Committee Name: Zoning 3	Lond Name:	Scoff 1	vogner	
DATE: 6/28/16	Municipality:	Bristo		
Petition/CUP #/Resolution/Ordin	nance Amendment/Subject:	10990	<u> </u>	
Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Oppositio☐ Registering in Opposition		lable for Informa	ition Only
1. On this occasion, are you office [If you checked "NO," STOP; you ne Name, address and telephone num	eed not complete the rest of this form.	NO  If you checked "?	YES," go on to the	
Comments:				
2. Are you being paid for your r other paid duties for this person [If you checked "NO" to the question If you checked "YES," turn over to the	n or organization?		□ YES	M NO
3. Are you an elected official wl or for your municipality or other [If you checked "YES," to the question you checked "NO," to the question, g	r governmental body? on, <u>STOP</u> ; you need not complete the			NO st sign this form. Į
4. Has or will the person or org on county lobbying activities dur (A reporting period is January to June	ring the current reporting period		□ YES	₩ NO
5. Do you anticipate making mosupervisors other than at public (Do not count contacts with the Coun	hearings or meetings?			<b>⋈</b> NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, y must also sign this form. If you check	you must then contact the County Cle	erk's office to file a	form indicating s	
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Building, Madison, for more information.	he current reporting period, you ith the county clerk?	must file a	□ YES	□ NO ne City-County
Date:	Signatu	ıre		
	Print Nar	me		

Committee Name: ZCR Name: DAN BIRRENKOTT
DATE: 6.28 · 20/6 Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 1099/ 1099 Z
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 D 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:
DOD VINE
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?
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: 6-28-20/6 Signature Sugar

Committee Name: ZLR Name: Donald Viney  DATE: 6-28-16 Municipality: Cottage Grove Wi
DATE: 6-28-16 Municipality: Cottoge Grove W!
Petition/CUP #/Resolution/Ordinance Amendment/Subject: /099/ */0992
Awrit a 1: a
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:  Town of Cottage Crove  Donald PViney 2093 Hwy 12-18
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 mak 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: 6-28-16 Signature Donald Pliner
Print Name Donald Pliner

Committee Name: ZLR	Name:	KYLE	BROOM	
DATE: 6/28/16	Name: Municipa	ality: Town	of Coffine	Grove WI
Petition/CUP #/Resolution/Ordina	nce Amendment/Subje	ect: / vari	110992	
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Oppo		☐ Available for I	nformation Only
1. On this occasion, are you official [If you checked "NO," STOP; you need	YES		)	
Name, address and telephone number  Don Viney  3695 CTH N,			-	
Comments:	COTTICE GAS	e, WI	3732 (	
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 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 is the question of the question.	governmental body? STOP; you need not comp		YE	
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			S 🗆 NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County	earings or meetings?			
[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	ı must then contact the Co	unty Clerk's offi	ce to file a form indi	cating 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 Co Building, Madison, for more information	current reporting peri the county clerk? ounty Clerk at 266-4121 or	od, you must f	file a   YES	
Date: [   28   16		Signature	The BZ	
	I	Print Name	Kylz Dn	oa

Committee Name: ZLR Name: Cyvda Solbers
DATE: 6 28 6 Municipality: TOWN OF CGYNCE
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 1099
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: 428 16  Signature Male Subces  Print Name (4) Walk Subces

Committee Name: ZLR  DATE: 6/28/16	Name:	Michael	Ston	,e		
DATE: 6/28/16	Municipa	lity: Tic	offage	Greve		
Petition/CUP #/Resolution/Ordin			12			
Elizabeth Control				····		
Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Op ☐ Registering in Oppos		☐ Availab	le for Inform	ation On	ly
		28 90%()				
1. On this occasion, are you offic		ganization or a		ier than you	rself?	
[If you checked "NO," <u>STOP</u> ; you nee	ed not complete the rest of the			S," go on to th	e next que	estion.]
Name, address and telephone numb	per of each person or organ	nization you ar	e representi	ng:		
Comments:						
2. Are you being paid for your roother 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	п	NO
3. Are you an elected official whor for your municipality or other [If you checked "YES," to the question you checked "NO," to the question, go	governmental body?, n, <u>STOP</u> ; you need not complete.					NO is form.  Į
4. Has or will the person or orga on county lobbying activities dur (A reporting period is January to June	ing the current reporting			l YES		NO
5. Do you anticipate making mo supervisors other than at public (Do not count contacts with the Count	hearings or meetings?					NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, y must also sign this form. If you checke	ou must then contact the Cou	unty Clerk's offi	ce to file a fo	rm indicating		
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement wi [If you checked "NO" please call the Building, Madison, for more information.	th the county clerk? County Clerk at 266-4121 or	od, you must	file a □			<b>NO</b> County
Date:		Signature				
	P	rint Name				

