REGISTRATION BEFORE COUNTY COMMITTEE Name: Superior Service S

Petition/CUP #/Resolution/Ordinance Amendment/Subject: DOCA CHILLIA
Wish to Speak in Support
☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing: David County Brand, District 33, WS-492-2454
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? YES INO [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? □ YES □ NO (A reporting period is January to June or from July to December.)

[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: Nov 2,2015

Signature_

Print Name

ZLR+HHN

Committee Name:	Name:	Heid V	Veglestien	-
DATE: 11 2 18	Municipalit	y: Mad	lier	
Petition/CUP #/Resolution/Ordina	ance Amendment/Subject:	HHN-C-1, P-	+F-0-8 HH1	1-0-4, HHW-066, FHM
Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Oppor ☐ Registering in Opposit		ilable for Informat	
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Name, address and telephone number	er of each person or organiza	ation you are represe	enting:	
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3. Are you an elected official who or for your municipality or other a [If you checked "YES," to the question, you checked "NO," to the question, go	governmental body? <u>STOP</u> ; you need not complete		□ YES except that you must	□ NO sign this form. I
4. Has or will the person or organ on county lobbying activities durin (A reporting period is January to June o	ng the current reporting p		□ YES	□ NO
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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 property of t	current reporting period, the county clerk?ounty Clerk at 266-4121 or go	you must file a	□ YES	□ NO e City-County
Date:	Sig	gnature		
	Print	Name		

Committee Name: Personud	Haurona Name:	Jani Ko	ester			
DATE: NW. 2, 2015	Municipa	ılity: _MA	DISON		de	
Petition/CUP #/Resolution/Ordin	nance Amendment/Subje	ct: <u>#16 H</u>	HN at	my bash	20	ju
Wish to Speak in Support Registering in Support	☐ Wish to Speak in Op ☐ Registering in Oppo			for Informati	on On	ly
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6. If "YES," do you understand spends more than \$500 during the financial disclosure statement wi [If you checked "NO" please call the Guilding, Madison, for more informations.	th the county clerk? County Clerk at 266-4121 or	od, you must f	ile a □	YES m 106A of the 0		NO county
Date:		Signature				
	Pı	rint Name				

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Committee Name: Name: Bev Thom
DATE:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHO -04
 □ Wish to Speak in Support □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES 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: Bethel Support Service 312 Wisconsin Ave. Madison 53703
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 (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: 1/2-15 Signature Den Home

Committee Name: Personne 1 & Finance Name: Vern Leib branch
DATE: 11- 2- 2015 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 14/4N - 0 - 4 Request To Speak AFTER BEV 7140M
 ✓ Wish to Speak in Support ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? WES DNO [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: Beshel Lustheran Church, 310 Wisconsin Ane Medison (608) 357.3577
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?
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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: 11-2-2015 Signature Luyron U Seidmanal Print Name VERNUND DE TERROPAUDE

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Committee Name: Finance	Name:	Margin	Zutte	0	
	Municipa				
Petition/CUP #/Resolution/Ordinance Ame	ndment/Subjec	ct: 1 44	VV 03-	11	
1 11	to Speak in Opstering in Oppos	*	☐ Available	for Information	n Only
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REGISTRATION BEFO	DRE COUNTY COMMITTEE Christa
Committee Name: Personne (& Franquan DATE: 1-2-15 Mur	Taren A Com Minehar
DATE:	de HANILe
Petition/CUP #/Resolution/Ordinance Amendment/S	abject:
Wish to Speak in Support ☐ Wish to Speak ☐ Registering in Support ☐ Registering in	
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6. If "YES," do you understand that if the person or 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 266-412 Building, Madison, for more information.]	period, you must file a
Date: 11-2-15	Signature CMrista E. MMCnart
	Print Name

Committee Name: Personel 4	France Name	Melissa	Sovense	N	
	Munic				
Petition/CUP #/Resolution/Ordina		100000000000000000000000000000000000000	16		
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Name, address and telephone number	er of each person or or	ganization you	are representing	;	
Comments:					
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Date:		Signature	Uhana Nelissa S	5	
		Print Name	lelissa 2	obvensen	

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REGISTRATION BEFORE COUNTY COMMITTEE
Committee Name: Jersannel Fivance Name: Laura Falside
DATE: 11/2/15 Municipality:
Committee Name: fersance Finance Name: Laura Fabide DATE: 11/z/15 Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: COLA Amendment ##10.0-
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:
Recovery Coality of Dane County
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?
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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:

