REGISTRATION BEFORE COUNTY BOARD

DATE:	Name:	
Item #/Petition/CUP # or Subject:	Municipality:	
☐ Wish to Speak in Support☐ Wish to Register in Support	────────────────────○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○<	☐ Available for Information Only
On this occasion, are you officially related to the second of the s	epresenting an organization or a perso	
Name, address and telephone number	of each person or organization you are	e representing:
COMMENTS		
COMMENTS:		a varie ather paid duties for this
		e rest of this form. If you checked "YES",
3. Are you an elected official who is	appearing solely on behalf of your	office or for your municipality or
		e rest of this form. If you checked "YES",
4. Has or will the person or organization	ation you represent spend more tha	n \$500 on county lobbying activities
during the current reporting period?	(A reporting period is January to June	e, or July to December.) \square YES \square NO
5. Do you anticipate making more the	han two contacts with the County B	oard supervisors other than at public
hearings or meetings?(Do not count contacts with the County		
you do make more than 2 contacts at a	later date, you must then contact the	complete the rest of this form. However, if County Clerk's office to file a form o either question at this time, go on to the
6. If you answered "YES" to question spends more than \$500 during the co		
with the County Clerk?(If you checked "NO" please call the Co Blvd., Room 106A for more information	ounty Clerk at 266-4121 or go to the C	□ YES □ NO lerk's office at 210 Martin Luther King Jr.,
Date: S	Signature:	
J	Printed Name:	

Clear Form	STRATION BEFORE COUNTY	BOARD
DATE: 1/21/2021	Name: Dean Hack	
Item #/Petition/CUP # or Subject: sec:K, Item 1, resolution303	Municipality:	
■ Wish to Speak in Support■ Wish to Register in Support	☐ Wish to Speak in Opposition☐ Wish to Register in Opposition	Available for Information Only
	representing an organization or a person ot need to complete the rest of the form. If you	_
Name, address and telephone numbe Laborers Local Union 464	er of each person or organization you are (608)244-6400	representing:
1438 N. Stoughton rd. Madiso	on Wi. 53714	
COMMENTS:		
person or organization?	sresentation or appearing incidental to STOP; you do not need to complete the r	YES NO
3. Are you an elected official who i	is appearing solely on behalf of your o	ffice or for your municipality or
other governmental body?	STOP; you do not need to complete the	YES NO
4. Has or will the person or organi	zation you represent spend more than	\$500 on county lobbying activities
during the current reporting period	? (A reporting period is January to June,	or July to December.) 🔲 YES 🗏 NO
5. Do you anticipate making more	than two contacts with the County Boa	ard supervisors other than at public
	y Board supervisor who represents the di	
If you checked "NO" to questions 4 ar	nd 5 above, <u>STOP;</u> you do not need to co a later date, you must then contact the Co	omplete the rest of this form. However, if ounty Clerk's office to file a form

indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.].

6. If you answered "YES" to question 5, do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement

with the County Clerk?□ YES □ NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information. Date: 1/21/2021

Printed Name: Dean Hackl

Clear Form

REGISTRATION BEFORE COUNTY BOARD

DATE: 1/21/2021	Name: James Vick	
Item #/Petition/CUP # or Subject:	Municipality: City of Madison	
Item 1 Section K Resolution 303		:
☐ Wish to Speak in Support	☐ Wish to Speak in Opposition	Available for information Only
Wish to Register in Support	Wish to Register in Opposition	Available for Information Only
1. On this occasion, are you officially repr (If you checked "NO" <u>STOP</u> : you do not nee		
Name, address and telephone number of	each person or organization you are i	representing:
Bricklayers and Allied Craftworke	ers P.O. Box 510617 New B	erlin WI 53151 262-827-4080
COMMENTS:		
2. Are you being paid for your represe	entation or appearing incidental to	your other paid duties for this
person or organization?(If you checked "NO" to the question, STO go to the next question.)		
3. Are you an elected official who is a	opearing solely on behalf of your o	ffice or for your municipality or
other governmental body?(If you checked "YES" to the question, ST go to the next question.)		
4. Has or will the person or organization	on you represent spend more than	\$500 on county lobbying activities
during the current reporting period? (A	A reporting period is January to June,	or July to December.) ☐ YES ☐ NO
5. Do you anticipate making more than	n two contacts with the County Boa	ard supervisors other than at public
hearings or meetings?(Do not count contacts with the County Bo		
[If you checked "NO" to questions 4 and 5 you do make more than 2 contacts at a laindicating such activity. You must also signest question.].	ter date, you must then contact the Co	ounty Clerk's office to file a form
6. If you answered "YES" to question 5 spends more than \$500 during the curr		
with the County Clerk?		
(If you checked "NO" please call the Coun Blvd., Room 106A for more information.	nty Clerk at 266-4121 or go to the Cle	rk's office at 210 Martin Luther King Jr.,
Date: 1/21/2021 Sig	nature: / ant	
Pri	nted Name: James Vick	

