Committee Name: Z	LR	Your Name: Ron Combs		
DATE of Meeting: 2/3	2 <u>5/2020</u> Municipal	ity You Reside in: James ville		
Petition/CUP #/Resolution	Ordinance Amendment/Su	ubject: 11514		
☐ Wish to Speak in		☐ Wish to Speak in Opposition		
☐ Wish to Register	n Support	☐ Wish to Register in Opposition		
	Available	for Information Only		
1. On this occasion, are you officially representing an organization or a person other than yourself? VES NO (If you checked "NO" STOP; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)				
Name, address and telephor	ne number of each person or	r organization you are representing:		
Doerr To	vst			
	8			
COMMENTS:				
2. Are you being paid for	your representation or ap	pearing incidental to your other paid duties for this		
person or organization? [If you checked "NO" to the go to the next question.)		need to complete the rest of this form. If you checked "YES",		
3. Are you an elected office	cial who is appearing sole	y on behalf of your office or for your municipality or		
other governmental body? YES 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 of	or organization you repres	ent spend more than \$500 on county lobbying activities		
during the current reporting (A reporting period is Januar		Der.)		
5. Do you anticipate maki	ng more than two contacts	s with the County Board supervisors other than at public		
hearings or meetings?		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. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)				
		rstand that if the person or organization you represent period, you must file a financial disclosure statement		
with the County Clerk?? (If you checked "NO" please Blvd., Room 106A for more i	call the County Clerk at 266	i-4121 or go to the Clerk's office at 210 Martin Luther King Jr.,		
Date:	Signature:			
015-151 7/18	Printed Name:	DE 19 JUNE 19 P.		

Committee Name: 2LR Your Name: Lindsy Honey ager				
DATE of Meeting: 2/25/2020 Municipality You Reside in: Village of Origon				
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 1515				
Wish to Speak in Support Wish to Speak in Opposition				
☐ Wish to Register in Support ☐ Wish to Register in Opposition				
Available for Information Only				
1. On this occasion, are you officially representing an organization or a person other than yourself? \(\subseteq \text{YES} \) NO (If you checked "NO" \(\section \text{TOP} \); 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:				
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, <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? YES 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? YES NO (A reporting period is January to June, or July to December.)				
5. Do you anticipate making more than two contacts with the 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, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)				
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: 125/2020 Signature: Printed Name: Vivil SM Hovel AAR				
Date: 2/25/2020 Signature: further Jung cape				
015-151 7/18 Printed Name: UNASAM HUNGARR				

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: Your Name: DATE of Meeting: Feb 25th Municipality You Reside in: Petition/CUP #/Resolution/Ordinance Amendment/Subject: 2019 -11516 Wish to Speak in Support Wish to Speak in Opposition ☐ 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? YES (If you checked "NO" STOP; 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: COMMENTS: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

YES M NO (If you checked "NO" to the question, STOP; 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?

YES □ 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?

YES □ NO (A reporting period is January to June, or July to December.) 5. Do you anticipate making more than two contacts with the County Board supervisors other than at public hearings or meetings? \(\subseteq \text{YES} \) (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 indicating such activity. If you checked "YES" to either question, please continue to the question below. You must also sign this form.) 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 (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. Signature:

Printed Name:

REGISTRATION BEFORE COUNTY COMMITTEE					
Committee Name: ELR Your Name: Heb Jalarczyk					
DATE of Meeting: 2/25/20 Municipality You Reside in: New Glarus					
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Hacker Trome To. 11518					
Wish to Speak in Support Wish to Speak in Opposition					
☐ Wish to Register in Support ☐ Wish to Register 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 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: Karl Hacker 8058 CTH. & Verong WI 53593					
608 - 444 - 2206					
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 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? YES 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? YES NO (A reporting period is January to June, or July to December.)					
5. Do you anticipate making more than two contacts with the 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, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)					
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: 2/25/20 Signature: Holed & Valares					
015-151 7/18 Printed Name: Sweet f. Talanczyk					