Committee Name:_	ZLR	Name:	_ John	Loetfle			
DATE:	6/28/14	Munic	ipality: <u>Jo</u> v	un of Cottage	<i>fre</i>		
Petition/CUP #/Reso	olution/Ordina	nce Amendment/Sul	oject: <u>\0</u>	392			
☐ Wish to Speak in S☐ Registering in Sup		☐ Wish to Speak in ☐ Registering in Op		☐ Availa	ble for Informa	tion On	ly
1. On this occasion, [If you checked "NO," Name, address and te	STOP; you need	not complete the rest o	f this form. If	NO you checked "YE	ES," go on to the		estion.]
Comments:							
2. Are you being pa other paid duties fo [If you checked "NO" If you checked "YES,"	or this person o to the question, S	r organization? TOP; you need not con			I YES	闽	NO
3. Are you an elect or for your municip [If you checked "YES," you checked "NO," to	ality or other g " to the question,	<b>sovernmental body?</b> STOP; you need not co	mplete the res			/	NO is form. Į
4. Has or will the pon county lobbying (A reporting period is J	activities durin	g the current report	ing period?.		□ YES	文	NO
5. Do you anticipate supervisors other the (Do not count contacts	ıan at public he	earings or meetings?		[	0: 20H0 11HS	Þ	NO
[If you checked "NO," more than 2 contacts a must also sign this form	t a later date, you	must then contact the	County Clerk'	s office to file a f	form indicating s		
6. If "YES," do you spends more than \$ financial disclosure [If you checked "NO" Building, Madison, for	500 during the statement with please call the Co	current reporting points the county clerk? county Clerk at 266-4121	eriod, you m	nust file a	□ YES		<b>NO</b> County
Date:			Signature	John's In	<i>j</i> ~		
			Print Name	John E. Toeff	W		

Committee Name: ZLR DATE: 6/28/16	Name: KK/ Municipality: Tov	15 HAMPTON	
DATE: 6/28/16	Municipality: Tov	NNOFCOTTAGE GO	ROVE
Petition/CUP #/Resolution/Ordina			
☐ Wish to Speak in Support☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition	Available for Information	ation Only
1. On this occasion, are you offici	YES □	NO	
[If you checked "NO," <u>STOP</u> ; you need	d not complete the rest of this form. I	f you checked "YES," go on to the	e next question.]
Name, address and telephone numb		ou are representing:	
TONN OF COT	TALE GROVE		
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 complete the rest	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 complete the re	□ YES	□ NO st sign this form. ↓
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 period?		□ NO
5. Do you anticipate making more supervisors other than at public has (Do not count contacts with the County)	nearings or meetings?	□ YES	□ NO
[If you checked "NO," to questions 4 of more than 2 contacts at a later date, you must also sign this form. If you checke	ou must then contact the County Clerk	's office to file a form 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 informatic	e current reporting period, you not the county clerk?	nust file a ☐ YES	□ NO he City-County
Date: 6/28/16	Signature Print Name	La Hampto	
	Print Name	KRIS HAMPTON	

Committee Name: , 2011	11N6 Name	: KITA	M	· X20	(EUE	R
Committee Name: 20/0  DATE: 6/24/2016	Munic	cipality: <u>10</u>	WIV	OF OR.	EGON	
Petition/CUP #/Resolution/Or	dinance Amendment/Su	ıbject: < =	ZONE	10993		
☑ Wish to Speak in Support	☐ Wish to Speak in		According to	responsible of the control	¥	
☐ Registering in Support	☐ Registering in O	pposition	☐ Ava	ilable for Infor	mation On	ly
1. On this occasion, are you o  [If you checked "NO," STOP; you  Name, address and telephone nu	need not complete the rest	of this form. If ye	NO ou checked	"YES," go on to		estion.]
Comments:						8
2. Are you being paid for you other paid duties for this pers [If you checked "NO" to the quest If you checked "YES," turn over to	son or organization?			.□ YES		NO
3. Are you an elected official or for your municipality or ot [If you checked "YES," to the question you checked "NO," to the question	her governmental body? tion, <u>STOP</u> ; you need not co	omplete the rest of				NO is form.      IJ
4. Has or will the person or o on county lobbying activities of (A reporting period is January to J	luring the current repor	rting period?				NO
5. Do you anticipate making supervisors other than at pub (Do not count contacts with the Co	lic hearings or meetings	?		☐ YES ch you reside.)		NO
[If you checked "NO," to question more than 2 contacts at a later dat must also sign this form. If you ch	e, you must then contact the	County Clerk's o	office to file	a form indicatin		
6. If "YES," do you understa spends more than \$500 during financial disclosure statement [If you checked "NO" please call t Building, Madison, for more information of the statement of the state	the current reporting p with the county clerk? he County Clerk at 266-412	period, you mu	st file a	□ YES		NO ounty
Date:		Signature				
		Print Name				