Clear Form

REGISTRATION BEFORE COUNTY BOARD

DATE: 2//1/2021	Name: Jaclyn Weitzel	
Item #/Petition/CUP # or Subject:	Municipality: Madison	
Responsible Bidder Ordinance, Resolution		
■ 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 re (If you checked "NO" <u>STOP</u> ; you do not r	presenting an organization or a person oneed to complete the rest of the form. If you	
Name, address and telephone number of	of each person or organization you are r	epresenting:
Building and Construction Trades Construction	ouncil of South Central Wisconsin, 1	602 S. Park st. Madison WI, 53715
608-256-3161		
COMMENTS:		
2. Are you being paid for your repre	sentation or appearing incidental to	your other paid duties for this
person or organization?(If you checked "NO" to the question, So to the next question.)		
3. Are you an elected official who is	appearing solely on behalf of your of	ffice or for your municipality or
other governmental body?(If you checked "YES" to the question, S go to the next question.)		
4. Has or will the person or organiza	tion you represent spend more than	\$500 on county lobbying activities
during the current reporting period?	(A reporting period is January to June,	or July to December.) 🗌 YES 🗏 NO
5. Do you anticipate making more th	an two contacts with the County Boa	ard supervisors other than at public
hearings or meetings?(Do not count contacts with the County is		
[If you checked "NO" to questions 4 and you do make more than 2 contacts at a indicating such activity. You must also s next question.].	later date, you must then contact the Co	ounty Clerk's office to file a form
6. If you answered "YES" to question spends more than \$500 during the cu		
with the County Clerk?(If you checked "NO" please call the Co	unty Clerk at 266-4121 or go to the Cler	k's office at 210 Martin Luther King Jr.,
Blvd., Room 106A for more information. Date: 2-1-2021 S	ignature: jaclyn weitzel	Digitally signed by jaclyn weitzel Date: 2021.02.01 18:26:21 -06'00'
P	rinted Name: <u>Jaclyn Weitzel</u>	

Clear Form	
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REGISTRATION BEFORE COUNTY BOARD

DATE: 01/21/2021	Name: Scott Bartz	
Item #/Petition/CUP # or Subject: Sec K Item 1	Municipality:	
Wish to Speak in SupportWish to Register in Support	☐ Wish to Speak in Opposition☐ Wish to Register in Opposition	Available for Information Only
1. On this occasion, are you officially re (If you checked "NO" <u>STOP</u> ; you do not re	epresenting an organization or a person on eed to complete the rest of the form. If you	
Name, address and telephone number of SMART Local 18	of each person or organization you are r	epresenting:
150 Communications Dr, Sun F	Prairie (Madison Area Office) (6	08)576-3563
COMMENTS:		
2. Are you being paid for your repre	esentation 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 of	fice or for your municipality or
other governmental body?(If you checked "YES" to the question, S go to the next question.)		
4. Has or will the person or organiza	tion you represent spend more than	\$500 on county lobbying activities
during the current reporting period?	(A reporting period is January to June,	or July to December.) 🗌 YES 🗏 NO
5. Do you anticipate making more th	an two contacts with the County Boa	rd supervisors other than at public
hearings or meetings?(Do not count contacts with the County is		
[If you checked "NO" to questions 4 and you do make more than 2 contacts at a indicating such activity. You must also s next question.].	later date, you must then contact the Co	ounty Clerk's office to file a form
6. If you answered "YES" to question spends more than \$500 during the cu		
with the County Clerk?		☐ YES ☐ NO
(If you checked "NO" please call the Co. Blvd., Room 106A for more information.		K'S Office at 210 Martin Luther King Jr.,
Date: 02/01/2021 s	ignature:	
F	Printed Name: Scott Bartz	