Committee Name:	ZLR	our Name: LEROSSE GOBEL			
DATE of Meeting: <u>25</u>	FEB 2030 Municipality	You Reside in: MONTROSE TOWNSHA			
Petition/CUP #/Resolution	on/Ordinance Amendment/Sub	ject: 11519			
Wish to Speak		☐ Wish to Speak in Opposition			
☐ Wish to Regist	er in Support	☐ Wish to Register in Opposition			
	Available fo	r Information Only			
1. On this occasion, are	e you officially representing ar	organization or a person other than yourself?			
☐ 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 telepl	none number of each person or o	organization you are representing:			
	, a				
COMMENTS:		e e			
2. Are you being paid f	or your representation or app	earing incidental to your other paid duties for this			
person or organization? (If you checked "NO" to the go to the next question.)		eed to complete the rest of this form. If you checked "YES",			
3. Are you an elected o	fficial who is appearing solely	on behalf of your office or for your municipality or			
other governmental bod (If you checked "YES" to t go to the next question.)		need to complete the rest of this form. If you checked "YES",			
4. Has or will the perso	n or organization you represei	nt spend more than \$500 on county lobbying activities			
during the current report (A reporting period is Jane	ting period? YES uary to June, or July to December	NO r.)			
5. Do you anticipate ma	iking more than two contacts v	with the County Board supervisors other than at public			
hearings or meetings? (Do not count contacts with		ho represents the district in which you reside.)			
if you do make more than	2 contacts at a later date, you m	you do not need to complete the rest of this form. <u>However,</u> ust then contact the County Clerk's office to file a form stion, please continue to the question below. You must also			
6. If you answered "YES spends more than \$500	" to question 5, do you unders during the current reporting pe	tand that if the person or organization you represent eriod, you must file a financial disclosure statement			
with the County Clerk? (If you checked "NO" plea Blvd., Room 106A for mor	se call the County Clerk at 266-4	1121 or go to the Clerk's office at 210 Martin Luther King Jr.,			
Date:	Signature:				
015-151 7/18	Printed Name:				

Committee Name: Your Name: Olse	V				
DATE of Meeting: 2-25-2020 Municipality You Reside in:	Albian				
Petition/CUP #/Resolution/Ordinance Amendment/Subject:					
☑ Wish to Speak in Support ☐ Wish to Speak in Opport	osition				
☐ Wish to Register in Support ☐ Wish to Register in Op	position				
Available for Information Only					
1. On this occasion, are you officially representing an organization or a person other th	an yourself?				
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:					
COMMENTS:					
2. Are you being paid for your representation or appearing incidental to your other paid	d duties for this				
person or organization? YES NO (If you checked "NO" to the question, <u>STOP</u> ; you do not need to complete the rest of this form. go to the next question.)	If you checked "YES",				
3. Are you an elected official who is appearing solely on behalf of your office or for you	r municipality or				
other governmental body? YES 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	y lobbying activities				
during the current reporting period? YES NO					
(A reporting period is January to June, or July to December.)					
5. Do you anticipate making more than two contacts with the County Board supervisors hearings or meetings? YES NO	other than at public				
(Do not count contacts with the County Board supervisor who represents the district in which yo	ou reside.)				
(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you do not need to complete the rest if you do make more than 2 contacts at a later date, you must then contact the County Clerk's condicating such activity. If you checked "YES" to either question, please continue to the question sign this form.)	office to file a form				
6. If you answered "YES" to question 5, do you understand that if the person or organiza spends more than \$500 during the current reporting period, you must file a financial disc	tion you represent losure 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: 2-25-2020 Signature: Ill Ulm					
015-151 7/18 Printed Name: 10nn 0/50w	11				

Committee Name: ZLR Your Name: Robert Procter					
DATE of Meeting: Fcb 25 Municipality You Reside in: Manana WI					
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 1/52					
Wish to Speak in Support					
☐ Wish to Register in Support ☐ Wish to Register 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 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:					
Petitioner					
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 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? YES 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? YES NO (A reporting period is January to June, or July to December.)					
5. Do you anticipate making more than two contacts with the 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, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)					
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:					
015-151 7/18 Printed Name: Rober Process					

Committee Name: _		Your Name:	Linda Schenk			
DATE of Meeting: _	2/25/2020 M	unicipality You Reside i	n: midalcton			
	olution/Ordinance Amend	3	11521			
☐ Wish to S	☐ Wish to Speak in Support ☐ Wish to Speak in Opposition					
Wish to R	egister in Support	□ v	Wish to Register in Opposition			
		vailable for Information O				
1. On this occasio	n, are you officially repre	senting an organization	or a person other than yourself?			
☐ YES (If you checked "NO" question.)	Þ\NO ' <u>STOP</u> ; you do not need to	complete the rest of the f	form. If you checked "YES" go to the next			
Name, address and t	telephone number of each	person or organization you	u are representing:			
,	e e					
COMMENTS:			,			
2. Are you being p	aid for your representati	on or appearing incident	tal to your other paid duties for this			
person or organizate (If you checked "NO" go to the next question	to the question, STOP ; yo	NO u do not need to complete	e the rest of this form. If you checked "YES",			
3. Are you an elect	ed official who is appear	ng solely on behalf of y	our office or for your municipality or			
other governmental body? YES 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 p	erson or organization yo	ı represent spend more	than \$500 on county lobbying activities			
The second secon	eporting period?					
5. Do you anticipat	te making more than two	contacts with the Count	y Board supervisors other than at public			
hearings or meeting (Do not count contac			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. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)						
			e person or organization you represent st file a financial disclosure statement			
with the County Cle		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:	Signatur	ə:				
015-151 7/18	Printed Nam	e:				

