Committee Name:	PPJ	Name:	Niko	Magallo	1		
DATE: 3/3/	2015	Municipa	ılity:				
Petition/CUP #/Reso	olution/Ordina	nce Amendment/Subje	et: Pay	equity for	r DC Ja	linu	ndtes
<ul><li>✓ Wish to Speak in Support Registering in Support No.</li></ul>		☐ Wish to Speak in Oppo		□ Availabl	e for Informat	tion On	ly
[If you checked "NO,"	<u>STOP;</u> you need	Ally representing an organized YES I not complete the rest of the rest of the rest of each person or organized in the rest of the rest of each person or organized in the rest of the rest of each person or organized in the rest of the rest of each person or organized in the rest of each person or organized in the rest of the	nis form. If yo	NO ou checked "YES	," go on to the		estion.]
Comments:	<u> </u>			TATURUS MINUS AND	3 <u>3 1 1000</u>		
other paid duties fo	or this person of the question, S	oresentation or appearing or organization?			YES		NO
or for your municip [If you checked "YES,	ality or other g	is appearing solely on governmental body?  STOP; you need not compon to the next question.]		□			NO is form. If
on county lobbying	activities durir	nization you represent on the current reporting from July to December.)	g period?		YES		NO
supervisors other th	an at public h	e than 2 contacts with carings or meetings? Board supervisor who rep		🗆	YES ou reside.)		NO
more than 2 contacts a	t a later date, yo	nd 5 above, <u>STOP</u> ; you ned u must then contact the Co d "YES" to either question	ounty Clerk's o	office to file a for	rm indicating s		
spends more than \$ financial disclosure	500 during the statement with please call the Co	hat if the person or orge current reporting perion the county clerk? ounty Clerk at 266-4121 or on.]	iod, you mu	st file a			<b>NO</b> County
Date:			Signature _				
		j	Print Name _				

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: Municipality: 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? ...... TYES [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 [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 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?...... 

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?...... [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.]

Print Name

Committee Name: Public Profession & Name: Linda Ketcham
DATE: 3 31 15 Inducion Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: OR DAmen 64
☑ 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?  YES DO  [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:  Maduon - Grea Dihan Ministry 2300 5. Park St #2022 Madison WI 552B
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?  [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?
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? 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: 3/31/15  Signature Print Name Linga Ful

REGISTRATION BEFORE COUN Committee Name: Municipality: 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? ..... YES [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 [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 (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?..... (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 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?...... [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.]

Committee Name: PRI	Name:	Sue Pastor	
DATE: 3-31-15	Municipality:	MADISON)	
Petition/CUP #/Resolution/Ordina	ance Amendment/Subject:	OA104	Item DI
☑ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition	☐ Available for	Information Only
1. On this occasion, are you offici [If you checked "NO," STOP; you need Name, address and telephone number	d not complete the rest of this form. If	NO you checked "YES," go	•
Comments:			
2. Are you being paid for your re other paid duties for this person of [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization?	TYES	S 🗆 NO
3. Are you an elected official who or for your municipality or other [If you checked "YES," to the question you checked "NO," to the question, go	governmental body?, STOP; you need not complete the res	Y	
4. Has or will the person or orga on county lobbying activities duri (A reporting period is January to June	ng the current reporting period?		ES 🗆 NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County	nearings or meetings?	<b>D</b> YE	
[If you checked "NO," to questions 4 a more than 2 contacts at a later date, yo must also sign this form. If you checke	ou must then contact the County Clerk	's office to file a form inc	dicating such activity. You
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement wit [If you checked "NO" please call the C Building, Madison, for more information of the control of the c	th the county clerk?	nust file a	
Date:	Signature		
	Print Name		

Committee Name: PPFJ Name:  DATE: 3/31/15 Munici	Matt	Kozlowsk	<u>;                                    </u>	
DATE: 3/31/15 Munici	pality: _ <i>N</i>	ladison		
Petition/CUP #/Resolution/Ordinance Amendment/Sub	ject: O	A 64 - Li	ving Wago	- Jail
✓ Wish to Speak in Support       ☐ Wish to Speak in Support         ☐ Registering in Support       ☐ Registering in Op			able for Informat	ion 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.	f this form. I	NO  If you checked "Y  You are represen	ES," go on to the ting:	elf? next question.]
Progressive Pane, PD Box 1222,	Nadison	1, WT 53	3701	
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	X 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, STOP; you need not con you checked "NO," to the question, go on to the next question.]	mplete the re			□ NO t sign this form. If
4. Has or will the person or organization you represent on county lobbying activities during the current report (A reporting period is January to June or from July to December	ing 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			☐ YES  you reside.)	□ 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 question	County Cleri	k's office to file a	form indicating st	
6. If "YES," do you understand that if the person or o spends more than \$500 during the current reporting perfinancial 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 file a	□ YES	□ NO e City-County
Date: 3/31/15	_ Signatur	m	Š	
4	Print Nam	e Matt Ro	zlowski,	

