

Dane County Citizen Members

Clear Form

Meeting/Mileage Claim

Submit

NAME

JACQUELYN HUNT

MEETINGS DURING THE MONTH OF

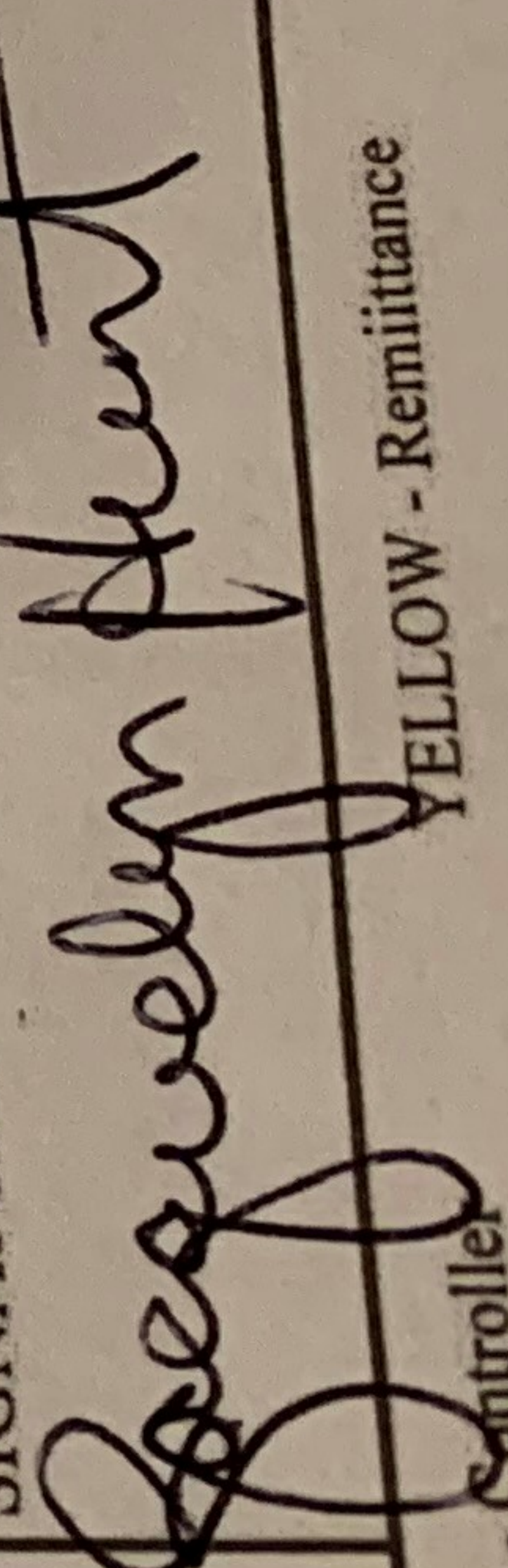
JANUARY 2020 TO DECEMBER 2020

Day of Month	Meeting Start Time *	CHECK ONE		Mileage	Name of Committee
		Comm.	Sub-Comm.		
1/19	5:30	✓			EOC
3/10	5:30	✓			EOC
6/9	5:30	✓			EOC
8/11	5:30	✓			EOC
9/29	5:30	✓			EOC
11/10	5:30	✓			EOC
12/6	5:30	✓			EOC

* Compensation shall not be paid for a second or subsequent meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

I hereby certify that the information on this form is true, correct and to the best of my knowledge complies with current Dane County Ordinance.

SIGNATURE


DATE
 12-16-2020

WHITE - Controller
 YELLOW - Remittance
 PINK - Individual

Dane County Citizen Members

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Meeting/Mileage Claim

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NAME Natalie Eisner	MEETINGS DURING THE MONTH OF August
-------------------------------	-----------------------------------------------

Day of Month	Meeting Start Time *	CHECK ONE		Mileage	Name of Committee
		Comm.	Sub-Comm.		
18	2pm	x		0	Environmental Council

* Compensation shall not be paid for a second or subsequent meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

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Dane County Citizen Members

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Meeting/Mileage Claim

Submit

NAME Natalie Eisner	MEETINGS DURING THE MONTH OF June
-------------------------------	---------------------------------------------

Day of Month	Meeting Start Time *	CHECK ONE		Mileage	Name of Committee
		Comm.	Sub-Comm.		
17	2pm	x		0	Environmental Council

* Compensation shall not be paid for a second or subsequent meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

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Dane County Citizen Members

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Meeting/Mileage Claim

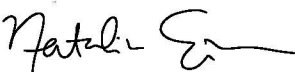
Submit

<small>NAME</small> Natalie Eisner	<small>MEETINGS DURING THE MONTH OF</small> October
----------------------------------------------	---------------------------------------------------------------

Day of Month	Meeting Start Time *	CHECK ONE		Mileage	Name of Committee
		Comm.	Sub-Comm.		
14	3pm	x		0	Environmental Council

* Compensation shall not be paid for a second or subsequent meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

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Submit

Dane County Board Supervisor Meeting/Mileage Claim

NAME Kate McGinnity	Meetings During the Month of August
------------------------	----------------------------------------

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM					
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
		<input checked="" type="checkbox"/>				04	8:15			UW Extension
		<input checked="" type="checkbox"/>				31	3:45			AAA