Committee Name: Your Name: CHRIS SCHENK					
DATE of Meeting: 2-25 Municipality You Reside in: MIDDLETON					
Petition/CUP #/Resolution/Ordinance Amendment/Subject://52 /					
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition					
Wish to Register in Support Wish to Register 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 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:					
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 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? YES 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? YES NO (A reporting period is January to June, or July to December.)					
5. Do you anticipate making more than two contacts with the 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, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)					
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:					
015-151 7/18 Printed Name:					

Committee Name: _	ZLR	Your N	ame: <u>Ron a</u>	ald Jacobson	
DATE of Meeting: _	02-25-26	Municipality You	Reside in: <u>Tou</u>	un of Medina	
	olution/Ordinance An				
₩ Wish to S	peak in Support		☐ Wish to Sp	peak in Opposition	
☐ Wish to R	egister in Support		☐ Wish to Re	egister in Opposition	
	ſ	Available for Infor	mation Only		
☐ YES	№ NO			son other than yourself? ou checked "YES" go to the next	
Name, address and	telephone number of e	each person or organi	zation you are repr	resenting:	
	-			0 11	
	400		The second secon		
COMMENTS:					
	672. II	entation or appearing	incidental to you	ur other paid duties for this	
person or organizate (If you checked "NO" go to the next question	to the question, STO	NO P; you do not need to	complete the rest	of this form. If you checked "YES",	
3. Are you an elec	ted official who is ap	pearing solely on be	half of your office	e or for your municipality or	
other governmental body? YES 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 p	erson or organizatio	on you represent spe	nd more than \$50	00 on county lobbying activities	
	reporting period? S January to June, or J				
5. Do you anticipa	te making more than	two contacts with t	ne County Board	supervisors other than at public	
hearings or meeting (Do not count contact			presents the distric	ct 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. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)					
				or organization you represent inancial disclosure statement	
with the County Cle (If you checked "NO" Blvd., Room 106A fo	" please call the Count	□ NO ty Clerk at 266-4121 o	or go to the Clerk's	office at 210 Martin Luther King Jr.	
Date:	Sigr	nature:		×	
015-151 7/18	Printed	Name:			

Committee Name: _	ZLR	Your	Name:	Dosil	Zimme-
DATE of Meeting: _	2-25-26	Municipality Yo	u Reside in:	_spri.	nsdple
Petition/CUP #/Rese	olution/Ordinance A			249/	· ·
Wish to Speak in Support					
☐ Wish to R	egister in Support		☐ Wi	sh to Regist	er in Opposition
		Available for Inf	ormation Only	y	
1. On this occasio	n, are you officially	representing an or	ganization o	r a person o	other than yourself?
☐ YES (If you checked "NO" question.)	□ NO " <u>STOP</u> ; you do not ne	eed to complete the	rest of the for	m. If you ch	ecked "YES" go to the next
Name, address and	telephone number of	each person or orga	nization you a	are represer	nting:

****	(dec				the state of the s
COMMENTS:					s .
2. Are you being p	aid for your repres	entation or appeari	ng incidenta	l to your ot	her paid duties for this
person or organiza (If you checked "NO go to the next questi	" to the question, <u>STC</u>	NO DP; you do not need	to complete t	he rest of th	is form. If you checked "YES",
3. Are you an elec	ted official who is a	ppearing solely on	behalf of you	ur office or	for your municipality or
other governmental body? YES 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 p	person or organizati	on you represent s	pend more tl	han \$500 o	n county lobbying activities
during the current reporting period? YES NO (A reporting period is January to June, or July to December.)					
5. Do you anticipa	te making more tha	n two contacts with	n the County	Board sup	ervisors other than at public
hearings or meeting (Do not count contact)	gs? \[YES \] Its with the County Bo	NO pard supervisor who	represents th	ne 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. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)					
6. If you answered spends more than	"YES" to question 5 \$500 during the cur	, do you understan ent reporting perio	nd that if the od, you must	person or o	organization you represent cial disclosure statement
with the County Cle (If you checked "NO Blvd., Room 106A fo	" please call the Cour	□ NO nty Clerk at 266-412	1 or go to the	Clerk's offic	ee at 210 Martin Luther King Jr.,
Date:	Siç	ınature:	180-00-00-00-00-00-00-00-00-00-00-00-00-0		
015-151 7/18	Printe	d Name:			