

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Park Commission Name: ~~Robert Johnson~~ Laura McNeil

DATE: 9/14/22 Municipality: City of Madison

Petition/CUP #/Resolution/Ordinance Amendment/Subject: Park Fees 2022 Act 121

Wish to Speak in Support Wish to Speak in Opposition
 Registering in Support Registering 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 need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:
Laura McNeil
2109 Ruslk St Madison, WI 53704

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 need not complete the rest of this form. If you checked "YES," turn over 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 need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on 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 NO
(A reporting period is January to June or from July to December.)

5. Do you anticipate making more than 2 contacts with 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 need not 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. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

6. If "YES," 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 Room 106A of the City-County Building, Madison, for more information.]

Date: 9/14/22

Signature: [Handwritten Signature]
Print Name: Laura McNeil

REGISTRATION BEFORE COUNTY COMMITTEE

4:45 PM

Committee Name: Park Name: Coral Conant Gille
DATE: 9/15/22 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Proposed Park Fees Increase

Wish to Speak in Support Wish to Speak in Opposition
 Registering in Support Registering 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 need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

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Date: 9-15-22 Signature: [Handwritten Signature]
Print Name: Coral Conant Gille

REGISTRATION BEFORE COUNTY COMMITTEE

4:40 PM

Committee Name: DANE CITY PARK COMMISSION Name: GRANT ABERT

DATE: 9/14/22 Municipality: CITY OF MADISON

Petition/CUP #/Resolution/Ordinance Amendment/Subject: PARK FEES

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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Name, address and telephone number of each person or organization you are representing:

Comments:

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 [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," turn over to the next question.]

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Date: 9/14/22 Signature: Grant Abert
 Print Name: GRANT ABERT