* Compensation shall not be paid for a second or subsequence meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.	SIGNATURE	DATE
	Kathleen McGinnity <small>Digitally signed by Kathleen McGinnity Date: 2020.12.14 21:24:58 -06'00'</small>	12/14/20

Clear Form

Submit

Dane County Board Supervisor Meeting/Mileage Claim

NAME Kate McGinnity	Meetings During the Month of July, 2020
------------------------	--------------------------------------------

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM					
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			14	8:15			UW Extension
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.	SIGNATURE	DATE
	Kathleen McGinnity <small>Digitally signed by Kathleen McGinnity Date: 2020.12.14 21:28:49 -06'00'</small>	12/14/20

Clear Form

Submit

Dane County Board Supervisor Meeting/Mileage Claim

NAME Kate McGinnity	Meetings During the Month of June, 2020
-------------------------------	---------------------------------------------------

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED

NON-STANDING COMMITTEE PER DIEM

Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			09	8:15			UW Extension
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.

SIGNATURE Kathleen McGinnity	Digitally signed by Kathleen McGinnity Date: 2020.12.14 21:31:25 -06'00'	DATE 12/14/20
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Clear Form

Submit

Dane County Board Supervisor Meeting/Mileage Claim

NAME Kate McGinnity	Meetings During the Month of September
-------------------------------	--------------------------------------------------

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM					
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
						08	8:15			UW Extension
						16	4:00			AAA
						23	6:30			DDLD

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	Kathleen McGinnity <small>Digitally signed by Kathleen McGinnity Date: 2020.12.14 21:21:41 -06'00'</small>	12/14/20

Clear Form

Submit

Dane County Board Supervisor Meeting/Mileage Claim

NAME Michele Ritt	Meetings During the Month of February, 2020
----------------------	------------------------------------------------

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED						NON-STANDING COMMITTEE PER DIEM				
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.2		3	6:30		14.2	Homeless Issues
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.8	EANR	19	6:00		19.8	Food Council
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.2		25	3:45		19.8	Tree Board
27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.8	EANR					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.	SIGNATURE	DATE
	Digitally signed by Michele Ritt DN: cn=Michele Ritt, o=Dane County, ou=Board of Supervisors, email=ritt.michele@countyofdane.com, c=US Date: 2020.12.14 19:08:36 -06'00'	12/14/2020

Clear Form

Submit

Dane County Board Supervisor Meeting/Mileage Claim

NAME Michele Ritt	Meetings During the Month of June, 2020
----------------------	--------------------------------------------

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM					
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EANR					
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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	Digitally signed by Michele Ritt DN: cn=Michele Ritt, o=Dane County, ou=Board of Supervisors, email=ritt.michele@countyofdane.com, c=US Date: 2020.12.14 19:20:00 -06'00'	12/14/2020

Clear Form

Submit

Dane County Board Supervisor Meeting/Mileage Claim

NAME Michele Ritt	Meetings During the Month of May, 2020
----------------------	-------------------------------------------

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM					
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			27	4:45			Food Council
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EANR					
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EANR					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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	Digitally signed by Michele Ritt DN: cn=Michele Ritt, o=Dane County, ou=Board of Supervisors, email=ritt.michele@countyofdane.com, c=US Date: 2020.12.14 19:18:16 -06'00'	12/14/2020

Clear Form

Submit

Dane County Board Supervisor Meeting/Mileage Claim

NAME Michele Ritt	Meetings During the Month of September, 2020
----------------------	-------------------------------------------------

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED						NON-STANDING COMMITTEE PER DIEM				
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			14	5:00			Food Council
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		hearing	15	3:45			Tree Board
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EANR					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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SIGNATURE Digitally signed by Michele Ritt DN: cn=Michele Ritt, o=Dane County, ou=Board of Supervisors, email=ritt.michele@countyofdane.com, c=US Date: 2020.12.14 19:25:25 -06'00'	DATE 12/14/2020
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Dane County Citizen Members

Clear Form

Meeting/Mileage Claim

Submit

NAME

Peter James Seel

MEETINGS DURING THE MONTH OF

October

Day of Month	Meeting Start Time *	CHECK ONE		Mileage	Name of Committee
		Comm.	Sub-Comm.		
14	1500	X		Remote	Environmental Council

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I hereby certify that the information on this form is true, correct and to the best of my knowledge complies with current Dane County Ordinance.	SIGNATURE	DATE
	Peter James Seel <small>Digitally signed by Peter James Seel Date: 2020.12.18 09:49:20 -06'00'</small>	12/18/2020

Dane County Citizen Members

Clear Form

Meeting/Mileage Claim

Submit

NAME				MEETINGS DURING THE MONTH OF	
Peter James Seel				September	
Day of Month	Meeting Start Time *	CHECK ONE		Mileage	Name of Committee
		Comm.	Sub-Comm.		
16	1500	X		Remote	Environmental Council

* Compensation shall not be paid for a second or subsequent meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

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Digitally signed by Peter James Seel
 Date: 2020.12.18 09:49:20 -06'00'

Dane County Citizen Members

Clear Form

Meeting/Mileage Claim

Submit

NAME				MEETINGS DURING THE MONTH OF	
Peter James Seel				November	
Day of Month	Meeting Start Time *	CHECK ONE		Mileage	Name of Committee
		Comm.	Sub-Comm.		
18	1500	X		Remote	Environmental Council

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Dane County Board Supervisor Meeting/Mileage Claim

NAME	Meetings During the Month of
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STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM					
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub- Comm.							

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