Clear Form
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DATE: 2/17/22	Name: Ann Lacy	
Item #/Petition/CUP # or Subject:	Municipality: Madison	
Agenda Item K.1 re:Res 320 \$24 mM jail budget increas	se	
☐ Wish to Speak in Support	■ Wish to Speak in Opposition	Available for Information Only
☐ Wish to Register in Support	Wish to Register in Opposition	Available for information only
1. On this occasion, are you officially rep (If you checked "NO" <u>STOP</u> ; you do not no		
Name, address and telephone number of MOSES, PO Box 7031, Madison		representing:
COMMENTS:		
2. Are you being paid for your repres	sentation or appearing incidental to	your other paid duties for this
person or organization?(If you checked "NO" to the question, <u>ST</u> go to the next question.)		☐ YES ■ NO
3. Are you an elected official who is a	appearing solely on behalf of your o	ffice or for your municipality or
other governmental body?(If you checked "YES" to the question, S' go to the next question.)		
4. Has or will the person or organizat	ion 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.) $\square$ YES $\square$ NO
5. Do you anticipate making more tha	an two contacts with the County Boa	ard supervisors other than at public
hearings or meetings?(Do not count contacts with the County E		
[If you checked "NO" to questions 4 and you do make more than 2 contacts at a la indicating such activity. You must also signext question.].	ater date, you must then contact the C	ounty Clerk's office to file a form
6. If you answered "YES" to question spends more than \$500 during the cur		
with the County Clerk?		YES   NO
(If you checked "NO" please call the Cou Blvd., Room 106A for more information.	inty Clerk at 266-4121 or go to the Cle	rk's office at 210 Martin Luther King Jr.,
Date: Si	gnature:	
Pı	rinted Name:	

2/17/2022 DATE:	Barbie Jackson Name:	
Item #/Petition/CUP # or Subject: Agenda Item K.1 re: Res 320 \$24M Jail budget increase		Madison, WI 53719
☐ Wish to Speak in Support	☐ Wish to Speak in Opposition	☐ Available for Information Only
■ Wish to Register in Support	■ Wish to Register in Opposition	Available for information only
1. On this occasion, are you officially re (If you checked "NO" <u>STOP</u> ; you do not n	presenting an organization or a person eleed to complete the rest of the form. If you	
Name, address and telephone number of MOSES, PO Box 7031, Madison, WI 53707	of each person or organization you are	representing:
608-417-9255		
COMMENTS:		
2. Are you being paid for your repre person or organization?	• • •	•
(If you checked "NO" to the question, <u><b>S1</b></u> go to the next question.)		
3. Are you an elected official who is	appearing solely on behalf of your o	ffice or for your municipality or
other governmental body?(If you checked "YES" to the question, S go to the next question.)		
4. Has or will the person or organiza	tion 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 th	an two contacts with the County Boa	ard supervisors other than at public
hearings or meetings?(Do not count contacts with the County E		
[If you checked "NO" to questions 4 and you do make more than 2 contacts at a l indicating such activity. You must also s next question.].	later date, you must then contact the Co	ounty Clerk's office to file a form
6. If you answered "YES" to question spends more than \$500 during the cu		
with the County Clerk?		YES   NO
(If you checked "NO" please call the Cou Blvd., Room 106A for more information. 2/21/2022	unty Clerk at 266-4121 or go to the Cle	rk's office at 210 Martin Luther King Jr.,
Date: S	ignature:	
Р	Barbie Jackson rinted Name:	

DATE: February 26, 2022	Name: Diane Padrutt	
Item #/Petition/CUP # or Subject: K.1.2021 RES-320	Municipality: Town of Medina	3
☐ 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 re (If you checked "NO" <u>STOP</u> ; you do not r	epresenting an organization or a person on the person of the form. If you	
Name, address and telephone number of MOSES (Madison Organizing in		
PO Box 7031, Madison, WI 537	707	
COMMENTS:		
2. Are you being paid for your representation?		YES NO
3. Are you an elected official who is	appearing solely on behalf of your of	fice or for your municipality or
other governmental body?(If you checked "YES" to the question, S go to the next question.)		
4. Has or will the person or organiza	ition 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.) $\square$ YES $\square$ NO
5. Do you anticipate making more th	an two contacts with the County Boa	rd supervisors other than at public
hearings or meetings?(Do not count contacts with the County in		
[If you checked "NO" to questions 4 and you do make more than 2 contacts at a indicating such activity. You must also s next question.].	later date, you must then contact the Co	ounty Clerk's office to file a form
6. If you answered "YES" to question spends more than \$500 during the cu		
with the County Clerk?(If you checked "NO" please call the Co. Blvd., Room 106A for more information.	unty Clerk at 266-4121 or go to the Cler	
	ignature:	
F	Printed Name: Diane Padrutt	

