Committee Name: CCHIC Name:	Robert KLEBBA
Committee Name: CCHIC Name: DATE: 18 May 16 Municip	pality: <u>City</u> of Madisa
Petition/CUP #/Resolution/Ordinance Amendment/Sub	
☐ Wish to Speak in Support ☐ Registering in Support ☐ Registering in Opp	
1. On this occasion, are you officially representing an official re	this form. If you checked "YES," go on to the next question.]
Comments:	
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, <u>STOP</u> ; you need not comply you checked "YES," turn over to the next question.]	□ YES □ 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, <u>STOP</u> ; you need not conyou checked "NO," to the question, go on to the next question.]	
4. Has or will the person or organization you represen on county lobbying activities during the current reporting (A reporting period is January to June or from July to December	ng period? □ YES □ 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	
[If you checked "NO," to auestions 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 are the contact that the contact the contact that	County Clerk's office to file a form indicating such activity. You
6. If "YES," do you understand that if the person or o spends more than \$500 during the current reporting perinancial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121 Building, Madison, for more information.]	riod, you must file a
Date:	Signature
	Print Name

Committee Name: CCHIC	Name:	at lely			
DATE: 5/17/16	Municipality	: MADTS	500		
Petition/CUP #/Resolution/Ordinance Amo	endment/Subject:_	Dec.			
	h to Speak in Opposition		Available for Ir	nformation Only	
1. On this occasion, are you officially repr [If you checked "NO," STOP; you need not comp Name, address and telephone number of each	YES plete the rest of this fo	orm. If you check	ed "YES," go or		n.]
Comments:					
2. Are you being paid for your representa other paid duties for this person or organiff you checked "NO" to the question, <u>STOP</u> ; you fix you checked "YES," turn over to the next question.	ization?		□ YES	(NO)
3. Are you an elected official who is appear or for your municipality or other government [If you checked "YES," to the question, STOP; you checked "NO," to the question, go on to the	ental body?ou need not complete		YES		
4. Has or will the person or organization on county lobbying activities during the cu (A reporting period is January to June or from Ju	irrent reporting pe			□ NO)
5. Do you anticipate making more than 2 supervisors other than at public hearings (Do not count contacts with the County Board su	or meetings?		YES which you reside	D NO)
[If you checked "NO," to questions 4 and 5 above more than 2 contacts at a later date, you must the must also sign this form. If you checked "YES" to	en contact the County	Clerk's office to	file a form indic	cating such activity.	
6. If "YES," do you understand that if the spends more than \$500 during the current financial disclosure statement with the cour [If you checked "NO" please call the County Cle Building, Madison, for more information.]	reporting period, inty clerk?	you must file a			ty
Date:	Sig	gnature	10000		
	Print	Name			

REGISTRATION BEFO	RE COUNTY COMMITTEE
Committee Name: + DWELESS ISSUES Nam	e: David Waugh
	icipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/St	
 □ Wish to Speak in Support □ Registering in Support □ Registering in C 	
1. On this occasion, are you officially representing an	ES 🖾 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 appropriate other paid duties for this person or organization? [If you checked "NO" to the question, <u>STOP</u> ; you need not configure the checked "YES," turn over to the next question.]	YES \(\square\) NO
3. Are you an elected official who is appearing solely or for your municipality or other governmental body [If you checked "YES," to the question, <u>STOP</u> ; you need not you checked "NO," to the question, go on to the next question	γ 2 YES \square NO complete the rest of this form except that you must sign this form. If
4. Has or will the person or organization you repres on county lobbying activities during the current repo (A reporting period is January to June or from July to Decem	orting period? 🗆 YES 🗀 NO
5. Do you anticipate making more than 2 contacts we supervisors other than at public hearings or meeting (Do not count contacts with the County Board supervisor who	s? 🗆 YES 🗀 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 must also sign this form. If you checked "YES" to either que	ou need not complete the rest of this form. However, if you do make the County Clerk's office to file a form indicating such activity. You estion at this time, go on to the next question.]
6. If "YES," do you understand that if the person of spends more than \$500 during the current reporting financial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-41 Building, Madison, for more information.]	period, you must file a
Date:	Signature
	Print Name

Committee Name: City - Conwing Lamere Name: Mary have Sources
DATE: 5-18-16 Municipality: Dave Day or Marciab
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Day Resource Central
 □ Wish to Speak in Support □ Registering in Support □ Registering in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[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? ☐ YES ☐ NO (A reporting period is 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?
[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: 5-18-16 Signature Print Name Print Name

