REGISTRATION BEFORE COUNTY COMMITTI	SE /
Committee Name: HHV Name: John Hen	drick
DATE: 10-)5-16 Municipality:	
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHM 14	
retition/CUP #/Resolution/Ordinance Amendment/Subject: 175/V 17	2,000 24 - 2,000 2 0
Wish to Speak in Support	ALACAN AND AND AND AND AND AND AND AND AND A
	for Information Only
1. On this occasion, are you officially representing an organization or a person other	go on to the next question.]
	8
Comments:	
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?	YES 🗆 NO
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 that you must sign this form. If
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 from July to December.)	YES NO
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?	YES □ NO reside.)
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this formore than 2 contacts at a later date, you must then contact the County Clerk's office to file a form must also sign this form. If you checked "YES" to either question at this time, go on to the next question at the contact the county Clerk's office to file a form must also sign this form.	indicating such activity. You
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	
	YES □ NO n 106A of the City-County
Date: Signature	
Print Name	

Committee Name: H+HV Name: Jon Frazier
DATE: 10/2-6/16 Municipality: Middleton
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
Wish to Speak in Support 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?
[If you checked "NO," <u>STOP</u> ; 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: Alea Agency on Asing of Sane (O)
Comments:
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?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; 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?
Date: 10/26/16 Signature Thomas L. Frazier
Print Name Thomas L. Frazier

Committee Name: HHV	Name: Rachel Kaiser	
DATE: 10.26-16	Municipality: Deme Co	
Petition/CUP #/Resolution/Ordin	nance Amendment/Subject: 3017 Budget	
Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information	tion Only
[If you checked "NO," <u>STOP</u> ; you ne	cially representing an organization or a person other than yourself	F X
Comments:		
other paid duties for this person	representation or appearing incidental to your nor organization?	□ NO
or for your municipality or othe	ho is appearing solely on behalf of your office or governmental body? YES on, STOP; you need not complete the rest of this form except that you must go on to the next question.]	NO NO t sign this form. If
	ganization you represent spend more than \$500 ring the current reporting period?	NO NO
supervisors other than at public	ore than 2 contacts with County Board thearings or meetings?	DONO
more than 2 contacts at a later date,	A and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, you must then contact the County Clerk's office to file a form indicating so ked "YES" to either question at this time, go on to the next question.]	
The state of the s	d that if the person or organization you represent he current reporting period, you must file a	
	with the county clerk?	□ NO ne City-County
Date:	Signature	>
ž.	Print Name Rachel Kaiser	

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: Municipality: DATE: Petition/CUP #/Resolution/Ordinance Amendment/Subject: Wish to Speak in Opposition ☐ Wish to Speak in Support ☐ Registering in Opposition ☐ Available for Information Only ☐ Registering in Support 1. On this occasion, are you officially representing an organization or a person other than yourself? YES [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: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES 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.1 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?..... YES [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 (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?...... (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?...... [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.]

1 11 11 11 11 11 11 11 11 11 11 11 11
Committee Name: Health+Humon Needs Name: Michele Kitt
DATE: 10 - 25-16 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: +
☑ 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:
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?
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?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; 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?
Date: Signature
Print Name