Committee Name:	Name:	Cha	Hich si	<u> </u>	
DATE:	Municipa	ality:	Windsor		
Petition/CUP #/Resolution/Ordina	nce Amendment/Subje	ect:	FI WH		
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Oppo		☐ Available	for Informati	on Only
1. On this occasion, are you official [If you checked "NO," STOP; you need	not complete the rest of th	\Box I is form. If yo	NO ou checked "YES,	" go on to the n	
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	P	rint Name	Chas Wit	tt	

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Committee Name: Playmel Luyse Name: TODD Coste/10
DATE: //- > - / \(\) Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Stype of HHN - 6-17
□ Wish to Speak in Support □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES 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: (LA) 1414 Machine RO Machine 1 WT 5-3714 Comments:
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 (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: 11-2-15 Signature Told field Print Name TODD C 05-10110
Print Name TODD COS+CITO

Bringing Health, Independence & Dignity Home

Testimony to
Personnel and Finance Committee
November 2, 2015

Todd Costello, Executive Director Community Living Alliance 608-242-8335, Ext. 1372 costellot@clanet.org

Subj: Support of Jenni Dye's POS COLA increase budget amendment HHN-O-17

Dear Member of the Personnel and Finance Committee:

Good evening members of the Personnel and Finance Committee. Thank you for the opportunity to offer testimony. My name is Todd Costello and I am the Executive Director of Community Living Alliance (CLA). As a Dane County contracted provider of services (POS), CLA supports over 1200 individuals including children and adults with disabilities, and the elderly providing personal care, chore services, and case management to the Legacy Waver (CIP/COP) recipients. CLA also employs nearly 1000 individuals in Dane County.

I am here this evening requesting your support for County Board Supervisor Jenni Dye's amendment HHN-O-17 to increase the COLA for 2016 to a total of 0.8 percent, a 0.3 percent increase over the 0.5 percent COLA which County Executive Parisi included in his budget for Dane County's POS partners.

The additional COLA increase will support Dane County's POS partners such as Community Living Alliance in providing essential and quality services to Dane County's most vulnerable residence. According to the recent 2014 Baker Tilly study, POS agencies have not received a COLA increase on average for the last 5 years, which has not kept pace with the increasing cost of inflation.

To fulfill our commitment to our clients POS Agencies such as CLA must not compromise the quality of services and invest in our infrastructure such as technology and offer market competitive wages and benefits. The cost to providing employee health insurance benefits for CLA has increased 12 – 25% annually over the last 5 years. While the COLA has remained flat and inflation has risen.

Excessive turnover and retention of our workforce is a primary concern for our industry and ultimately impacts the clients we serve. With the looming changes projected by Family Care 2.0 and IRIS retention of staff is currently a challenge that we anticipate only intensifying as these redesign changes are implemented.

Your support of HHN-O-17 will assist agencies in meeting their costs to sustain their business in a challenging financial climate but ultimately will benefit Dane County's most vulnerable citizens resulting in quality services delivered by well-trained, quality staff. Thank you

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Committee Name: Scott Strong
DATE: 10/2/15 Municipality: Madism
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 1++N-0-17 (ColA)
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: Purchase of Service Coalitims Dupporting people with disabilities
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? YES
Date: $10/2/15$ Signature $10/2/15$ Print Name $10/2/15$ Signature

REGISTRATION BEFORE COUNTY COMMITTEE
Committee Name: BPiF Name: Matt /welowski
DATE: 11/2/15 Municipality: Madeson
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Operating - TRC Finding PVF-0-8
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?
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
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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?

Committee Name: Parmell + Finance Name: Anders Zanich Kowsky
DATE: 11/2./15 Municipality: Oane County
Petition/CUP #/Resolution/Ordinance Amendment/Subject: PF 08
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: Tenant Resource Center 1202 Williamson St. Ste. 102 Madison, WI 53703
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?
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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: 11/2/15 Signature Andres Panichkowsky

Committee Name: P&F	Name: Laurel Fletcher
DATE: 11/2/2015	Municipality:
Petition/CUP #/Resolution/Ordinal	nce Amendment/Subject: P&F 08 Agenda item#3
☑ Wish to Speak in Support☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
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Date: 11/2/2015	Print Name Laurel Fletcher
	Print Name Laurel Fletcher