Committee Name:	Name:	Buarg	59 [ horna	5
DATE: () 28	Municipa	ality: Dre	Cean	
Petition/CUP #/Resolution/Ordina	nce Amendment/Subje	ect: A?	TO BH.	I
Wish to Cook in Connect	Wish to Smale in O	unnagition	10994	
☐ Wish to Speak in Support ☐ Registering in Support	<ul><li>☐ Wish to Speak in O</li><li>☐ Registering in Oppo</li></ul>		Available for Inform	mation Only
1. On this occasion, are you official [If you checked "NO," <u>STOP</u> ; you need	YES	□ NO		
Name, address and telephone numbe	r of each person or orga	nnization 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	or organization? STOP; you need not compl		□ 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 comp			NO nust sign this form. 1
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?		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	u must then contact the Co	ounty Clerk's offic	e to file a form indicatin	
6. If "YES," do you understand t spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Co Building, Madison, for more information	current reporting per the county clerk? bunty Clerk at 266-4121 o	iod, you must fi	le a □ YES	NO f the City-County
Date:		Signature		
	ı	Print Name		

Committee Name: ZLR	Name:	Robert M	outer	
Committee Name: ZLR  DATE: 6-28-2016	Municipalit	y: Town 1	Blooming	Grove
Petition/CUP #/Resolution/Ordinan	ce Amendment/Subject	10995	2	- ye 10
	□ Wish to Speak in Opp □ Registering in Opposit		ilable for Informat	ion Only
1. On this occasion, are you official [If you checked "NO," <u>STOP</u> ; you need n Name, address and telephone number		□ NO form. If you checked '	'YES," go on to the	
Comments:				
2. Are you being paid for your reprotection of the paid duties for this person or [If you checked "NO" to the question, ST If you checked "YES," turn over to the n	organization?	the rest of this form.	X YES	□ NO
3. Are you an elected official who is or for your municipality or other go [If you checked "YES," to the question, so on you checked "NO," to the question, go on	vernmental body? TOP; you need not complete		□ YES except that you must	NO sign this form.
4. Has or will the person or organi on county lobbying activities during (A reporting period is January to June or	the current reporting <b>j</b>			≥ NO
5. Do you anticipate making more supervisors other than at public her (Do not count contacts with the County E	rings or meetings?		☐ YES ch you reside.)	X 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	must then contact the Coun	ty Clerk's office to file	a form indicating su	TO SECURE OF THE PARTY OF THE P
6. If "YES," do you understand the spends more than \$500 during the confinancial disclosure statement with [If you checked "NO" please call the Country Building, Madison, for more information	urrent reporting period the county clerk? nty Clerk at 266-4121 or go	, you must file a	□ YES	□ NO e City-County
Date: 6-28-2016	S	ignature Color	en fr	<u> </u>
	Pri	nt Name Kober	- Trocter	

REGISTRATION BEFORE COUNTY COMMITTEE
Committee Name: Zoning+land Reg. Name: Jeanine Schweider Lelley  DATE: 10   28   16 Municipality: T. of Blooming Grove.  Petition/CUP #/Resolution/Ordinance Amendment/Subject: 10995 - Blooming Grove.
DATE: 10/28/16 Municipality: T. of Blooming Grove,
Tetitolizeet #Resolution/Ordinance Amendment/Subject. O 15 15 15 15 15 15 15
pt Box
<ul> <li>□ Wish to Speak in Support</li> <li>□ Registering in Support</li> <li>□ Registering in Opposition</li> <li>□ Registering in Opposition</li> </ul>
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:
Walbridge Condominium Association US Secretary (008-513-348) as Vice Preside
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?
1