Committee Name: HHV	Name:	Marci	a Kena	Lickso	~	ь
DATE: 10/26/16	Municipali		disor			
Petition/CUP #/Resolution/Ordinar	W S	1	enclme	et #	3	
₩ Wish to Speak in Support Registering in Support	☐ Wish to Speak in Opp ☐ Registering in Opposi		☐ Available	for Informatio	n Onl	у
1. On this occasion, are you official [If you checked "NO," STOP; you need	YES)			stion.]
Name, address and telephone number South Madison 138 E. Oun au Comments:	r of each person or organi COU AHION Of				ろ	
2. Are you being paid for your repother paid duties for this person of [If you checked "NO" to the question, Solution of the checked "YES," turn over to the	r organization? TOP; you need not complete		······□	YES .		NO
3. Are you an elected official who or for your municipality or other g [If you checked "YES," to the question, you checked "NO," to the question, go	governmental body? <u>STOP</u> ; you need not comple		□	YES that you must s	/ ~	NO s form. Į
4. Has or will the person or organ on county lobbying activities durin (A reporting period is January to June o	ng the current reporting			YES		NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County	earings or meetings?		🗆	YES reside.)		NO
[If you checked "NO," to questions 4 as more than 2 contacts at a later date, you must also sign this form. If you checked	u must then contact the Cou	nty Clerk's off	ïce to file a forn	n indicating suc	, if you :h activ	do make ity. You
6. If "YES," do you understand t spends more than \$500 during the						
financial disclosure statement with [If you checked "NO" please call the Co Building, Madison, for more information	the county clerk? county Clerk at 266-4121 or §		П	YES om 106A of the		NO County
Date: 10/26/16	D ₁	Signature	Marcia H	<u>Llendrick</u> prodeicks	AS	

Committee Name: Name: Kelly Ruppel
DATE: Municipality: MMSD
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Budget
☐ 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?
[If you checked "NO," <u>STOP</u> ; 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: Madison Metapolita School District
Comments:
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?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; 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?
Date: Signature My Pm
Print Name Rell Variation

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: Municipality: Mondaye Petition/CUP #/Resolution/Ordinance Amendment/Subject: Amendment Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Available for Information Only ☐ Registering in Support ☐ Registering in Opposition 1. On this occasion, are you officially representing an organization or a person other than yourself? YES \square 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:** 2. Are you being paid for your representation or appearing incidental to your [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 [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 (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?..... □ 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.]

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: Municipality: DATE: Petition/CUP #/Resolution/Ordinance Amendment/Subject: Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Available for Information Only ☐ Registering in Opposition ☐ Registering in Support 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: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES [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 [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?..... 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?...... [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.]

Committee Name:	Name:	Din	Kineger	
DATE: 10/26/16	Municipa		J	
Petition/CUP #/Resolution/Ordin	ance Amendment/Subje	ct: <u>HHN</u> -	0-11	*
■ Wish to Speak in Support□ Registering in Support	☐ Wish to Speak in Oppo☐ Registering in Oppo	5.1. The contract of the contr	☐ Available for Info	ormation Only
[If you checked "NO," STOP; you nee	d not complete the rest of the	nis form. If you) checked "YES," go on t	
Name, address and telephone number North (Eastsile S	enlor Coalitia	nization you at	T Northfort D	#121
Comments:	,			
2. Are you being paid for your reother paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization? <u>STOP</u> ; you need not comple		□ YES	NO
3. Are you an elected official whor for your municipality or other [If you checked "YES," to the question you checked "NO," to the question, go	governmental body? <i>governmental body? governmental body?</i>		□ YES	NO nust sign this form. If
4. Has or will the person or orga on county lobbying activities dur (A reporting period is January to June	ing the current reporting			NO
5. Do you anticipate making mo supervisors other than at public l (Do not count contacts with the Count	nearings or meetings?		D YES	₩ NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, you must also sign this form. If you checked	ou must then contact the Co	unty Clerk's off	ice to file a form indicat	ting such activity. You
6. If "YES," do you understand spends more than \$500 during th financial disclosure statement with [If you checked "NO" please call the Obuilding, Madison, for more information.	e current reporting perith the county clerk? County Clerk at 266-4121 or	od, you must	file a YES	□ NO of the City-County
Date:		Signature		
	1	Print Name		

Committee Name: Name: ARROCK TICKEY	
Committee Name: Name: Parki Cle Hickey DATE: 10 26/2015 Municipality: MADISON Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-0-13	
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-0-13	
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 DNO [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:	n.]
Comments:	
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? [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?	
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?)
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. 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?	ty
Date: 10/26/14 Signature Print Name Print Name	

