

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal & finance
DATE: 4/27/15
Petition/CUP #/Subject: Addendum 11333

Name: Alix Shalbezz
Address: 49 Sunfish Ct

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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 No

[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 from 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.)

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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 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P&J
DATE: 4/29/15
Petition/CUP #/Subject: 2014 RES 556

Name: Erika Bach
Address: 3157 Muir Field Rd.
MSN WI 53719

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	<u>WANT TO NOSE COUNT</u>

YAB talking points

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.]

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Comments:

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Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PRF
DATE: 4/27/15
Petition/CUP #/Subject: Contract 11333
Res #556

Name: Marge Faulk
Address: 1223 E Dyer St
Madison WI 53703

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> Registering in Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself? Yes No
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If you checked "YES," go on to the next question.]

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Comments:

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Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel + Finance

Name: Claire Tran

DATE: 4-27-15

Address: 509 Eagle Heights Aptk

Petition/CUP #/Subject: 11333

Madison, WI 53705

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition Control	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> Registering in Opposition <u>* 11333</u>	

1. On this occasion, are you officially representing an organization or a person other than yourself? Yes No

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Name, address and telephone number of each person or organization you are representing:

Comments:

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Date: 4-27-15

Signature 

Print Name Claire Tran

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P+FC
DATE: 09/26/15
Petition/CUP #/Subject: 556

Name: Mary Jo Walters
Address: 13 CARRY ST

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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:

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Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P6F Name: Niko Magallon
DATE: 4/27/2015 Address: 630 W Jolin Ave.
Petition/CUP #/Subject: Contract/ Addendum 1(333D) Apt. #2

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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:

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[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.]

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Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel Finance Committee Name: MARK HOOVER
DATE: 4/27/2015 Address: 6901 RAMSEY RD
Petition/CUP #/Subject: Res 556 Middleton, WI

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself? HOOVER FAMILY FOUNDATION 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:

HOOVER FAMILY FOUNDATION
6901 RAMSEY RD
MIDDLETON, WI

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 No
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Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: _____

Name: _____

DATE: _____

Address: _____

Petition/CUP #/Subject: _____

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 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

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Date: 4/22/2015

Signature: 

Print Name: MARK S. HOOVER

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel + Finance

Name: Paul Saeman

DATE: 4/27/15

Address: 1109 Chapel Hill Rd

Petition/CUP #/Subject: _____

Madison, WI

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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Date: 4/27/15

Signature Paul F. Jansa

Print Name Paul Sachar

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel & Finance
DATE: 04/27/2015
Petition/CUP #/Subject: Resolution SSB

Name: M Adams
Address: 2301 S Park St Apt 21
Madison WI 53713

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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:

Amendment 11333 -- Against
the Against Racial Disparities

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? Yes No
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Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal and Finance
DATE: 5/27/18
Petition/CUP #/Subject: 11332

Name: Clara Hart
Address: 521 P

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PHF
DATE: 4/27/15
Petition/CUP #/Subject: Res 556

Name: Karmi Chavez
Address: 605 Bryar St
Madison 53714

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> Registering in Opposition	

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Date: 4/27/15

Signature 

Print Name Karina R. Chavez

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel & Finance Committee Name: Ryan Wherley
DATE: 4/27/15 Address: 1250 E. Main St #103
Petition/CUP #/Subject: Res 556 Matteson, WI 53204

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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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? Yes 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: _____

Signature _____

Print Name _____

4

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel + Finance

Name: USA MUNRO

DATE: 4/27/15

Address: 1514 WOOD HANE

Petition/CUP #/Subject: _____

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input checked="" type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> 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 No

[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.]

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(A reporting period is from 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.)

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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 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel Finance

Name: Morris Waxler

DATE: 4/27/2015

Address: 1920 Arlington St

Petition/CUP #/Subject: _____

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input checked="" type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself? MOSES 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 No
[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.]

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(A reporting period is from 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? Yes 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel & Finance Committee Name: Beverly Bulw
DATE: 4/27/15 Address: 1922 E Dayton St
Petition/CUP #/Subject: Res-556 Madison WI

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 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: Support commitment to reduce racial disparities + dealing with
- oppose contract - mental health issues out side of jail - basically the resolution
- oppose bringing youth from out side dane Co. to out jail

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.]