Date: 428/14

Signature Llavilue Schneider
Print Name Jeanine Schneider

Committee Name: ZONING Name: NAM KAPUAN
DATE: JUNE 28, 2016 Municipality: TOWN OF BLUE MOWNS
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 10996
Wish to Speak in Support
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 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?
[If you checked "NO" to the question, <u>STOP</u> ; 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, <u>STOP</u> ; 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 on county lobbying activities during the current reporting period?
(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?
Building, Madison, for more information.]
Date: 6/28/2016 Signature 1/1/1/1
Date: 6/28/2016 Signature Signature August Kopun

Committee Name: Soning Name: Michoel Jas Coniec
Name: Michael Jas Convec  OATE: 6-28-16  Municipality: Modison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Re Zming 10996
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
. 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:
Comments:
Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
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 mak 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.]
inancial disclosure statement with the county clerk?
Date: 6-28-16 Signature Mchael Jaskoniec
Print Name Michael Jaskoniec

REGISTRATION BEFORE COUNTY COMMITTEE Name: Committee Name: Municipality: DATE: Petition/CUP #/Resolution/Ordinance Amendment/Subject: Ve2pw. 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 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?...... 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?...... 

YES [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: 6/28/2016 Signature !

Committee Name:	Neighbors	Name:	Frank	x Ital	rue	10c/	ten
DATE:		Municipali	ity: BLU	5 MOU	Jos	Le ette	5E p
Petition/CUP #/Reso	olution/Ordinance Am		~ ~	20NE	109		
☐ Wish to Speak in S☐ Registering in Sup		sh to Speak in Opp gistering in Oppos		☐ Available	for Infor	mation On	ly
[If you checked "NO,"	are you officially reposition of each	YES  plete the rest of this	form. If you	O checked "YES,	" go on to		estion.]
Comments:							
other paid duties fo [If you checked "NO" i	id for your representar this person or organ to the question, <u>STOP;</u> yo turn over to the next que	ization? ou need not complete		□	YES		NO
or for your municipa [If you checked "YES,"	ed official who is appeality or other government to the question, STOP; yhe question, go on to the	nental body?		□	YES that you n		NO s form.   l
on county lobbying	erson or organization activities during the cannary to June or from June	urrent reporting			YES		NO
supervisors other th	e making more than 2 an at public hearings with the County Board su	or meetings?		□	YES 1 reside.)		NO
more than 2 contacts at	to questions 4 and 5 abo a later date, you must th If you checked "YES"	en contact the Cou	ity Clerk's off	ice to file a forn	n indicatin		
spends more than \$5 financial disclosure	understand that if the corrence of the currence of the county Clease call the County Clease information.]	t reporting period unty clerk?	d, you must	file a □	YES om 106A o		NO ounty
Date: June	28,2016		Signature	FRANCO	1	1	
		Pr	int Name	+ RANCO	S U.	100	HON

Committee Name: ZRL - 10998 Name: Serera Charlton
DATE: 6-28-16 Municipality: Cross Plains
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Rezone 10998
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?
Name, address and telephone number of each person or organization you are representing:  WPD Investments / Mark Carvoll  1645 Park Ave, River Forest IL 60305 (312) 431-040  Comments: (312) 281-5106
Comments: (3/2) 281 - 5/0°
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: 6-28-2016 Signature Seven Cloudte
Print Name SERENA CHARLTON

REGISTRATION BEFORE COUNTY COMMITTEE
Committee Name: Sowing Name: Len Mandley
DATE: 6 - 98-16 Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 1001 Jawn Market
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?
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: 6-18-16 Signature Print Name TEARY BAHD (EY

Committee Name: ZLR	Name:	Tim L'	ndew (	Atty. No.	w/am & May
DATE: 6/28/16	Municipa	ality: <u>Chv</u> ı	strang	(Town)	
Petition/CUP #/Resolution/Ordina	nce Amendment/Subje	ect: CUP =	4 2346		
₩ish to Speak in Support  Registering in Support	☐ Wish to Speak in O☐ Registering in Oppo		☐ Available	for Information	on Only
1. On this occasion, are you official [If you checked "NO," STOP; you need	YES		)		
Name, address and telephone number	_	1 <del>-</del> 1		26	
Bjoin Limestone, 7308 W. Stude B	luc.				
7308 W. Stide 1	ld. 11, Janes	ville, W	1 53540	3	
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	or organization? .f.\.T. STOP; you need not compl	101 WCA		YES	□ NO
3. Are you an elected official who or for your municipality or other getting the state of the st	governmental body? <u>STOP</u> ; you need not comp		□	YES that you must s	NO Sign this form. Is
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?		YES	₫ NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County	earings or meetings?		🗆	YES 1 reside.)	NO
[If you checked "NO," to questions 4 armore 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 off	ice to file a fori	n indicating suc	
6. If "YES," do you understand to spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Communication of the puilding, Madison, for more information.	current reporting perion the county clerk? county Clerk at 266-4121 or	iod, you must	file a □	YES om 106A of the	□ NO City-County
Date: 6/28/\>		Signature	/.	N	
• •	j	Print Name	Tim Line	lav	