Committee Name: HHN Name: Catton Mondicton
DATE: 10/26/16 Municipality: Dane Cty.
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 0-13
☑ 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? WES DO [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: Worker's Rights (onter (608) 255-0376 2300 S. Park St. Madisa W1 53713
Comments:
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?
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?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; 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?
Date: 10/26/16 Signature Off M. Medden

Petition/CUP #/Resolution/Ordinance Amendment/Subject: Held of Subday Wish to Speak in Support Wish to Speak in Opposition Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? YES NO 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: Wish to Speak 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 NO NO NO NO NO NO N
Wish to Speak in Support
Registering in Support
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: Wisconsin Connected of Chadrenard Cambles Soon Workington Are \$100 Modison W Soon Soon Soon Soon Soon Soon Soon So
Comments: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? [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? [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? [If you checked "NO," to the question, go on to the next question.]
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
other paid duties for this person or organization?
or for your municipality or other governmental body?
on county lobbying activities during the current reporting period?
5 Do you anticipate making more than 2 contacts with County Roard
supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; 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?
Date: 0/20/6 Signature Print Name 10/4 of PCN

Committee Name: HHN	Name: Sest Strong
DATE: 10/26/16	Municipality: Madison
Petition/CUP #/Resolution/Ordinanc	e Amendment/Subject:HHN Z
Wish to Speak in Support	☐ Wish to Speak in Opposition
	☐ Registering in Opposition ☐ Available for Information Only
	y representing an organization or a person other than yourself? NO of complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of Pos Leadership Group Children Youth & Family Comments:	Community Partnerships - 210-0111 Consortium 1334 Dewey Cts Madria
other paid duties for this person or	esentation or appearing incidental to your organization?
or for your municipality or other go	s appearing solely on behalf of your office vernmental body?
	the current reporting period? YES NO rom July to December.)
	than 2 contacts with County Board rings or meetings?
more than 2 contacts at a later date, you i	5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make nust then contact the County Clerk's office to file a form indicating such activity. You (YES" to either question at this time, go on to the next question.]
	at if the person or organization you represent
financial disclosure statement with t	the county clerk? Signature Signature West Street Room 106A of the City-County Signature
	Print Name Sa A Strong

Committee Name: Hearth 1 Human Alle Name: Lindsay Wallace
DATE: 10/26/16 Municipality: Dane Co / Madeson
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HAN 2 - COLA Amondment
☑ Wish to Speak in Support ☐ Wish to Speak in Opposition
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1.0 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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:
NHMI Dane County, 2059 Atwood Ave 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? [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?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; 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? 1 YES
Date: 10/16 Signature Print Name Lindsay Wallace
Print Name Lindsay Wallace

Committee Name: HHN	Name:	leanne t.	Erickso,	クし
DATE: 10-26-12	Municipality	y: Madison		
Petition/CUP #/Resolution/Ord HHHH C HHHH C Wish to Speak in Support Registering in Support		osition Res	le for Information	HHW 0-14 n Only
1. On this occasion, are you off [If you checked "NO," STOP; you n Name, address and telephone nur	need not complete the rest of this f	□ NO form. If you checked "YES	S," go on to the ne.	
Comments:	ž			
2. Are you being paid for your other paid duties for this perso [If you checked "NO" to the question If you checked "YES," turn over to	on or organization?on, <u>STOP</u> ; you need not complete	□	YES	□ NO
3. Are you an elected official vor for your municipality or oth [If you checked "YES," to the quest you checked "NO," to the question,	er governmental body?ion, <u>STOP</u> ; you need not complete		☐ YES ept that you must si	□ NO ign this form. If
4. Has or will the person or or on county lobbying activities do (A reporting period is January to Jun	uring the current reporting p		I YES	□ NO
5. Do you anticipate making n supervisors other than at publi (Do not count contacts with the Cou	ic hearings or meetings?	🗖	YES you reside.)	□ NO
[If you checked "NO," to questions more than 2 contacts at a later date must also sign this form. If you che	, you must then contact the Count	ty Clerk's office to file a fo	orm indicating such	if you do make h activity. You
6. If "YES," do you understar spends more than \$500 during financial disclosure statement of [If you checked "NO" please call the Building, Madison, for more information of the statement of the	the current reporting period with the county clerk?	l, you must file a E		□ NO City-County
Date:	S:	Signature		
	Priu	nt Name		

