Committee Name: Name:	gov.	FUL .	Fric	toward
DATE: $\frac{7016-03-22}{}$ Munici	pality:	edison		1,00
Petition/CUP #/Resolution/Ordinance Amendment/Sub	ject:			
☐ Wish to Speak in Support ☐ Wish to Speak in ☐ Registering in Support ☐ Registering in Op		□ Availa	ble for Inform	ation Only
1. On this occasion, are you officially representing an of YES [If you checked "NO," STOP; you need not complete the rest of Name, address and telephone number of each person or organization.	this form. If you	O checked "Y.	ES," go on to th	
Comments:		39.58.2		
2. Are you being paid for your representation or appear other paid duties for this person or organization? [If you checked "NO" to the question, STOP; you need not comply you checked "YES," turn over to the next question.]	•••••		YES	NO NO
3. Are you an elected official who is appearing solely of or for your municipality or other governmental body?. [If you checked "YES," to the question, STOP; you need not conyou checked "NO," to the question, go on to the next question.]				NO ust sign this form. I
4. Has or will the person or organization you represent on county lobbying activities during the current reports (A reporting period is January to June or from July to December	ing period?		□ YES	D NO
5. Do you anticipate making more than 2 contacts with supervisors other than at public hearings or meetings?. (Do not count contacts with the County Board supervisor who re			YES you reside.)	NO NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you more than 2 contacts at a later date, you must then contact the comust also sign this form. If you checked "YES" to either questions of the contact that the contact	County Clerk's o <u>j</u>	ffice to file a	form indicating	
6. If "YES," do you understand that if the person or o spends more than \$500 during the current reporting per financial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121 Building, Madison, for more information.]	eriod, you must	t file a	⊠ YES	□ NO the City-County
Date: $20 6-03-27$	Signature	Eric Eric	Howl	and

Committee Name:	Name	: MAR	K Hoo	OUER,	
DATE: 3/22/1	6 Muni	cipality:	M; 20 (=8	ON	*
, ,	/Ordinance Amendment/Su			-	
☐ Wish to Speak in Support☐ Registering in Support☐	t ⊠ Wish to Speak in □ Registering in O	and the same of the filter and the same of	☐ Available	for Information (Only
•••••	ou officially representing an YE you need not complete the rest	S D NO)	π.	question.]
Name, address and telephor	e number of each person or o	rganization you ar	e representing:		
1100021	2 FAMILY FOUNDA	78-BN			
6901 RAK	2 FAMILY FOUNDA	doe, wi	53562		
Comments:					
other paid duties for this	your representation or appoperson or organization? uestion, <u>STOP</u> ; you need not conver to the next question.]			ÆS Œ	NO NO
or for your municipality o [If you checked "YES," to the	cial who is appearing solely rother governmental body? question, <u>STOP</u> ; you need not costion, go on to the next question.	omplete the rest of t		YES 🏻 🔁	110
on county lobbying activit	or organization you represe ies during the current repor to June or from July to Decemb	ting period?		YES Z	Í NO
supervisors other than at 1	ing more than 2 contacts wi oublic hearings or meetings' e County Board supervisor who	?	🗗 🗅	YES reside.)	l NO
more than 2 contacts at a later	tions 4 and 5 above, <u>STOP;</u> you date, you must then contact the u checked "YES" to either quest	County Clerk's offi	ce to file a form	indicating such ac	
spends more than \$500 du financial disclosure statem	rstand that if the person or ring the current reporting pent with the county clerk?. call the County Clerk at 266-412 information.]	eriod, you must f	file a	YES n 106A of the City	NO -County
Date:		Signature	Ald.		
		Print Name	MARIA H	-crer	

Committee Name: PP ST Name: FOWERD KYHARSKI	
DATE: 3/22/16 Municipality: MADISUN, WI	
Petition/CUP #/Resolution/Ordinance Amendment/Subject:	
 □ Wish to Speak in Support □ Registering in Support □ Registering in Opposition □ Available for 	Information Only
1. On this occasion, are you officially representing an organization or a person other that	•
Comments:	
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," turn over to the next question.]	S 🗆 NO
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? YI [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you checked "NO," to the question, go on to the next question.]	ES □ NO you must sign this form. If
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?	cs 🗆 NO
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?	
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form ind must also sign this form. If you checked "YES" to either question at this time, go on to the next question	licating such activity. You
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?	
Date: Signature	
Print Name	

Committee Name: P2	Name: Nell Schoelfer	
DATE: 3/22/16	Municipality: Madison Joune of	1
Petition/CUP #/Resolution/Ord	linance Amendment/Subject:	
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information O	Only
[If you checked "NO," <u>STOP;</u> you n	ficially representing an organization or a person other than yourself? NO need not complete the rest of this form. If you checked "YES," go on to the next of the model of each person or organization you are representing:	
Comments:		
other paid duties for this perso	representation or appearing incidental to your on or organization?	I NO
or for your municipality or other	who is appearing solely on behalf of your office ner governmental body? ————————————————————————————————————	NO this form. I
1 - 2	rganization you represent spend more than \$500 uring the current reporting period?] NO
supervisors other than at public	ic hearings or meetings?	ON [
more than 2 contacts at a later date,	4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you must then contact the County Clerk's office to file a form indicating such a cocked "YES" to either question at this time, go on to the next question.]	
spends more than \$500 during financial disclosure statement v	the current reporting period, you must file a with the county clerk? The County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City nation.]	NO y-County
Date:	Signature	<u></u>
	Print Name	