005-15 (11/08) Support those who are affected by disparities being in the work groups to facilitate change/solutions

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 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 from January to June or from July to December.)

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(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? Yes 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: _____

Signature  _____

Print Name Beverly Buhr

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P & F.
DATE: 4/27/15
Petition/CUP #/Subject: 11333

Name: Z! Haukeness
Address: 2305 S. Park St #30
Madison WI 53713

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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 No

[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.]

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(A reporting period is from January to June or from July to December.)

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(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? Yes 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: _____

Signature _____

Print Name _____

1

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Deborah Finance
DATE: 4/27/15
Petition/CUP #/Subject: 11333

Name: Camy Mathway
Address: 5708 Bellbrook Rd
BROOKLYN, WI 92521

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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 No

[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 from 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.)

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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 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: 8/27/15

Signature *Camy Mattix*

Print Name CAMY MATTIX

9

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PNF
DATE: 4/27/15
Petition/CUP #/Subject: 556

Name: Lew Blank
Address: 6514 Cloverbrook Rd
Middleton WI 53562

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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 No
[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 from 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? Yes 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel & Finance
DATE: 4-27-15
Petition/CUP #/Subject: 556 =

Name: Thomas J Elert
Address: 406 Palomares Ln # 25
Madison 53705

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> Registering in Opposition	<u>to 11333</u>

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 No
[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 from 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? Yes 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel & Finance Name: Jessie Roberts
DATE: 4/27/16 Address: 5141 Spring Ct
Petition/CUP #/Subject: 556

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> Registering in Opposition <u>11333</u>	

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 No
[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.]

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(A reporting period is from January to June or from July to December.)

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(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

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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 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: 4/27/15

Signature Susan Roberts

Print Name Susan Roberts

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P&F
DATE: 4/27/15
Petition/CUP #/Subject: contract 11333

Name: Nell Schaefer
Address: 117 Lake Ct.
Madison, WI 53715

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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 No
[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.]

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(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

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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 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel & Finance Name: Brian Wiley
DATE: 4-27-15 Address: 5313 Brady Dr 204
Petition/CUP #/Subject: 11333 Madison, WI 53705

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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 No

[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 from January to June or from July to December.)

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(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? Yes 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: 4-27-15

Signature Brian S. Wiley

Print Name Brian S. Wiley

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel & Finance
DATE: 4/27/15
Petition/CUP #/Subject: 11333

Name: Theodoros Shibabaw
Address: 2201 S. Park St. #9
Madison, WI 53713

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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 No

[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
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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 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel + Finance

Name: Rachel Holloway

DATE: 4/27/15

Address: 1118 E. Dayton St

Petition/CUP #/Subject: Res 556

to addendum 1133

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 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 No
[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 from January to June or from July to December.)

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(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? Yes 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: 4/27/15

Signature Rachel Holloway

Print Name Rachel Holloway

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal & Finance

Name: Paxton Yang

DATE: 4/27/15

Address: 411 Bram St.

Petition/CUP #/Subject: 11333

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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 No
[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 from 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? Yes 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal & Finance

Name: Kalia Vang

DATE: 4/27/15

Address: 1818 Fordem Ave

Petition/CUP #/Subject: 11333

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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.]*

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[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.]

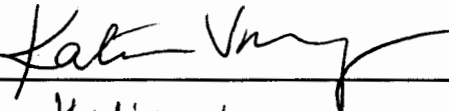
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[If you checked "NO," please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 4/27/15

Signature 

Print Name Kalig Vang

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal finance

Name: Selena

DATE: April 27th

Address: 411 Bram St

Petition/CUP #/Subject: 1333

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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.]

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[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: 4/27/15

Signature 

Print Name Selena Yang

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal and Finance

Name: Mai Thao Y.

DATE: 4/27/15

Address: 623 bayview

Petition/CUP #/Subject: 11333

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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:

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[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.]

