Clear Form REGIS	STRATION BEFORE COUNTY BOARD
DATE: 10/25/22	Name: AJ Hardie
Item #/Petition/CUP # or Subject:	Municipality: Madison
Emergency Harm Reduction and Prevent	
Wish to Speak in Support	☐ Wish to Speak in Opposition □
Wish to Register in Support	Available for Information Only Wish to Register in Opposition
	representing an organization or a person other than yourself? I YES INO not need to complete the rest of the form. If you checked "YES" go to the next question.)
Name, address and telephone numbe OutReach LGBTQ+ Commu	er of each person or organization you are representing: unity Center, 608-255-8582
COMMENTS:	
2. Are you being paid for your rep	presentation or appearing incidental to your other paid duties for this
	STOP ; 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 organi	zation 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
	<i>ty Board supervisor who represents the district in which you reside.</i>)
[If you checked "NO" to questions 4 a you do make more than 2 contacts at	nd 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. However, if a later date, you must then contact the County Clerk's office to file a form o sign this form. If you checked "YES" to either question at this time, go on to the
	on 5, do you understand that if the person or organization you represent current reporting period, you must file a financial disclosure statement
	County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Digitally signed by AJ Hardie
Date: 10/25/22	Signature: AJ Hardie Digitally signed by AJ Hardie Date: 2022.10.25 16:39:02 -05'00'
	Printed Name:
Submit	

Clear Form REC	GISTRATION BEFORE COUNTY BOARD
DATE: 10/25/22	Name: Jamie Bugel
Item #/Petition/CUP # or Subject Double Dollars Funding	: Municipality: Dane
 Wish to Speak in Support Wish to Register in Support 	Available for Information Only
	ally representing an organization or a person other than yourself? I YES INO not need to complete the rest of the form. If you checked "YES" go to the next question.)
	nber of each person or organization you are representing: arket, PO Box 1485 Madison, WI 53701
COMMENTS:	
2. Are you being paid for your	representation or appearing incidental to your other paid duties for this
	on, <u>STOP</u> ; you do not need to complete the rest of this form. If you checked "YES",
3. Are you an elected official w	ho is appearing solely on behalf of your office or for your municipality or
	ion, STOP; you do not need to complete the rest of this form. If you checked "YES",
4. Has or will the person or org	anization you represent spend more than \$500 on county lobbying activities
during the current reporting per	iod? (A reporting period is January to June, or July to December.) 🗌 YES 🔳 NO
5. Do you anticipate making mo	ore than two contacts with the County Board supervisors other than at public
	ounty Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts	4 and 5 above, STOP ; you do not need to complete the rest of this form. However, if a at a later date, you must then contact the County Clerk's office to file a form also sign this form. If you checked "YES" to either question at this time, go on to the
	stion 5, do you understand that if the person or organization you represent he current reporting period, you must file a financial disclosure statement
(If you checked "NO" please call the Blvd., Room 106A for more information of the Blvd., Room 106A for more inf	
Date: 10/25/22	Signature:
	Signature:
Submit	

Clear Form REGI	STRATION BEFORE COUNTY E	BOARD
DATE: 11/1/22	Name: Lindsey Ka	
Item #/Petition/CUP # or Subject:	Municipality: Dane County	
 Wish to Speak in Support Wish to Register in Support 	 Wish to Speak in Opposition Wish to Register in Opposition 	Available for Information Only
	y representing an organization or a person or ot need to complete the rest of the form. If you	
•	er of each person or organization you are r n for South Central Wisconsin, II	
4101 E Towne Blvd Madiso	on, WI 53704 ; Phone: (608) 237	'-1255
person or organization?	presentation or appearing incidental to . <u>STOP</u> ; you do not need to complete the re	
other governmental body?	n, STOP; you do not need to complete the	
4. Has or will the person or organ	ization you represent spend more than	\$500 on county lobbying activities
during the current reporting period	d? (A reporting period is January to June,	or July to December.) 🗌 YES 🔲 NO
hearings or meetings?	e than two contacts with the County Boa nty Board supervisor who represents the dis	
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you do not need to co t a later date, you must then contact the Co so sign this form. If you checked "YES" to e	ounty Clerk's office to file a form
	ion 5, do you understand that if the pers current reporting period, you must file	
(If you checked "NO" please call the Blvd., Room 106A for more information	County Clerk at 266-4121 or go to the Cler on.	
Date: 11/1/22	Signature: <u>Lindsey Karls</u> Printed Name: Lindsey Karls	
	Printed Name: Lindsey Karls	