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: ☐ Wish to Speak in Opposition Wish to Speak in Support ☐ Available for Information Only ☐ Registering in Support ☐ Registering in Opposition 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:** 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 [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?...... 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 \square NO financial disclosure statement with the county clerk?...... [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.] Signature Mulle Mush Print Name Social Shapes Date: 10-26-16

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: DATE: Municipality: Petition/QUP #/Resolution/Ordinance Amendment/Subject: Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only ☐ Registering in Support 1. On this occasion, are you officially representing an organization or a person other than yourself?□ YES [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:** 2. Are you being paid for your representation or appearing incidental to your 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 [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 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?...... 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?...... [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.] Signature Print Name

Committee Name: Name: SHARU KATO
DATE: 10/06/16 Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: PDS 320 Co CA + + + + + + + + + + + + + + + + + +
☐ 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 D 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:
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?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; 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?
Date: Signature Start KATO

Committee Name: HH N	Name: Lamren Siech Siech
DATE: 10/24/16	Municipality:
Petition/CUP #/Resolution/Ordinance	Amendment/Subject: + HV - 06
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Wish to Speak in Opposition Registering in Opposition □ Available for Information Only
	representing an organization or a person other than yourself?
Name, address and telephone number of	each person or organization you are representing:
Comments:	
other paid duties for this person or or	P; you need not complete the rest of this form.
or for your municipality or other gove	ppearing solely on behalf of your office rnmental body?
	tion you represent spend more than \$500 ne current reporting period?
	an 2 contacts with County Board ngs or meetings?
more than 2 contacts at a later date, you mu	above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make ust then contact the County Clerk's office to file a form indicating such activity. You ES" to either question at this time, go on to the next question.]
spends more than \$500 during the cur financial disclosure statement with the	if the person or organization you represent rent reporting period, you must file a e county clerk? YES INO YES INO YES Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County
Date: WYV W	Signature CAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA

		Δ	1000	
Committee Name: ###	Name:	Deudle	Kulk	
DATE: 10/24/1	<u> Municipal</u>	lity: Mue	Lison	
Petition/CUP #/Resolution/Ordina	nce Amendment/Subjec	et:	N-0-8	
Wish to Speak in Support	☐ Wish to Speak in Op	110		
☐ Registering in Support	☐ Registering in Oppos	sition	☐ Available for Inf	ormation Only
1. On this occasion, are you official. [If you checked "NO," <u>STOP</u> ; you need	ally representing an orga	anization or a	person other than	yourself?
[If you checked "NO," STOP; you need	l not complete the rest of thi	is form. If you c	hecked "YES," go on	to the next question.]
Name, address and telephone number Tengunt Re	er of each person or organ Souve Cout Dillamson	tion		
Comments:		,		
2. Are you being paid for your reporter paid duties for this person of [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization? STOP; you need not comple		YES	□ NO
3. Are you an elected official who or for your municipality or other a [If you checked "YES," to the question, you checked "NO," to the question, go	governmental body? , <u>STOP</u> ; you need not compl		□ YES	
4. Has or will the person or organon county lobbying activities during (A reporting period is January to June of	ng the current reporting			NO NO
5. Do you anticipate making mor supervisors other than at public h (Do not count contacts with the County	earings or meetings?			NO NO
[If you checked "NO," to questions 4 a more than 2 contacts at a later date, yo must also sign this form. If you checked	ou must then contact the Cou	inty Clerk's offic	ce to file a form indica	ating such activity. You
6. If "YES," do you understand to spends more than \$500 during the	e current reporting perio	od, you must f	ile a	
financial disclosure statement with [If you checked "NO" please call the C Building, Madison, for more information	County Clerk at 266-4121 or	go to the Clerk'	s office at Room 1062	NO A of the City-County
Date: 10/24/18)	Signature B	rede KK	ulul 1