Committee Name:	PEF	Name	EDWARD	Kurr	SK		
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2. Are you being paid other paid duties for [If you checked "NO" to If you checked "YES," i	this person of the question, S	r organization? TOP; you need not com		□	YES		NO
3. Are you an elected or for your municipa [If you checked "YES," you checked "NO," to the	lity or other g	sovernmental body?. STOP; you need not con	inplete the rest of i				NO is form. Į
4. Has or will the pe on county lobbying a (A reporting period is Ja	ctivities durin	g the current report	ing period?		YES		NO
5. Do you anticipate supervisors other tha (Do not count contacts w	n at public he	earings or meetings?			YES ou reside.)		NO
[If you checked "NO," to more than 2 contacts at a must also sign this form.	a later date, you	must then contact the (County Clerk's off	ice to file a for	rm indicating s		
6. If "YES," do you spends more than \$50 financial disclosure st [If you checked "NO" pl Building, Madison, for n	00 during the catement with case call the Co	current reporting pe the county clerk? unty Clerk at 266-4121	riod, you must	file a □			NO Jounty
Date:			Signature				
			Print Name				

Committee Name: PERSONEL Name: RANKO BARBER
DATE: // / 5 Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
Wish to Speak in Support
☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES 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: 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: Signature Print Name RONNE
BAK

#36

Committee Name: PEASONNELL FINANCE Name: MICHAEL PONNELLY DATE: NOV 2, 2017 Municipality: DANE
DATE: NOV 2, 2015 Municipality: DANE
Petition/CUP #/Resolution/Ordinance Amendment/Subject: P&F-O-B
1. On this occasion, are you officially representing an organization or a person other than yourself? YES DNO [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: TENANT RESOURCE CHNTER, 1202 WILLIAMSON 257-0143
Comments: BOAND PRESIDENT
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: NOV 2, 2015 Signature M. GANNING Print Name MILHARL DOMAGELLY

Committee Name: BPEF Name: Brenda Lonkel
DATE: Municipality: Modelson
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
Maria Constant Constant Constant
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: Tenant Resource Center 1202 Williams of State 102 Moulin -03
Comments: 608-257-0143
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 DO 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:

出30

Committee Name: Personal +Fix	manceName:	laural	Wiche	ert	
DATE: 112/7015	Municipa	ality:Ma	discr		
Petition/CUP #/Resolution/Ordina	ance Amendment/Subje	ect: #16 H	tN-C)-16 and +	HIN-0-16b
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in O☐ ☐ Registering in Oppo	A CONTRACTOR OF THE CONTRACTOR	□ Available	for Information	on Only
1. On this occasion, are you offici [If you checked "NO," STOP; you need Name, address and telephone number	☐ YES d not complete the rest of th	NO his form. If you cho	ecked "YES,'	go on to the ne	
Comments:					
2. Are you being paid for your repother 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 comple		□	YES	□ NO
3. Are you an elected official who or for your municipality or other a [If you checked "YES," to the question, you checked "NO," to the question, go	governmental body? STOP; you need not comp		□	YES that you must so	□ NO ign this form. I
4. Has or will the person or organon county lobbying activities during (A reporting period is January to June of	ng the current reporting			YES	□ NO
5. Do you anticipate making mor supervisors other than at public he (Do not count contacts with the County	earings or meetings?			YES reside.)	□ 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 Cou	unty Clerk's office	to file a form	indicating such	
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 perion the county clerk? county Clerk at 266-4121 or	od, you must file	a □		□ NO City-County
Date:		Signature			
	P	rint Name			

#32

Committee Name: PFC	Name: Municipa	Anders	Zanichk	lowsky	
DATE: 11/2/15	Municipa	lity: Dane	Count	у	
Petition/CUP #/Resolution/Ordinar	nce Amendment/Subjec	et: HHN-	0-16a		
☐ Wish to Speak in Support Registering in Support	☐ Wish to Speak in Op ☐ Registering in Oppos	•	☐ Available	for Information	Only
1. On this occasion, are you official [If you checked "NO," <u>STOP</u> ; you need	X YES				
Name, address and telephone number Tenant Resource Cen 1202 Williamson St	ter				
Comments:					
2. Are you being paid for your reprother paid duties for this person or [If you checked "NO" to the question, SI If you checked "YES," turn over to the many checked "YES," turn over the many checked "YES," the many	organization?		···········□	YES)	NO NO
3. Are you an elected official who is or for your municipality or other go [If you checked "YES," to the question, go on the checked "NO," to the question, go of the checked "NO," to the question, go of the question and question.	overnmental body? STOP; you need not compl				NO this form. I
4. Has or will the person or organi on county lobbying activities during (A reporting period is January to June or	g the current reporting			YES [I NO
5. Do you anticipate making more supervisors other than at public hea (Do not count contacts with the County E	arings or meetings?			YES reside.)	I 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 Cou	nty Clerk's offic	ce to file a form	indicating such a	
6. If "YES," do you understand the spends more than \$500 during the clinancial disclosure statement with [If you checked "NO" please call the Cou Building, Madison, for more information.	current reporting perio the county clerk? inty Clerk at 266-4121 or a	d, you must fi	ile a □	YES □ n 106A of the City	NO y-County
Date: 11/2/15	D	Signature A	Jan Za	ichke of	