Committee Name:	Name:	Enic	S. Co	churc	ch_	
DATE: 03/31/2015	Municipa	lity:				
Petition/CUP #/Resolution/Ordina	ance Amendment/Subject	ct: Living	Woda			
Wish to Speak in Support Registering in Support	☐ Wish to Speak in Op ☐ Registering in Oppo		□ Availab	le for Inform	ation Onl	ly
1. On this occasion, are you offici		ganization or		er than you	rself?	
[If you checked "NO," <u>STOP</u> ; you need				S," go on to th	e next que	estion.]
Name, address and telephone number	er of each person or organ	nization you a	re representii	ng:		
Comments:						
2. Are you being paid for your re other paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization? STOP; you need not comple		□	YES		NO
3. Are you an elected official who or for your municipality or other [If you checked "YES," to the question you checked "NO," to the question, go	governmental body?, <u>STOP</u> ; you need not comp			YES pt that you mi		NO is form. Ij
4. Has or will the person or orga on county lobbying activities duri (A reporting period is January to June of	ng the current reporting			YES		NO
5. Do you anticipate making more supervisors other than at public h (Do not count contacts with the County	nearings or meetings?		🗆			NO
[If you checked "NO," to questions 4 a more than 2 contacts at a later date, yo must also sign this form. If you checke	ou must then contact the Con	unty Clerk's of	fice to file a fo	rm indicating		
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement wit [If you checked "NO" please call the C Building, Madison, for more information	e current reporting perion that the county clerk? County Clerk at 266-4121 or	od, you must	file a □			<b>NO</b> County
Date:		Signature	8			
	T.	Print Nama				

Committee Name: PPJ Name: Kristin Forde
DATE: 3 31 15 Municipality: Malison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Living wage to pristres
□ 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?  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: 19th 3 3 1 15 Signature Ufall Print Name Kristin Forde

Committee Name: Adejemi Balgun
DATE: 3-31-15 Municipality: Done County Maelican
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Living Wage for pelsoners
□ 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?  [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?  [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. 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?
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: 3-31-15 Signature 6
Print Name Holoson Baloson

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: DATE: Municipality: 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? .....□ YES [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 [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 [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 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?..... 

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 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.]

Date:	Signature

Print Name

Committee Name:	Name:	Amelia	Royl	Lo Ma	uve	
DATE: 3/3(//S	Municipali	ity: Dan	e			
Petition/CUP #/Resolution/Ordina	ance Amendment/Subject	t: Livin	5 Wa	ge		
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opp ☐ Registering in Oppos		] Available	for Informa	tion On	ly
1. On this occasion, are you offici		nnization or a p	erson othe	r than your	self?	
[If you checked "NO," <u>STOP</u> ; you need			ecked "YES,	" go on to the	next que	estion.]
Name, address and telephone number	er of each person or organi	zation you are 1	representing	g:		
Comments:			200000000000000000000000000000000000000			
2. Are you being paid for your re other paid duties for this person of [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization? STOP; you need not complete		□	YES		NO
3. Are you an elected official who or for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question, go	governmental body?, STOP; you need not comple	•••••	□	120		NO is form. If
4. Has or will the person or orga on county lobbying activities duri (A reporting period is January to June	ng the current reporting			YES		NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County	nearings or meetings?			YES u reside.)		NO
[If you checked "NO," to questions 4 a more than 2 contacts at a later date, yo must also sign this form. If you checke	ou must then contact the Cou	nty Clerk's office	to file a for	m indicating .		
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement wit [If you checked "NO" please call the C Building, Madison, for more information	e current reporting perion the county clerk?	d, you must fil	e a □	YES om 106A of t		NO County
Date:		Signature				<del></del>
	Pr	int Name				

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: DATE: Municipality: 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? .....□ 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 I 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 [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 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?..... 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?...... [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.]

Print Name

Date:

Committee Name:	Name:	Hlexica	Wast			
DATE: 03/3/2015	Municipa	ılity:				
Petition/CUP #/Resolution/Ordina						
☐ Wish to Speak in Support ☑ Registering in Support	☐ Wish to Speak in Oppo		□ Available	for Informa	tion Onl	ly
1. On this occasion, are you official [If you checked "NO," <u>STOP</u> ; you need Name, address and telephone number	not complete the rest of the	NO	hecked "YES,	" go on to the		estion.]
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	r organization? TOP; you need not comple	• • • • • • • • • • • • • • • • • • • •	□	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 question are the	governmental body? STOP; you need not comp		□			NO is form. If
4. Has or will the person or organ on county lobbying activities durin (A reporting period is January to June o	ng the current reportin	g period?	an \$500	YES		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 and more than 2 contacts at a later date, you must also sign this form. If you checked	u must then contact the Co	ounty Clerk's offi	ce to file a fori	m indicating s	er, if you such activ	ı do make vity. You
6. If "YES," do you understand to spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Combuilding, Madison, for more information	current reporting per the county clerk? county Clerk at 266-4121 o	iod, you must i	file a	YES om 106A of th		<b>NO</b> County
Date:		Signature				
		Print Name				