Committee Name: HHDN Name: Brand Schlong
DATE: 10/27/16 Municipality: Mad 13 on
Petition/CUP #/Resolution/Ordinance Amendment/Subject: COLA for POS Agenties
Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
. On this occasion, are you officially representing an organization or a person other than yourself?
Journly
Comments: Speck in support of COLA, in crocke
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?
Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
If you checked "NO," to questions 4 and 5 above, <u>STOP;</u> you need not complete the rest of this form. However, if you do ma nore than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. Yo nust also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
5. 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
inancial disclosure statement with the county clerk? YES INO 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: Signature
Print Name

Committee Name: HHN	Name:	DAVE 1	GLAP	
DATE: 10 26 2016	Municipality: _	MADISO	U	
Petition/CUP #/Resolution/Ordinal				
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition		le for Informa	tion Only
1. On this occasion, are you official [If you checked "NO," <u>STOP</u> ; you need Name, address and telephone number	not complete the rest of this form.	NO . If you checked "YE	S," go on to the	
Comments:				
2. Are you being paid for your repother paid duties for this person of [If you checked "NO" to the question, So If you checked "YES," turn over to the	r organization? TOP; you need not complete the i		YES	□ NO
3. Are you an elected official who or for your municipality or other g [If you checked "YES," to the question, you checked "NO," to the question, go of the checked "NO," to the question, go of the property	governmental body? <u>STOP</u> ; you need not complete the			□ NO st sign this form. If
4. Has or will the person or organ on county lobbying activities durin (A reporting period is January to June or	ng the current reporting perio		YES	□ NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County	earings or meetings?	🗆		□ NO
[If you checked "NO," to questions 4 armore than 2 contacts at a later date, you must also sign this form. If you checked	u must then contact the County Cl	erk's office to file a fe	orm indicating s	
6. If "YES," do you understand t	hat if the person or organizat	ion you represent		
spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Co Building, Madison, for more information	current reporting period, you the county clerk? ounty Clerk at 266-4121 or go to t	u must file a E		□ NO ne City-County
Date:	Signat	ture		
	Print Na	ame		

Committee Name:	Name:	harden Witt	
DATE: 10-26-16	Municipality:	Windsor	
Petition/CUP #/Resolution/Ord	inance Amendment/Subject:	HHN 2e10	
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition	☐ Available for Inform	nation Only
[If you checked "NO," <u>STOP</u> ; you n	icially representing an organization YES useed not complete the rest of this form. It is not person or organization years.	X NO If you checked "YES," go on to th	
Comments:			
other paid duties for this perso	representation or appearing incide on or organization?	□ YES	□ NO
or for your municipality or oth	who is appearing solely on behalf of er governmental body?	YES	□ NO ust sign this form. If
	ganization you represent spend mouring the current reporting period? ne or from July to December.)		□ NO
supervisors other than at publi	nore than 2 contacts with County B c hearings or meetings? inty Board supervisor who represents the		□ NO
more than 2 contacts at a later date,	4 and 5 above, <u>STOP</u> ; you need not com, you must then contact the County Clerk cked "YES" to either question at this times.	k's office to file a form indicating	
6. If "YES," do you understan	nd that if the person or organization	n you represent	
financial disclosure statement v	the current reporting period, you nowith the county clerk?		□ NO the City-County
Date:	Signatur	e	<u>, </u>
	Print Nam	e Chryhae Witt	