Committee Name: PFC Name: Anders Banich Cowsky DATE: 11/2/15 Municipality: Dare County
DATE: 11/2/15 Municipality: Dane County
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN - 0 - 16 b
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
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? 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: Tenant Resource. Center 1202 Williamson St. Ste 102 Madison 53703 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: 11/2/15 Signature Mana J Print Name Anders Zanichkowsky

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Do Finance X: Traver
Committee Name: P& Finance Name: Kim TURNER DATE: 11 2 15 Municipality: Madison
DATE: 11 2 15 Municipality: 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Petition/CUP #/Resolution/Ordinance Amendment/Subject: ++N 17 ~ COLA for POS
☐ 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: DD Coalition of Dane County 22 N-225 5t- Madison W 53704
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: 1 2 15 Signature Signature
Print Name Kim TURKE

434

Committee Name: 15F	Name:	Israid 9	chlough			
DATE: WHIST	Municip	oality:				
Petition/CUP #/Resolution/Ordinance	e Amendment/Subj	ect: HHN	-0-17			
	E V					
,] Wish to Speak in C] Registering in Opp		☐ Available	for Informatio	n Onl	ly
	0 0 11					
1. On this occasion, are you officially		rganization or a	_	r than yoursel	1?	
[If you checked "NO," <u>STOP;</u> you need no				" go on to the ne.	xt que	stion.]
Name, address and telephone number o	f each person or orga	anization you ar	e representing	;:		
Comments: Registering in 5	upport of t	1411-0-17	>			
2. Are you being paid for your repres						
other paid duties for this person or o	rganization?			YES		NO
[If you checked "NO" to the question, <u>STO</u> If you checked "YES," turn over to the nex		lete the rest of thi	s form.			
	970	1 1 10 0	CC!			
3. Are you an elected official who is or for your municipality or other gov				YES		NO
[If you checked "YES," to the question, ST	OP; you need not com					
you checked "NO," to the question, go on t	o the next question.]					
4. Has or will the person or organiza						***
on county lobbying activities during t (A reporting period is January to June or fro				YES	Ц	NO
	•					
5. Do you anticipate making more the supervisors other than at public heart		(T)		YES		NO
(Do not count contacts with the County Box				reside.)		
[If you checked "NO," to questions 4 and 5	above, STOP; you ne	ed not complete t	he rest of this f	orm. However,	if you	do make
more than 2 contacts at a later date, you mu must also sign this form. If you checked "Y					activ	ity. You
			_	icononij		
6. If "YES," do you understand that spends more than \$500 during the cur	-	S ANTO				
financial disclosure statement with th	e county clerk?					Ю
[If you checked "NO" please call the Count Building, Madison, for more information.]	y Clerk at 266-4121 or	r go to the Clerk'	s office at Room	m 106A of the C	ity-Co	ounty
building, Wadison, for more information.]						
111			1///	//		
Date:		Signature Far	al lasthy	//		
	J	Print Name	ad Sch	docato		

Committee Name: PERChance Name: SHARL KATO
DATE: W 2/15 Municipality: Down
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 of 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: Support Cold to The POS ACENCIES YOUTE Comments: RAPID RESPONSE TEAM (LONSORTIUM)
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: WM Signature Ray A



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		-

Committee Name: Supr. Pan Name: Anne Brethauer . Municipality: ___ DATE: //-2-15 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? Name, address and telephone number of each person or organization you are representing: Comments: Ber Supporting extra finding forte TRC services 2. Are you being paid for your representation or appearing incidental to your 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?...... [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

