the County Board supervisors other than at public	
if you do make more than 2 contacts	s at a later dat e, you i	you do not need to complete the rest of this form. <u>However</u> , must then contact the County Clerk's office to file a form lestion, please continue to the question below. You must also	
		rstand that if the person or organization you represent period, you must file a financial disclosure statement	
_			
(If you checked "NO" please call the Blvd., Room 106A for more information.		-4121 or go to the Clerk's office at 210 Martin Luther King Jr.,	
Date:	_ s	Signature:	
	P	Print Name:	

Committee Name:		Name:	
DATE of Meeting:	Municipality:		
Petition/CUP #/Resolution/Ordina	nce Amendment/Su	bject:	
☐ Wish to Spe	ak in Support	Wish to Speak in Opposition	
☐ Wish to Reg	ister in Support	Wish to Register in Opposition	
		Available for Information Only	
		ganization or a person other than yourself? YES NO ne rest of the form. If you checked "YES" go to the next question.)	
Name, address and telephone numl	ber of each person or	organization you are representing:	
COMMENTS:			
2. Are you being paid for your re	presentation or app	pearing incidental to your other paid duties for this	
•		need to complete the rest of this form. If you checked "YES",	
3. Are you an elected official wh	o is appearing solel	y on behalf of your office or for your municipality or	
		need to complete the rest of this form. If you checked "YES",	
4. Has or will the person or orga	nization you represe	ent spend more than \$500 on county lobbying activities	
during the current reporting period	od? (A reporting perio	od is January to June, or July to December.) \square YES \square NO	
hearings or meetings?		with the County Board supervisors other than at public	
if you do make more than 2 contacts	s at a later dat e, you i	you do not need to complete the rest of this form. <u>However</u> , must then contact the County Clerk's office to file a form lestion, please continue to the question below. You must also	
		rstand that if the person or organization you represent period, you must file a financial disclosure statement	
_			
(If you checked "NO" please call the Blvd., Room 106A for more information.		-4121 or go to the Clerk's office at 210 Martin Luther King Jr.,	
Date:	_ s	Signature:	
	P	Print Name:	

Committee Name: Health and He	uman needs Na	me: Justin Giebel
DATE of Meeting: 1/27/2022	Municipa	lity: Danes Co
Petition/CUP #/Resolution/Ordina	ance Amendment/Subje	ect: <u>F1</u>
∑ Wish to Spe	ak in Support	Wish to Speak in Opposition
•	gister in Support	Wish to Register in Opposition
		Available for Information Only
1. On this occasion, are you officia (If you checked "NO" <u>STOP</u> ; you do	ally representing an organ not need to complete the re	ization or a person other than yourself? YES NO est of the form. If you checked "YES" go to the next question.)
Name, address and telephone num	ber of each person or or	ganization you are representing:
SEIV Healthcare WI		
COMMENTS:		
		ring incidental to your other paid duties for this
		d to complete the rest of this form. If you checked "YES",
3. Are you an elected official wh	o is appearing solely o	n behalf of your office or for your municipality or
-		ed to complete the rest of this form. If you checked "YES",
4. Has or will the person or orga	anization you represent	spend more than \$500 on county lobbying activities
during the current reporting period	od? (A reporting period	is January to June, or July to December.) \square YES $ ot\!\!\!\!/$ NO
-		ith the County Board supervisors other than at public
hearings or meetings?(Do not count contacts with the Cou	unty Board supervisor wh	no represents the district in which you reside.)
if you do make more than 2 contact	ts at a later date, you mus	u do not need to complete the rest of this form. <u>However</u> , st then contact the County Clerk's office to file a form tion, please continue to the question below. You must also
		and that if the person or organization you represent iod, you must file a financial disclosure statement
_		YES NO
(If you checked "NO" please call the Blvd., Room 106A for more information	-	21 or go to the Clerk's office at 210 Martin Luther King Jr.,
Date: 1/27/7072	Sigr	t Name: 105tin Grabe)
	Prin	t Name: 105tin Grabe)

Clear Form	REGISTRATION	BEFORE COUNTY COMMITTEE
A Name		
Committee Name:	1/27/2022	Municipality: Dane County
DATE of Meeting:	Lution/Ordinance Amend	ment/Subject: F1 Trauma Recovery and Training
Petition/CUP #/Re	Solution/Ordinance Amend	ment/Subject.
	• Wish to Speak in Suppor	t Wish to Speak in Opposition
	☐ Wish to Register in Supp	ort Wish to Register in Opposition
		Available for Information Only
On this occasio (If you checked "N	n, are you officially represent IO" <u>STOP</u> ; you do not need to c	ing an organization or a person other than yourself? YES NO omplete the rest of the form. If you checked "YES" go to the next question.)
		person or organization you are representing:
SEIU Healthca	re Wisconsin, 33 Nob i	Hill Rd, Madison, WI 53713, (608) 277-1199
COMMENTS:		
		n or appearing incidental to your other paid duties for this
person or organiz (If you checked "No go to the next ques	O" to the question, <u>STOP;</u> yo	u do not need to complete the rest of this form. If you checked "YES",
3. Are you an ele	ected official who is appear	ng solely on behalf of your office or for your municipality or
other government (If you checked "Yl go to the next ques	ES" to the question, STOP; ye	ou do not need to complete the rest of this form. If you checked "YES",
4. Has or will the	person or organization yo	u represent spend more than \$500 on county lobbying activities
during the curren	t reporting period? (A repo	rting period is January to June, or July to December.) YES 🖸 NO
5. Do you anticip	oate making more than two	contacts with the County Board supervisors other than at public
hearings or meeti (Do not count cont	ngs?acts with the County Board so	upervisor who represents the district in which you reside.)
if you do make mo	re than 2 contacts at a later d	e, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However,</u> ate, you must then contact the County Clerk's office to file a form either question, please continue to the question below. You must also
spends more than	n \$500 during the current re	ou understand that if the person or organization you represent porting period, you must file a financial disclosure statement
with the County C	Clerk? ?	YES NO
	O" please call the County Cle for more information.	rk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr.,

Date: 1/27/2022

Signature: Q 4 D - MC
Print Name: Chloe Honeyman-Blaede