Committee Name: HHN	Name:	Sadat	Abi	ri	
DATE: 10/26/16	Municipa	lity:			
Petition/CUP #/Resolution/Ordin	ance Amendment/Subject	ct: HHA	1-2		
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Op ☐ Registering in Oppor	The state of the s	Available	for Informatio	on Only
1. On this occasion, are you office [If you checked "NO," STOP; you need Name, address and telephone numbers.	ed not complete the rest of the	is form. If you check	ked "YES,"	go on to the no	
Comments:					
2. Are you being paid for your reother paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization?		🗆 🦠	YES	D NO
3. Are you an elected official whor for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question, go	r governmental body? n, <u>STOP</u> ; you need not comp				NO NO sign this form. If
4. Has or will the person or organization county lobbying activities dur (A reporting period is January to June	ring the current reporting			YES	□ NO
5. Do you anticipate making mo supervisors other than at public (Do not count contacts with the Count	hearings or meetings?			YES reside.)	□ NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, y must also sign this form. If you check	you must then contact the Con	unty Clerk's office to	file a form	indicating suc	
6. If "YES," do you understand	that if the person or org	anization you rep	resent		
spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Building, Madison, for more information of the statement with the statement wi	ith the county clerk? County Clerk at 266-4121 or		🗆	YES m 106A of the	□ NO City-County
Date: 10/26/10		Signature	Mand a	Ar '	•
	F	Print Name _ Sou	200	HOIVI	

Committee Name:		
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Wish to Speak in Support		
Wish to Speak in Support	DATE: 10/24/16 Municip	pality: MADUSA
Registering in Support	Petition/CUP #/Resolution/Ordinance Amendment/Subj	ject: COLA
No No No No No No No No		
Comments: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?	YES	□ NO
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?	movin out the 905 Royster	sals Drive Suite 105
other paid duties for this person or organization? 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? 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? (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? (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? 1 YES		
or for your municipality or other governmental body?	other paid duties for this person or organization? [If you checked "NO" to the question, <u>STOP</u> ; you need not comp	YES \(\square\) NO
on county lobbying activities during the current reporting period?	or for your municipality or other governmental body? [If you checked "YES," to the question, <u>STOP</u> ; you need not com	□ YES 💆 NO
Supervisors other than at public hearings or meetings?	on county lobbying activities during the current reporting	ng period? □ YES 🂢 NO
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?	supervisors other than at public hearings or meetings?	□ YES ▼ NO
spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?	more than 2 contacts at a later date, you must then contact the C	County Clerk's office to file a form indicating such activity. You
	spends more than \$500 during the current reporting per financial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121	riod, you must file a
Date: 10/26/16 Signature 16/14 Jealeut Print Name Translly (Rade Let	Date: [0[26[6	Signature Bly Skalelet Print Name Towothy Skadelet

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Committee Name: + + + + + + + + + + + + + + + + + + +	Name:		So he W		
DATE: OCTOBER 25	Municip	ality: Madiby	\		
Petition/CUP #/Resolution/Ordin	ance Amendment/Subj	ect:			
☐ Wish to Speak in Support	☐ Wish to Speak in C	Opposition		-10-5	
Registering in Support	☐ Registering in Opp	* *	☐ Available	for Informatio	n Only
1. On this occasion, are you office [If you checked "NO," <u>STOP</u> ; you nee	YES)		
Name, address and telephone numb	per of each person or orga	anization you ar	e representing:		
Comments:					
2. Are you being paid for your reother paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization? STOP; you need not comp			YES	NO NO
3. Are you an elected official whor for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question, go	r governmental body? n, <u>STOP</u> ; you need not com			YES that you must st	NO NO ign this form. If
4. Has or will the person or orga on county lobbying activities dur (A reporting period is January to June	ing the current reportin	ng period?		YES	Ø NO
5. Do you anticipate making mo supervisors other than at public (Do not count contacts with the Count	hearings or meetings?			YES reside.)	DENO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, y must also sign this form. If you check	ou must then contact the C	ounty Clerk's offi	ce to file a form	indicating such	
6. If "YES," do you understand	that if the person or or	ganization you	represent		
spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Building, Madison, for more information of the statement with the statement wi	th the county clerk? County Clerk at 266-4121 of			YES n 106A of the 0	NO City-County
Date: 00+ 75 7	0/6	Signature)-4:1.	Ihm	
		Drint Nama			