Committee Name:	Name:	Mandy	Simun	ans		
DATE: 3/3//S	Municipa	ality: Molis	ion			
Petition/CUP #/Resolution/Ordinar	nce Amendment/Subje	ect: 0A —	\$640	ivens wage	2 COL	theno
☐ Wish to Speak in Support  Registering in Support	☐ Wish to Speak in Op ☐ Registering in Oppo		□ Available	e for Informati	on Only	
1. On this occasion, are you official.  [If you checked "NO," STOP; you need to	YES	D NO				on.]
Name, address and telephone number	of each person or organ	nization you are	representing	g:		
Comments:						
2. Are you being paid for your reprother paid duties for this person of [If you checked "NO" to the question, St. If you checked "YES," turn over to the new teacher to the results of the particles.	organization?	• • • • • • • • • • • • • • • • • • • •		YES	□ N	0
3. Are you an elected official who a or for your municipality or other go [If you checked "YES," to the question, go o you checked "NO," to the question, go o	overnmental body? STOP; you need not comp				□ NO	
4. Has or will the person or organion county lobbying activities during (A reporting period is January to June or	g the current reporting	g period?		YES		0
5. Do you anticipate making more supervisors other than at public head (Do not count contacts with the County H	arings or meetings?	•••••		YES u reside.)		0
[If you checked "NO," to questions 4 and more than 2 contacts at a later date, you must also sign this form. If you checked	must then contact the Co	unty Clerk's offic	e to file a fori	m indicating suc		
6. If "YES," do you understand the spends more than \$500 during the common financial disclosure statement with [If you checked "NO" please call the Common Building, Madison, for more information	current reporting peri the county clerk? unty Clerk at 266-4121 or	od, you must fi	le a	YES om 106A of the	□ NO City-Cou	
Date: 3/3/2015		Signature	lathan Than	Jimme Simmer	<u>m</u>	

Committee Name: PP+ J	Name:	Julie 60	odnich		
DATE: 3/3/15	Municipa	lity: Machine	1		
Petition/CUP #/Resolution/Ordinance	Amendment/Subject	ct: <u>0A-06</u>	1 Cliving way	to for jail wo	(mai
	l Wish to Speak in Op l Registering in Oppo	•	☐ Available for I	nformation Only	
1. On this occasion, are you officially  [If you checked "NO," STOP; you need not  Name, address and telephone number of	t complete the rest of th	is form. If you ch	hecked "YES," go o		on.]
Comments:			10000	<u></u>	
2. Are you being paid for your representation of the paid duties for this person or of [If you checked "NO" to the question, STO If you checked "YES," turn over to the next	rganization? P; you need not comple	•••••	□ YES	□ N	O
3. Are you an elected official who is a or for your municipality or other gove [If you checked "YES," to the question, STO you checked "NO," to the question, go on to	ernmental body? OP; you need not comp		YE	S □ No	
4. Has or will the person or organiza on county lobbying activities during to (A reporting period is January to June or from	the current reporting			S 🗆 N	0
5. Do you anticipate making more the supervisors other than at public hear (Do not count contacts with the County Box	ings or meetings?				0
[If you checked "NO," to questions 4 and 5 more than 2 contacts at a later date, you m must also sign this form. If you checked "Y	ust then contact the Co	unty Clerk's offic	e to file a form indi	cating such activity	
6. If "YES," do you understand that spends more than \$500 during the cu financial disclosure statement with the [If you checked "NO" please call the Coun Building, Madison, for more information.]	rrent reporting peri ne county clerk?	od, you must fi	ile a □ YES		
Date: 3/31/15		Signature	in M&	n	

Committee Name: PP5 Name: Lucas Wolff
DATE: March 31, 2015 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: OA-064 (living unge to modes
☐ 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?  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? ☐ 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: March 31, 2015  Signature Lycas Wolff  Print Name Lycas Wolff

Committee N	Name: PP5	Name:	Jost	OCSON			
DATE:	3-31	Municip	ality:			1000	
Petition/CUI	P #/Resolution/Ord	inance Amendment/Subj	ect: OA	64 -	Support	FOT	
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Comments:					-		
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Date:	3-31		Signature	IMPO JOSH	E/BLSAN		