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[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: 4/27/15

Signature Mai Thao

Print Name Mai Thao

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal and finance
DATE: April 27th, 2015
Petition/CUP #/Subject: 11333

Name: Kylytte
Address: 1525 Lake view Ave
Madison, WI 53704

<input checked="" type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> Registering in Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself? Yes No

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If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

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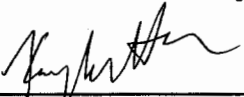
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[If you checked "NO," please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: April 27, 2015

Signature 

Print Name Kayla Her

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal & Finance

Name: Payton Z. Yang

DATE: 5/4/27/15

Address: _____

Petition/CUP #/Subject: 11333

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> Registering in Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself? Yes No

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Name, address and telephone number of each person or organization you are representing:

Comments:

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Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal & Finance

Name: Zon Moua

DATE: 04/27/15

Address: 409 Bram St

Petition/CUP #/Subject: 11333

Madison

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> Registering in Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself? Yes No

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If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

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[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.]

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[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: 04/27/14

Signature: 

Print Name: ~~04/27/15~~ Zon Maza

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal Finace
DATE: 4-27-15
Petition/CUP #/Subject: 11333

Name: Pahoua Lee
Address: 1718 Northport

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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
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Date: 4-27-15

Signature Pakouay

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal Finance

Name: Cynthia Yang

DATE: April 27, 2015

Address: 314 Bayview

Petition/CUP #/Subject: 11333

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> Registering in Opposition	

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Name, address and telephone number of each person or organization you are representing:

Comments:

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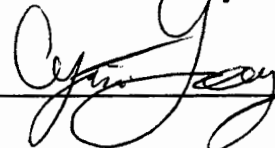
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Date: April 27, 2015

Signature 
Print Name Cynthia Yang

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Finance
DATE: 4-27-15
Petition/CUP #/Subject: 1133

Name: Sarah Hinkley
Address: 608 E. Miffing St.
Madison, WI 53703

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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

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If you checked "YES," turn over to the next question.]

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[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 _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal + Finance
DATE: 4-27-15
Petition/CUP #/Subject: 556 Addendum
11333

Name: Dar-Nasia Lewis
Address: 4546 Thurston Ln.

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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
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Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personal & Finance
DATE: April 27, 2015
Petition/CUP #/Subject: 11333 Addendum

Name: Kalena Vang
Address: 315 Bayview

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> Registering in Opposition	

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Name, address and telephone number of each person or organization you are representing:

Comments:

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Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: ~~Wish to Speak in Support~~ P & F
DATE: 4/27/15
Petition/CUP #/Subject: 556

Name: Nell Schaefer
Address: 117 Lake Ct
Madison, WI 53715

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> Registering in Opposition	

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[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 No
[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 from 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? Yes 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: _____

Name: Sarah Hulbert

DATE: 4/27/15

Address: _____

Petition/CUP #/Subject: Opposition to addendum 1332

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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: would rather the 337,000 go towards immediate diversions from incarceration

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 No
[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 from 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.]

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[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 _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P+F

Name: Jesse Bell Bern

DATE: 4/27/16

Address: 1212 Jennifer St.

Petition/CUP #/Subject: Res. 556

<input checked="" type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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:

more specific definitions

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 No
[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 from 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? Yes 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P+F
DATE: 4/27
Petition/CUP #/Subject: Res 556

Name: Kay Galuska
Address: 222 N 6th.

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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:
more specific definitions, almost there

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 No
[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.]

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(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.]

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[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 _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P4F
DATE: 4/27/15
Petition/CUP #/Subject: Res 556

Name: Allison Bell Bern
Address: 22 N 6th

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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:

more specific definitions

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 No
[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.]

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(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

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[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 _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel + Finance
DATE: 4/27/15
Petition/CUP #/Subject: Res 556

Name: Sasha Wijeyeratne
Address: 125 N Ingersoll St
Madison WI 53703

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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 No
[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.]