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Committee Name: HHN Name: Jim Cavanaugh
DATE: Oct, 26, 2016 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: WRC budget amendment
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
Registering in Support
1. On this occasion, are you officially representing an organization or a person other than yourself?
Name, address and telephone number of each person or organization you are representing:
workers Rights Center
Workers Rights Center 255-0376
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; 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 DO 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: 10/21/16 Signature James A Cavanaugh

OCCUPATE SATE SATE	NOTATION 1	141		527/54		Lo	9 mm mm market		
Committe	ee Name:	f/1/V		Name:	Jim	Krue	ger		
DATE:_	10/26/	16		_ Municipa	ulity:				
Petition/C	CUP #/Resolutio	on/Ordinar	nce Amend	ment/Subje	ct:	N-0	- 2		i na na na na na na na n
□ Wish to	o Speak in Suppo	ort	☐ Wish to	Speak in O	position				
	ering in Support			ring in Oppo		☐ Availa	able for Info	ormation Or	ıly
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Commen									
other pa [If you che	ou being paid fo id duties for this ecked "NO" to the cked "YES," turn	s person of question, <u>S</u>	r <mark>organizat</mark> <u>TOP</u> ; you ne	ion? ed not comple			□ YES		NO
or for you [If you che	ou an elected of ur municipality ecked "YES," to the ed "NO," to the qu	or other g	<mark>overnment</mark> <u>STOP</u> ; you n	al body?				□ ı must sign tl	NO nis form. If
on count	or will the person y lobbying activ ng period is Januar	ities durin	g the curre	ent reportin	g period?		□ YES		NO
superviso	ou anticipate ma ors other than a ount contacts with	t public he	arings or n	neetings?			☐ YES n you reside.	_	NO
more than	ecked "NO," to qu 2 contacts at a lar sign this form. If y	ter date, you	must then c	ontact the Co	unty Clerk's of	fice to file a	form indica	ting such act	
6. If "Y	ES," do you und	derstand tl	nat if the pe	erson or org	ganization you	u represen	it		
spends m financial [If you cho	nore than \$500 of disclosure state ecked "NO" please Madison, for more	during the ement with e call the Co	current rep the county ounty Clerk a	porting peri	od, you must	file a	□ YES		NO County
Date:		40			Signature				
				1	Drint Noma				

				. 1 (
Committe	ee Name: H	Name:	Julie	Vichols	-lounes		
DATE:_	10-26-16	Municip	pality: Mac	lison			
Petition/C	CUP #/Resolution/Ordina	ance Amendment/Subj	ect: HHN	-2+15			
		☐ Wish to Speak in C	No. 25	*			
	o Speak in Support ering in Support	☐ Registering in Opp	## (##)	☐ Available	for Informat	ion Only	у
					Novement of the second of the	1074285444007	111.
1. On thi	is occasion, are you offici	ally representing an or YES	rganization or a		er than yours	elf?	
[If you che	cked "NO," <u>STOP</u> ; you nee	d not complete the rest of			" go on to the	next ques	stion.]
Name add	dress and telephone numb	er of each person or org	anization vou a	re representing	y •		
rvaine, adv	aress and telephone name	or or each person or org	umbation you as	to representing	•		
*			11 - 11				
Commen	ts: Please incr	euse ColA fi	or Posa	gencie	S		
	ou being paid for your re id duties for this person				YES		NO
1.0	ecked "NO" to the question,	0			1123		NO
If you che	cked "YES," turn over to the	e next question.]					
3. Are v	ou an elected official wh	o is appearing solely or	n behalf of you	r office			
or for you	ur municipality or other	governmental body?				enametri inv	NO
	ecked "YES," to the questioned "NO," to the question, go		iplete the rest of i	this form excep	t that you must	sign this	form. If
you encene	ea 110, to the question, se	on to the next question.		## # 11 to 10 phones of 10 to 10			
	or will the person or orga y lobbying activities duri				YES	П	NO
	ng period is January to June			Ц	1123		110
- 1			Ct Doord	1			
	ou anticipate making mo ors other than at public l				YES		NO
	ount contacts with the Count				u reside.)		
[If you che	ecked "NO," to questions 4 o	and 5 above, STOP; you n	eed not complete	the rest of this	form. Howeve	er, if you	do make
more than	2 contacts at a later date, ye	ou must then contact the C	ounty Clerk's off	ice to file a for	m indicating si		
must also	sign this form. If you checke	ed "YES" to either questio	n at this time, go	on to the next of	quesnon. _]		
	ES," do you understand						
	nore than \$500 during the disclosure statement with		33-2000000		YES		10
	ecked "NO" please call the C						
	Madison, for more informati						
					8		
Date:			Signature				
			Drint Nama				