Clear	Form
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DATE: 02-23-2022	Name: Jane A Smith		
Item #/Petition/CUP # or Subject: Resolution 320	Municipality: Madison		
☐ Wish to Speak in Support☐ Wish to Register in Support	☐ Wish to Speak in Opposition ☐ Wish to Register in Opposition	☐ Available for Information Only	
<ol> <li>On this occasion, are you officially rep (If you checked "NO" <u>STOP</u>; you do not no</li> </ol>			
Name, address and telephone number of MOSES, PO Box 7031, Madisor			
website: mosesmadison.org [I	don't have a phone #]		
COMMENTS:			
2. Are you being paid for your repres	sentation or appearing incidental to	your other paid duties for this	
person or organization?(If you checked "NO" to the question, <u>ST</u> go to the next question.)			
3. Are you an elected official who is a	appearing solely on behalf of your of	ffice or for your municipality or	
other governmental body?(If you checked "YES" to the question, S' go to the next question.)			
4. Has or will the person or organizat	ion 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 tha	an two contacts with the County Boa	ard supervisors other than at public	
hearings or meetings?(Do not count contacts with the County B			
[If you checked "NO" to questions 4 and a you do make more than 2 contacts at a la indicating such activity. You must also sig next question.].	ater date, you must then contact the Co	ounty Clerk's office to file a form	
6. If you answered "YES" to question to spends more than \$500 during the cur			
with the County Clerk?			
(If you checked "NO" please call the Cou Blvd., Room 106A for more information.	nty Clerk at 266-4121 or go to the Cler	k's office at 210 Martin Luther King Jr.,	
Date: 02-23-2022 Si	gnature:		
Pr	rinted Name: Jane A Smith		

Clear Form	REGISTRATION BEI	FORE COUNTY I	BOARD	
DATE: 2/21/22		Name: Kristen Bark		
Item #/Petition/CUP # or Su		Municipality: City of Madison		
Dane County Board Re	solution 320			
☐ Wish to Speak in Su	pport	peak in Opposition	Available for Information Only	
☐ Wish to Register in	Support	egister in Opposition		
=			other than yourself? TYES NO checked "YES" go to the next question.)	
Name, address and telephon MOSES, P.O. Box			representing:	
COMMENTS:				
2. Are you being paid for	your representation or app	pearing incidental to	your other paid duties for this	
person or organization? (If you checked "NO" to the q go to the next question.)			rest of this form. If you checked "YES",	
3. Are you an elected offic	ial who is appearing solel	y on behalf of your o	ffice or for your municipality or	
other governmental body? (If you checked "YES" to the go to the next question.)			rest of this form. If you checked "YES",	
4. Has or will the person o	r organization you represe	ent spend more than	\$500 on county lobbying activities	
during the current reporting	g period? (A reporting perio	od is January to June,	or July to December.) \( \subseteq \text{YES} \equiv \text{NO} \)	
5. Do you anticipate makir	g more than two contacts	with the County Boa	ard supervisors other than at public	
hearings or meetings?				
(Do not count contacts with tl	ne County Board supervisor	who represents the di	strict 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. 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 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

Date:	Signature:
	Printed Name:

\_\_\_\_\_

DATE: March 1, 2022	Name: Lauren Ushe	<u>r</u>
Item #/Petition/CUP # or Subject:	<b>Municipality</b> : Dane County	
☐ Wish to Speak in Support ☐ Wish to Register in Support	<ul><li>☐ Wish to Speak in Opposition</li><li>☐ Wish to Register in Opposition</li></ul>	☐ Available for Information Only
1. On this occasion, are you officially re (If you checked "NO" <u>STOP</u> ; you do not re	epresenting an organization or a person on the form. If you	<del>-</del>
Name, address and telephone number of MOSES PO Box 7031. Madison, WI		representing:
COMMENTS:		
2. Are you being paid for your repre	esentation or appearing incidental to	your other paid duties for this
person or organization?(If you checked "NO" to the question, Sī go to the next question.)		
3. Are you an elected official who is	appearing solely on behalf of your o	ffice or for your municipality or
other governmental body?(If you checked "YES" to the question, S go to the next question.)		
4. Has or will the person or organiza	tion 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 th	an two contacts with the County Boa	ard supervisors other than at public
hearings or meetings?(Do not count contacts with the County I		
[If you checked "NO" to questions 4 and you do make more than 2 contacts at a indicating such activity. You must also s next question.].	later date, you must then contact the Co	ounty Clerk's office to file a form
6. If you answered "YES" to question spends more than \$500 during the cu		
with the County Clerk?		
(If you checked "NO" please call the Co. Blvd., Room 106A for more information.	_	
Date: March 1, 2022 S	ignature:	
P	Printed Name: Lauren Usher	<del></del>