Submit

REGISTRATION BEFORE COUNTY BOARD

DATE:10/26/22

Name: Liz Schnee

Item #/Petition/CUP # or Subject: 35604 Housing- Heart Room Case Management Funding Municipality: Madison

Wish to Speak in Support	Wish to Speak in Opposition	Available for Information Only
Wish to Register in X	Wish to Register in	
Support XX	Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself? X YES NO (If you checked "NO" <u>STOP</u>; 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:

The Road Home Dane County- 890 W Wingra Dr. Madison WI 53715. (608) 294-7998

COMMENTS:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person
or organization?X YES \square NO (If you
checked "NO" to the question, <u>STOP</u> ; 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?
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.) \Box YES X NO
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? \Box YES X 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. 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
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: _____ Printed Name: _____

Clear Form RE	GISTRATION BEFORE COUNTY BOARD
DATE: 10-25-2022	Name: Tanya Lettman-Shue
Item #/Petition/CUP # or Subjec	Dana County
■ Wish to Speak in Suppor	Available for Information Only
	ally representing an organization or a person other than yourself? U YES NO to not need to complete the rest of the form. If you checked "YES" go to the next question.)
· ·	mber of each person or organization you are representing: 25 Kessel Court Madison Wi 53711
COMMENTS:	
person or organization?	representation or appearing incidental to your other paid duties for this
(If you checked "NO" to the questi go to the next question.)	on, STOP ; you do not need to complete the rest of this form. If you checked "YES",
3. Are you an elected official w	ho is appearing solely on behalf of your office or for your municipality or
	tion, STOP; you do not need to complete the rest of this form. If you checked "YES",
4. Has or will the person or org	panization you represent spend more than \$500 on county lobbying activities
during the current reporting per	iod? (A reporting period is January to June, or July to December.) 🗌 YES 🔲 NO
5. Do you anticipate making m	ore than two contacts with the County Board supervisors other than at public
	bunty Board supervisor who represents the district in which you reside.)
you do make more than 2 contact	<i>4</i> and 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. However, if s at a later date, you must then contact the County Clerk's office to file a form also sign this form. If you checked "YES" to either question at this time, go on to the
	estion 5, do you understand that if the person or organization you represent the current reporting period, you must file a financial disclosure statement
(If you checked "NO" please call the Blvd., Room 106A for more inform	he County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr.,
Date:	Signature: / / / /
	Printed Name: Tanya Lettman-Shue
Submit	· .

DATE: 10/19/22 Name: PJ Chemberlain	DATE: 10/19/22 Name: Maddison Wagner
Item #/Petition/CUP # or Subject: Municipality: Dave	Item #/Petition/CUP # or Subject: Municipality:
Wish to Speak in Support Wish to Speak in Opposition Wish to Register in Support Wish to Register in Opposition	Image: Wish to Speak in Support Wish to Speak in Opposition Image: Wish to Register in Support Wish to Register in Opposition
1. On this occasion, are you officially representing an organization or a person other than yourself? VES NO (If you checked "NO" <u>STOP</u> ; 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:	 On this occasion, are you officially representing an organization or a person other than yourself? YES IN (If you checked "NO" <u>STOP</u>; 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:
Community Thermany 130 S. Fair Oaks Knewe, Madison, WT.	
COMMENTS:	COMMENTS:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?	2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?	3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Other governmental body? (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	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 N
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public hearings or meetings?	5. Do you anticipate making more than two contacts with the County Board supervisors other than at public hearings or meetings?
[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.].	[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, 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	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?	with the County Clerk? YES (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: 10/19/22 Signature:
Printed Name:RT Charibertan	Printed Name: