Committee Name: _	ZLL	Your Nam	ne:Bob_	Uphose
DATE of Meeting: _	8/22/12	Municipality You Re	side in: <u>Tow</u>	, a Dun
Petition/CUP #/Rese	olution/Ordinance A	Amendment/Subject:	11143	
Wish to S	peak in Support		Wish to Spe	eak in Opposition
☐Wish to R	egister in Support	Available for Informa		gister in Opposition
☐ YES	I NO	representing an organiz		on other than yourself?
Name, address and t	telephone number of	each person or organizati	on you are repres	senting:
COMMENTS:				
person or organizat	tion? \(\text{YES} \) I to the question, \(\text{STC} \)	□ №		other paid duties for this this form. If you checked "YES",
other governmental	body? TYES to the question, STC	□ NO		or for your municipality or this form. If you checked "YES",
4. Has or will the p	erson or organizati	on you represent spend	more than \$500	on county lobbying activities
during the current r (A reporting period is				
5. Do you anticipat	te making more tha	n two contacts with the	County Board su	upervisors other than at public
hearings or meeting		□ NO		
		oard supervisor who repre		
if you do make more	than 2 contacts at a	later date, you must then	contact the Count	te the rest of this form. <u>However,</u> ty Clerk's office to file a form he question below. You must also
6. If you answered " spends more than \$	YES" to question 5	, do you understand tha ent reporting period, yo	t if the person of u must file a fina	r organization you represent ancial disclosure statement
with the County Cle (If you checked "NO" Blvd., Room 106A for	please call the Cour	□ NO nty Clerk at 266-4121 or go	o to the Clerk's of	ffice at 210 Martin Luther King Jr.
Date:	Sig	nature:		
	Printed	l Name:		

Committee Name: ZLR Name: Brad Warren - Laura Hoepker
DATE: 8.22.17 Municipality: Pleasant Springs
Petition/CUP #/Resolution/Ordinance Amendment/Subject: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
Date: 8.23.17 Signature Brad Warren Print Name Brad Warren
Print Name Brad Warren

Committee Name: ZLR Name: GCRAND BRABENDER
DATE: 8/22/17 Municipality: Towa of York
Petition/CUP #/Resolution/Ordinance Amendment/Subject: _ Pet いしい 1 / 1 /
Wish to Speak in Support
☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
Date: Signature / Signature / Print Name (20 MM M MM MM POR

Committee Name: Zoning LAND Res Your Name: John Harverson
DATE of Meeting: 2)22117 Municipality You Reside in: Town of Aten
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
Wish to Speak in Support
Wish to Register in Support Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
YES DO NO (If you checked "NO" <u>STOP</u> ; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)
Name, address and telephone number of each person or organization you are representing:
Peoples Community BANK (608) 795-2122
MAZOMANTE, 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 do not need to complete the rest of this form. If you checked "YES", go to the next question.)
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or
other governmental body? ☐ YES ☐ NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities
during the current reporting period? YES NO (A reporting period is January to June, or July to December.)
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? YES NO
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
6. If you answered "YES" to question 5, do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement
with the County Clerk?? YES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information. Date: Signature: Signature: NO
Printed Name: John HAINIANOD

Committee Name: ZLR Name: Loviel Lectors
DATE: 9/27/17 Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: DEPREZ - 2017 - 11173
 □ Wish to Speak in Support □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? 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 Canve Le(5) 8

Committee Name: Zoning + Land Reg. Comm. Your Name: Tad S Shumaker
DATE of Meeting: 8/22 2017 Municipality You Reside in: Dun Kirk
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
Wish to Speak in Support
Wish to Register in Support Wish to Register in Opposition
Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
☐ YES ☐ NO (If you checked "NO" <u>STOP</u> ; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)
Name, address and telephone number of each person or organization you are representing:
COMMENTS:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this
person or organization? YES NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or
other governmental body? ☐ YES ☐ NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities
during the current reporting period? YES NO (A reporting period is January to June, or July to December.)
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? YES NO
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
6. If you answered "YES" to question 5, do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement
with the County Clerk?? YES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.
Date: Signature:
Printed Name:

Committee Name: _	ZLR	Y	our Name: _	Jeff	Simmer	ham
DATE of Meeting: _	Ang 22	Municipality	/ You Reside	e in: <u>Sun</u>	Brains.	Township
	olution/Ordinance A			175		*
₩ish to S	peak in Support			ີ່ Wish to Spe	eak in Oppositio	n
☐Wish to R	Register in Support	Available for	r Information		gister in Opposi	tion
☐ YES (If you checked "NO" question.)	on, are you officially NO "STOP; you do not not telephone number of	eed to complete	the rest of th	e form. If you	checked "YES"	
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person or organiza	" to the question, STC	□ №			er vo os vo jesos	
other governmenta	" to the question, STC	□ №				
during the current	person or organization reporting period? S January to June, or	YES 🗆	NO	ore than \$500	on county lob	bying activities
5. Do you anticipa	ite making more tha	n two contacts v	with the Cou	ınty Board s	upervisors oth	er than at public
hearings or meeting	5.48	□ NO		1-1111-1-1-1	t	atata N
(If you checked "NO if you do make more	cts with the County Bo " to questions 4 and 5 than 2 contacts at a city. If you checked "Yo	ō above, <u>STOP</u> ; y later date, you m	ou do not ne oust then con	eed to comple tact the Coun	te the rest of the ty Clerk's office	is form. <u>However,</u> to file a form
	"YES" to question 5 \$500 during the curr					
Blvd., Room 106A fo	" please call the Cour or more information.	~ 1	4121 or go to	the Clerk's o	ffice at 210 Mar	tin Luther King Jr.,
Date: Bus 3	み・パ Sig	nature:	J. 200	N. mmmm		
	Drintag	Mamo:	1 /08/ 1		2 2 W ma a . 1	

Committee Name: ZLR Your Name: Anthony Vander
DATE of Meeting: 8 22 17 Municipality You Reside in: Berry
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 11177
Wish to Speak in Support
Wish to Register in Support Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES DNO (If you checked "NO" STOP; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)
Name, address and telephone number of each person or organization you are representing:
Town of Berry
COMMENTS:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this
person or organization? YES DO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or
other governmental body? NO NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities
during the current reporting period? YES NO (A reporting period is January to June, or July to December.)
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? YES NO
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
6. If you answered "YES" to question 5, do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement
with the County Clerk?? YES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.
Date: 4 22 (7 Signature: 11 9

Commit	ttee Name:_	2LR	N	Name: _	ALICE	- A.	ASL	ES C	2N	
	8-8		N	Iunicipalit	y: <u>PL</u> (EASA	NT	SPI	RIN	62
			nce Amendmer	nt/Subject	from	1-A	EX	tu	1117	9
			Accepted by 100 Perch	300 W 30a		+-a((2)		•	
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			ally representin	YES	N K	C		×		estion.]
Name a	address and t	elenhone numh	er of each person	n or organis	ration voll a	re renreser	nting:			
	501E		or or each person			re represer	ıtınığ.			
•	7614									
Comme	ents:								-	
other p	oaid duties f hecked "NO"	or this person o	presentation or or or organization (STOP; you need no next question.]	?			□ YES	5	Þ	NO
or for y [If you ci	our municij hecked "YES,	pality or other " to the question	o is appearing so governmental b , <u>STOP</u> ; you need on to the next que	ody? not complet			□ Y except that		র্ম্ব st sign th	
on coun	nty lobbying	activities duri	nization you rep ng the current r or from July to De	reporting 1			□ YE	S	Ŋ	NO
supervi	sors other t	han at public h	re than 2 contac learings or meet Board supervisor	tings?			□ YE h you resi		翻	NO
more tha	un 2 contacts	at a later date, yo	and 5 above, <u>STOF</u> ou must then conta d "YES" to either	ict the Coun	ty Clerk's off	fice to file a	form ind	licating s		
spends i financia [If you cl	more than S al disclosure hecked "NO"	\$500 during the statement wit	that if the perso e current report h the county cle county Clerk at 266 on.]	ting period erk?	, you must	file a	□ YE			NO County
Date:	6-5-	2-17		S	ignature _C nt Name A	Mice	00	لما	espr	
				Pri	nt Name	CICE	4.1	D CE	700	

Committee Name:
DATE of Meeting: Municipality You Reside in: CROSS PLAINS
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
Wish to Speak in Support
Wish to Register in Support Wish to Register in Opposition
Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
☐ YES ☐ NO
(If you checked "NO" <u>STOP</u> ; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)
Name, address and telephone number of each person or organization you are representing:
COMMENTS:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this
person or organization? YES NO
(If you checked "NO" to the question, <u>STOP</u> ; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or
other governmental body? YES NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES",
go to the next question.)
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities
during the current reporting period? YES NO (A reporting period is January to June, or July to December.)
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? YES NO
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
6. If you answered "YES" to question 5, do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement
with the County Clerk? ? YES NO
(If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.
Date: Signature:
Printed Name:

REGISTRATION BEFORE COUNTY COMMITTEE
Committee Name: Your Name: Robert Van JAHlwyk
DATE of Meeting: Municipality You Reside in:
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
Wish to Speak in Support Wish to Speak in Opposition
Wish to Register in Support Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES NO (If you checked "NO" STOP; you do not need to complete the rest of the form. If you checked "YES" go to the next question.) Name, address and telephone number of each person or organization you are representing:
COMMENTS:
 Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.) 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 "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ☐ YES ☐ NO (A reporting period is January to June, or July to December.)
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? L YES L NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
6. If you answered "YES" to question 5, do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement
with the County Clerk?? YES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin-Luther King Jr. Blvd., Room 106A for more information.
Date: Signature: Signature:
Printed Name: Robert Van Daplwy