REGISTRATION BEFORE COUNTY BOARD Item #/Petition/CUP # or Subject: ☐ Wish to Speak in Opposition ☐ Wish to Speak in Support ☐ Available for Information Only Wish to Register in Opposition ☐ Wish to Register in Support 1. On this occasion, are you officially representing an organization or a person other than yourself? YES NO On this occasion, are 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 2. Are you being paid for your representation or appearing incidental to your other paid duties for this COMMENTS: person or organization: \(\text{VO" to the question, } \frac{STOP}{};\) you do not need to complete the rest of this form. If you checked "YES", (If you checked "NO" to the question, \(\text{STOP}\); 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 LA 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 ANO 5. Do you anticipate making more than two contacts with the County Board supervisors other than at public (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 you do make more than 2 contacts at a sign this form. If you checked "YES" to either question at this time, go on to the indicating such activity. You must also sign this form. next question.]. 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 (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: 2/17/22	Name: Paul Saeman		
Item #/Petition/CUP # or Subject: K. 1. 2021 RES-320	Municipality: Madison		
<ul><li>☐ Wish to Speak in Support</li><li>☐ Wish to Register in Support</li></ul>	<ul><li>■ Wish to Speak in Opposition</li><li>■ Wish to Register in Opposition</li></ul>	Available for Information Only	
<ol> <li>On this occasion, are you officially re (If you checked "NO" <u>STOP</u>; you do not re</li> </ol>	epresenting an organization or a person on a person on a person on a person of the form. If you	_	
Name, address and telephone number of MOSES (Madison Organizing	·	•	
PO Box 7031, Madison, WI 5	3707		
COMMENTS:			
2. Are you being paid for your repreperson or organization?		YES • NO	
3. Are you an elected official who is other governmental body?		YES NO	
4. Has or will the person or organiza during the current reporting period?	• •	\$500 on county lobbying activities or July to December.) ☐ YES ☐ NO	
5. Do you anticipate making more th	•	·	
hearings or meetings?(Do not count contacts with the County I			
[If you checked "NO" to questions 4 and you do make more than 2 contacts at a indicating such activity. You must also so next question.].	later date, you must then contact the Co		
6. If you answered "YES" to question spends more than \$500 during the cu			
with the County Clerk?(If you checked "NO" please call the Col Blvd., Room 106A for more information.	unty Clerk at 266-4121 or go to the Clei		
Date: S	ignature:		
P	Printed Name:		

Clear Form REGIS	TRATION BEFORE COUNTY BOARD
DATE: Feb. 17, 2022	Name: Ralph Jackson
tem #/Petition/CUP # or Subject: Res. 320	Municipality: Cross Plains
<ul><li>☐ Wish to Speak in Support</li><li>☐ Wish to Register in Support</li></ul>	☐ Wish to Speak in Opposition ☐ Available for Information Only ☐ Wish to Register in Opposition
(If you checked "NO" <b>STOP</b> ; you do not	epresenting an organization or a person other than yourself?  YES NO need to complete the rest of the form. If you checked "YES" go to the next question.) of each person or organization you are representing:
MOSES PO Box 7031 Madison	53707 608 509 7433
person or organization?	esentation or appearing incidental to your other paid duties for this
other governmental body?	appearing solely on behalf of your office or for your municipality or  STOP; you do not need to complete the rest of this form. If you checked "YES",
	ation you represent spend more than \$500 on county lobbying activities
5. Do you anticipate making more the nearings or meetings?	(A reporting period is January to June, or July to December.) YES NO han two contacts with the County Board supervisors other than at public  ———————————————————————————————————
If you checked "NO" to questions 4 and	d 5 above, <b>STOP</b> ; you do not need to complete the rest of this form. However, if

[If you checked "NO" to questions 4 and 5 above, <u>STOP</u>; 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. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.].