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(A reporting period is from 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? Yes 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: _____

Signature _____

Print Name _____

1
REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel + Finance Name: Ann Flesch
DATE: 4/27/15 Address: 344 W. Dayton, #107
Petition/CUP #/Subject: RES 556, Hendrick Amundson Madison 53703

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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 No
[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 from 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? Yes 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P+K
DATE: 4/27/05
Petition/CUP #/Subject: 1

Name: Herb Weigley, Jr
Address: 1991 E Dayton
Madison Ct 53709

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	<u>Spiking</u>

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 No
[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 from 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? Yes 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: _____

Signature _____

Print Name _____

5

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P&F

Name: Brad Schlouy

DATE: 4/27/15

Address: 4506 Wakefield St

Petition/CUP #/Subject: 556

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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:
Journey Mental Health Center

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 No

[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 from 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.)

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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 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: _____

Signature _____

Print Name _____

⑥

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel & Finance Name: Linda Ketcham
 DATE: 4/27/15 Address: 813 Flora Lane
 Petition/CUP #/Subject: Sub - to 2014 Res-536 Madison WI 53714
Pertl

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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:
Madison-area Urban Ministry 2300 S. Park St #2022, Madison
608-256-0906 53713

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 No
[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.]

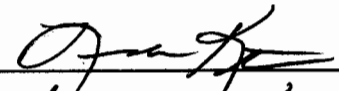
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(A reporting period is from January to June or from July to December.)

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? Yes 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: 4/27/15

Signature 

Print Name Linda Ketcham

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P + F
DATE: 4-27-15
Petition/CUP #/Subject: _____

Name: ANN POOLER
Address: 920 Ridgewood Way,
Madison WI

<input checked="" type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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:

MOSES JURY Task Force

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 No
[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.]

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(A reporting period is from January to June or from July to December.)

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(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.]

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[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 _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PIF
DATE: 4/27/15
Petition/CUP #/Subject: 556

Name: NINO RODRIGUEZ
Address: 102 N. FRANKLIN ST. #312
MADISON, WI 53703

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

BT SUPPORTING MOSIS AMENDMENTS

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 No
[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.]

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(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

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[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 _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P. Personal Finance

Name: Soan Liegel

DATE: April 27, 2015

Address: 7405 Farmington Way

Petition/CUP #/Subject: _____

Madison WI 53717

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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 No
[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.]

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(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? Yes 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P & F
DATE: 4/26/15
Petition/CUP #/Subject: Res. 556

Name: Jeanie Verschay
Address: 4600 Whineyueh Rd.
Molokai, WI 53716

<input checked="" type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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:
Moses Sail Task Force
Spence St.
Molokai, WI

Comments: Please take the

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 No

[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 from 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? Yes 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: _____

Signature _____

Print Name _____

2

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel + Finance
DATE: 4/27/15
Petition/CUP #/Subject: 556

Name: Barbara Reed
Address: 344 W Dayton St Apt 1102
53703

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> 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 No
[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 from 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? Yes 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: _____

Signature _____

Print Name _____

8

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: _____

Name: Matthew Blavogin

DATE: 4/27

Address: 701 Kinnickdick St

Petition/CUP #/Subject: adviser 11333

MADISON, WI

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> 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 No
[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 from 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? Yes 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: _____

Signature _____

Print Name _____

10
REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel + Finance

Name: Carl Sack

DATE: 4/27/15

Address: 1021 E Johnson St

Petition/CUP #/Subject: P556/Contract 11333

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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:
Opposed to Contract 11333

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 No
[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 from 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? Yes 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: P3 F
DATE: 4/27/15
Petition/CUP #/Subject: Amendment 11333

Name: Shanelle Taylor
Address: 119 Catapa Cr

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> 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 No
[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 from 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? Yes 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Branche
DATE: 4.27.15
Petition/CUP #/Subject: 11333

Name: Elizabeth Bruno
Address: 220 Merry St
Madison 55701

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> 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 No
[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 from 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.)

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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 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: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Personnel & Finance

Name: Cynthia Lin

DATE: 4/27/15

Address: 274 Waubesa St

Petition/CUP #/Subject: 11333 (Contract)

Madison, WI 53704

<input type="checkbox"/> Wish to Speak in Support	<input checked="" type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> 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 No

[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 from 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? Yes 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: _____

Signature _____

Print Name _____