Committee Name: Health & 1	Human Needs Name: _ Fan (allan	
DATE: 10-24-16	Municipality: ʏʏ	ladison	
Petition/CUP #/Resolution/Ordi	inance Amendment/Subject: Rudo	get HHN 2	
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition	☐ Available for Inform	nation Only
[If you checked "NO," <u>STOP</u> ; you no	icially representing an organization YES eed not complete the rest of this form. If the of each person or organization years.	NO you checked "YES," go on to the	
Comments:			
other paid duties for this person	representation or appearing incide n or organization?	□ YES	□ NO
or for your municipality or other	who is appearing solely on behalf of er governmental body?	YES	□ NO ust sign this form. If
	ganization you represent spend montring the current reporting period? the or from July to December.)		□ NO
supervisors other than at public	nore than 2 contacts with County Book hearings or meetings?nty Board supervisor who represents the		□ NO
more than 2 contacts at a later date,	4 and 5 above, <u>STOP</u> ; you need not compy you must then contact the County Clerk ked "YES" to either question at this time	's office to file a form indicating	
	d that if the person or organization		
financial disclosure statement w	the current reporting period, you me with the county clerk?e County Clerk at 266-4121 or go to the Cation.		□ NO the City-County
Date:	Signature		
	Print Name		

Committee Name:	Name:	Teresa F	Rhodes		
DATE: 10/26/110	Municipa	ality: <u>Mad</u>	ison		
Petition/CUP #/Resolution/Ordinar	nce Amendment/Subje	ect: HHD	2 Increa	se COLA to 3	7%
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in O☐ Registering in Oppo	And the second s	☐ Available	for Information	Only
1. On this occasion, are you official. [If you checked "NO," <u>STOP</u> ; you need.	YES	□ NO			
Name, address and telephone number REM Wisconsin In 2005 W. Beltline H.	nc .		-		
Comments:	1				
2. Are you being paid for your repother paid duties for this person of [If you checked "NO" to the question, So If you checked "YES," turn over to the results of the paid to	r organization? TOP; you need not compl			YES	⊠ NO
3. Are you an elected official who or for your municipality or other g [If you checked "YES," to the question, you checked "NO," to the question, go of the control of the property of the pro	overnmental body? STOP; you need not comp		П	YES Ç that you must sign	NO n this form. Ij
4. Has or will the person or organ on county lobbying activities durin (A reporting period is January to June or	g the current reportin	g period?		YES	□ NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County l	arings or meetings?			YES reside.)	☑ NO
[If you checked "NO," to questions 4 an more than 2 contacts at a later date, you must also sign this form. If you checked	must then contact the Co	ounty Clerk's offic	e to file a form	indicating such	
6. If "YES," do you understand the spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Co Building, Madison, for more information	current reporting per the county clerk? unty Clerk at 266-4121 o	iod, you must f	ile a	YES En 106A of the Ci	
Date: Ususakhadis 1			liesaki	hodes	м

Committee Name: Name: Stephanic
DATE: 1024/19 Municipality: City of Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHNA
☐ 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 DNO [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:
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?
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?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; 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?
Date: 10 24 14 Signature AtpMall Mulik