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

Date: Feb 21, 2022	_ Signature: _	
	Printed Nar	<sub>ne:</sub> Ralph H. Jackson Jr.

date: <u>3/1/22</u>	Name: Rachel Woofter		
Item #/Petition/CUP # or Subject:	Municipality: Middleton/ Dane County		
K.1 re: Res 320, \$24M J	ail		
☐ Wish to Speak in Support	☐ Wish to Speak in Opposition ☐ A in the first of the control of		
☐ Wish to Register in Support	Available for Information Only     Wish to Register in Opposition		
	epresenting an organization or a person other than yourself? YES No need to complete the rest of the form. If you checked "YES" go to the next question.)		
Name, address and telephone number of	of each person or organization you are representing:		
MOSES, P.O. Box 7031	Madison, WI 53707		
info@mosesmadison.org			
COMMENTS:			
2. Are you being paid for your repre	esentation or appearing incidental to your other paid duties for this		
	TOP; you do not need to complete the rest of this form. If you checked "YES",		
3. Are you an elected official who is	appearing solely on behalf of your office or for your municipality or		
•	STOP; you do not need to complete the rest of this form. If you checked "YES",		
4. Has or will the person or organiza	tion 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.) $\square$ YES $\blacksquare$ NO		
5. Do you anticipate making more th	an two contacts with the County Board supervisors other than at public		
	Board supervisor who represents the district in which you reside.)		
you do make more than 2 contacts at a	I 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. However, if later date, you must then contact the County Clerk's office to file a form sign this form. If you checked "YES" to either question at this time, go on to the		
	5, do you understand that if the person or organization you represent irrent reporting period, you must file a financial disclosure statement		
	unty Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr.,		
Date: 3/1/22 s	ignature:		
P	Printed Name: Rachel Woofter		

DATE: 2/21/22	Name: Tara Von Dollen		
Item #/Petition/CUP # or Subject:	Municipality: Madison		
☐ Wish to Speak in Support ☐ Wish to Register in Support	<ul><li>☐ Wish to Speak in Opposition</li><li>☐ Wish to Register in Opposition</li></ul>	☐ Available for Information Only	
1. On this occasion, are you officially re (If you checked "NO" <u>STOP</u> ; you do not n	presenting an organization or a person eeed to complete the rest of the form. If you		
Name, address and telephone number of MOSES, PO Box 7031 Madi		,	
COMMENTS:			
2. Are you being paid for your repre	sentation or appearing incidental to	your other paid duties for this	
person or organization?(If you checked "NO" to the question, <u>S1</u> go to the next question.)			
3. Are you an elected official who is	appearing solely on behalf of your o	ffice or for your municipality or	
other governmental body?(If you checked "YES" to the question, S go to the next question.)			
4. Has or will the person or organiza	tion 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 th	an two contacts with the County Boa	ard supervisors other than at public	
hearings or meetings?(Do not count contacts with the County E			
[If you checked "NO" to questions 4 and you do make more than 2 contacts at a lindicating such activity. You must also sinext question.].	later date, you must then contact the Co	ounty Clerk's office to file a form	
6. If you answered "YES" to question spends more than \$500 during the cu			
with the County Clerk?		YES   NO	
(If you checked "NO" please call the Cou Blvd., Room 106A for more information.	unty Clerk at 266-4121 or go to the Cle	rk's office at 210 Martin Luther King Jr.,	
	ignature:		
Р	rinted Name: Tara Von Dollen		

# Clear Form

Submit

## **REGISTRATION BEFORE COUNTY BOARD**

DATE: 2/17/2022	Name: Thomas Hickey	
Item #/Petition/CUP # or Subject:	Municipality: Madison	,
<ul><li>■ Wish to Speak in Support</li><li>■ Wish to Register in Support</li></ul>	Wish to Speak in Opposition  Wish to Register in Opposition	Available for Information Only
	representing an organization or a person or need to complete the rest of the form. If you	
•	of each person or organization you are rall Council of Carpenters, 115 W	,
COMMENTS:		
2. Are you being paid for your repr	resentation or appearing incidental to	your other paid duties for this
•	STOP; you do not need to complete the re	
3. Are you an elected official who is	s appearing solely on behalf of your of	ffice or for your municipality or
	STOP; you do not need to complete the	
4. Has or will the person or organiz	ation 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 t	han two contacts with the County Boa	ard supervisors other than at public
(Do not count contacts with the County	Board supervisor who represents the dis	strict in which you reside.)
you do make more than 2 contacts at a	nd 5 above, <u>STOP</u> ; you do not need to contain a later date, you must then contact the Contain this form. If you checked "YES" to expend the state of the state o	ounty Clerk's office to file a form
	n 5, do you understand that if the pers current reporting period, you must file	
(If you checked "NO" please call the Co Blvd., Room 106A for more information	ounty Clerk at 266-4121 or go to the Cler	
	Signature:	and y
	Printed Name: Thomas Hickey	