Committee Name: Zowingt Land Reg Name: Jethout. Roe The
DATE: 6/28/16 Municipality: Town of Christians
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 2346
□ 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:
Star lieu + Jepta S. Inc.
372 Kosh Kon ang RQ. Cambridge
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: 628/16  Signature Down Recht  Print Name Jeffry T. Roellu

Committee Name: ZLR	Name:	Andrew	Rumpt			
DATE: 6/28/16	Municipa	ılity: <u>Tour</u>	of Churs	frana		
Petition/CUP #/Resolution/Ordin						
✓ Wish to Speak in Support  ☐ Registering in Support	☐ Wish to Speak in Oppo	C (C)	□ Available	e for Informat	ion On	ly
						-7
1. On this occasion, are you offi [If you checked "NO," <u>STOP</u> ; you ne			)			estion.]
Name, address and telephone num Lisa A. Arragton, 3	70 L 2 L 2 L 2 L 2 L 2 L 2 L 2 L 2 L 2 L	1.50	(5) N			
Comments:			a a			
2. Are you being paid for your pother paid duties for this person [If you checked "NO" to the question If you checked "YES," turn over to the person to the	n or organization? n, <u>STOP</u> ; you need not comple		<b>)</b>	YES		NO
3. Are you an elected official whor for your municipality or othe [If you checked "YES," to the question, gou checked "NO," to the question, go	r governmental body? on, <u>STOP</u> ; you need not comp		□			NO is form.  Į
4. Has or will the person or org on county lobbying activities du (A reporting period is January to June	ring the current reporting			YES		NO
5. Do you anticipate making me supervisors other than at public (Do not count contacts with the Count	hearings or meetings?			YES u reside.)	À	NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, must also sign this form. If you check	you must then contact the Con	unty Clerk's off	ice to file a for	m indicating sı		
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement we [If you checked "NO" please call the Building, Madison, for more information of the statement we have a supplied to the statement with the statement we have a supplied to the statement with the statement will be statement with the statement with the statement with the statement will be statement with the statement will be statement	he current reporting perion ith the county clerk? County Clerk at 266-4121 or	od, you must	file a □	YES om 106A of the		<b>NO</b> County
Date: <u>6/28/16</u>		Signature <u>/</u>	Ed T.	Ruff		
	F	Print Name Ax	JDREW T	RUINT	i	

Committee Name: Z	LR	_Name: _Joh	n Krebs	
DATE: 6/28/16		_ Municipality:	own of Middle	ton
Petition/CUP #/Resolutio	n/Ordinance Amend	ment/Subject:_Prc	Immany Plot - Sp.	rue Valley
☐ Wish to Speak in Support ☐ Registering in Support		Speak in Opposition in Opposition	Available for Info	rmation Only
1. On this occasion, are y	; you need not complete	THE YES Uthe rest of this form. If	NO you checked "YES," go on to	
Name, address and telepho	ne number of each per	rson or organization yo	ou are representing:	
Comments:				
2. Are you being paid for other paid duties for this [If you checked "NO" to the If you checked "YES," turn	s person or organizati question, <u>STOP</u> ; you nee	ion?ed not complete the rest	□ YES	DA NO
3. Are you an elected of or for your municipality [If you checked "YES," to the you checked "NO," to the quantum of the property of the proper	or other governments e question, <u>STOP;</u> you n	al body?eed not complete the res	□ YES	₩ NO must sign this form. ↓
4. Has or will the person on county lobbying activity (A reporting period is Januar	ities during the curre	nt reporting period?.		Þ) NO
5. Do you anticipate ma supervisors other than at (Do not count contacts with t	public hearings or m	neetings?		⊠ NO
[If you checked "NO," to que more than 2 contacts at a lat must also sign this form. If y	er date, you must then co	ontact the County Clerk'	s office to file a form indicati	ing such activity. You
6. If "YES," do you und spends more than \$500 d financial disclosure state [If you checked "NO" please Building, Madison, for more	uring the current rep ment with the county call the County Clerk at	oorting period, you m	nust file a	□ NO of the City-County
Date: June 28	2016	Signature	John Krebs	
		Print Name	/ John Krobs	