Committee Name: N. Issue	Name: Jean	one Criet	500
DATE: 5- 18- 16	Municipality:	ad 1500)	
Petition/CUP #/Resolution/Ordinar	nce Amendment/Subject: Day	Pesaure Center	
Wish to Speak in Support Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition	☐ Available for Inform	mation Only
1. On this occasion, are you official	□ YES □	NO	
[If you checked "NO," STOP; you need	not complete the rest of this form. If yo	ou 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 repother paid duties for this person of [If you checked "NO" to the question, So If you checked "YES," turn over to the results of the solution	r organization? TOP; you need not complete the rest o	YES	□ NO
3. Are you an elected official who or for your municipality or other g [If you checked "YES," to the question, you checked "NO," to the question, go of the checked "NO," to the question, go of the question and the question are the question.	overnmental body? STOP; you need not complete the rest	YES	□ NO must sign this form. If
4. Has or will the person or organ on county lobbying activities durin (A reporting period is January to June or	g the current reporting period?	e than \$500	□ NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County)	earings or meetings?		□ NO
[If you checked "NO," to questions 4 an more than 2 contacts at a later date, you must also sign this form. If you checked	i must then contact the County Clerk's	office to file a form inaicaiir	wever, if you do make ig such activity. You
6. If "YES," do you understand the spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Combuilding, Madison, for more information	current reporting period, you must the county clerk?	ust file a	□ NO of the City-County
Date: 5-18-16	Signature _		
	Print Name _		

Committee Name: Nam	e: Dane Felley
DATE:Mun	icipality:
Petition/CUP #/Resolution/Ordinance Amendment/S	ubject: [Wish to great]
☐ Wish to Speak in Support ☐ Wish to Speak ☐ Registering in Support ☐ Registering in G	
1. On this occasion, are you officially representing a	n organization or a person other than yourself? ES □ NO t of this form. If you checked "YES," go on to the next question.]
Comments:	
2. Are you being paid for your representation or apportunity other paid duties for this person or organization? [If you checked "NO" to the question, STOP; you need not configure the state of the next question.]	YES NO
3. Are you an elected official who is appearing solely or for your municipality or other governmental body [If you checked "YES," to the question, <u>STOP</u> ; you need not you checked "NO," to the question, go on to the next question	?
4. Has or will the person or organization you represon county lobbying activities during the current reportant (A reporting period is January to June or from July to December 1988).	orting period? YES NO
5. Do you anticipate making more than 2 contacts we supervisors other than at public hearings or meeting (Do not count contacts with the County Board supervisor when	s? I YES I NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; yo more than 2 contacts at a later date, you must then contact the must also sign this form. If you checked "YES" to either que	nu need not complete the rest of this form. However, if you do make the County Clerk's office to file a form indicating such activity. You stion at this time, go on to the next question.]
6. If "YES," do you understand that if the person of spends more than \$500 during the current reporting financial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-41 Building, Madison, for more information.]	period, you must file a
Date:	Signature Dan Peters
	Print Name

Committee Name:		N	lame:	DM	Reparce	Center	
DATE: 5/18/	rooc	M	[unicipa	lity:			
Petition/CUP #/Reso	ution/Ordin	ance Amendmen	ıt/Subjec	ct:			
□ Wish to Speak in S□ Registering in Supple		☐ Wish to Spe☐ Registering		•	☐ Availab	ole for Inform	ation Only
1. On this occasion, [If you checked "NO," of the Name, address and telegraphs.	STOP; you nee	ed not complete the	YES rest of the	is form. If	NO you checked "YE	S," go on to th	
Comments:	2						
2. Are you being pain other paid duties for [If you checked "NO" to If you checked "YES,"	this person the question,	or organization? <u>STOP</u> ; you need no	· · · · · · · · ·		□	YES	NO NO
3. Are you an elected or for your municipa [If you checked "YES," you checked "NO," to to	lity or other to the question	governmental be n, <u>STOP</u> ; you need t	ody? not compl			□ YES ept that you mu	NO sst sign this form.
4. Has or will the poor county lobbying at (A reporting period is Ja	ctivities dur	ing the current r	eporting			YES	⊠ NO
5. Do you anticipate supervisors other the (Do not count contacts)	an at public	hearings or meet	ings?				NO NO
[If you checked "NO," more than 2 contacts at must also sign this form	a later date, y	ou must then contac	ct the Coi	unty Clerk'.	s office to file a f	orm indicating	ver, if you do make such activity. You
6. If "YES," do you spends more than \$5 financial disclosure so [If you checked "NO" properties and the second sec	00 during the tatement will lease call the	ne current report th the county clean County Clerk at 266	ing perion of the control of the con	go to the C	ust file a [Clerk's office at F	Room 106A of t	
Date:	-			Signature	Richmo	Prue 16	erol