H36

Committee Name: Versonnel	Name:	Norm Little	john
DATE: 11-2-2015	Municipality:	Modizon	
Petition/CUP #/Resolution/Ordina	nce Amendment/Subject:_	08	
☐ Wish to Speak in Support	☐ Wish to Speak in Opposi	tion	
Registering in Support	☐ Registering in Opposition		e for Information Only
1. On this occasion, are you official [If you checked "NO," STOP; you need Name, address and telephone number	not complete the rest of this for	■ NO m. If you checked "YES,	" go on to the next question.]
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 paid to the	r organization? TOP; you need not complete the		YES NO
3. Are you an elected official who or for your municipality or other ge [If you checked "YES," to the question, go of the checked "NO," to the question the checked "NO," to the checked	overnmental body? STOP; you need not complete th		
4. Has or will the person or organion county lobbying activities during (A reporting period is January to June or	g the current reporting peri		YES □ NO
5. Do you anticipate making more supervisors other than at public her (Do not count contacts with the County E	arings or meetings?	🗆	YES
[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 County C	lerk's office to file a form	n indicating such activity. You
6. If "YES," do you understand the spends more than \$500 during the of financial disclosure statement with [If you checked "NO" please call the Cou Building, Madison, for more information	the county clerk?	ou must file a	YES □ NO om 106A of the City-County
Date:	Signa	ture	
	Print N	ame	

Committee Name:	PEF	lame:	MANISON W PEF-0-8	643	
DATE:	M	Iunicipality:	MADISON W	71	
	ion/Ordinance Amendmen	nt/Subject:	PEF-0-8		
☐ Wish to Speak in Support		eak in Opposition		ble for Informatio	on Only
[If you checked "NO," STO	e you officially representing the you need not complete the none number of each person	YES rest of this form.	NO If you checked "Y	ES," go on to the ne	
	or your representation or :				
[If you checked "NO" to th	is person or organization? e question, <u>STOP</u> ; you need no n over to the next question.]			1 YES	□ NO
or for your municipality [If you checked "YES," to t	fficial who is appearing so or other governmental be the question, STOP; you need the question, go on to the next question, go on to the next question.	ody? not complete the r		.□ YES cept that you must si	□ NO ign this form.
on county lobbying activ	on or organization you rep vities during the current ro ary to June or from July to Dec	eporting period		□ YES	□ NO
supervisors other than a	aking more than 2 contact at public hearings or meeti the County Board supervisor	ings?	D		□ NO
more than 2 contacts at a la	uestions 4 and 5 above, <u>STOP;</u> tter date, you must then contac you checked "YES" to either o	t the County Cler	k's office to file a f	form indicating sucl	if you do make activity. You
spends more than \$500 c financial disclosure state	derstand that if the person during the current reportion ement with the county clerk at 266 e information.]	ng period, you ·k?	must file a	□ YES	□ NO City-County
Date:		Signatur	reNIND I	6	
		Print Nam	NINO I	eonel but	

Committee Name: Name	e: Mary Angling
DATE: 11-2-15 Munic	cipality: Madiso N
Petition/CUP #/Resolution/Ordinance Amendment/Su	object: amendment P+F-0-8
☐ Wish to Speak in Support ☐ Wish to Speak in ☐ Registering in O	
1. On this occasion, are you officially representing an YE [If you checked "NO," STOP; you need not complete the rest of Name, address and telephone number of each person or o	Of this form. If you checked "YES," go on to the next question.]
Comments:	
2. Are you being paid for your representation or apper 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 □ 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 convolve you checked "NO," to the question, go on to the next question.	omplete the rest of this form except that you must sign this form.
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	ting period? \square YES \square NO
5. Do you anticipate making more than 2 contacts wit supervisors other than at public hearings or meetings? (Do not count contacts with the County Board supervisor who	P □ YES □ NO
	need not complete the rest of this form. However, if you do make County Clerk's office to file a form indicating such activity. You ion at this time, go on to the next question.]
6. If "YES," do you understand that if the person or of spends more than \$500 during the current reporting person of 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
Date:	Print Name Mary Anglin
	Print Name Mary HN9 IIM

Committee Name:	Personnel	& Finance Name:	BAR	LBARA SI	MITH		
DATE: 11/2	12015	Municipa	ality:	MADIS	No		
1	1	nce Amendment/Subje	ect:	P&F-(8 - c		
E we to a to							
☐ Wish to Speak in Registering in Su	Support	☐ Wish to Speak in O☐ Registering in Oppo			ilable for Info	ormation Or	ıly
[If you checked "NO,	" <u>STOP</u> ; you need	Ily representing an ora	nis form.	NO If you checked '	"YES," go on t		estion.]
Comments:							-
other paid duties f	or this person or to the question, SI	resentation or appearies organization?			.□ YES		NO
or for your municip [If you checked "YES,	pality or other go " to the question, §	is appearing solely on overnmental body? STOP; you need not compent to the next question.]				□ must sign th	NO is form. lຸ
on county lobbying	activities during	zation you represent s g the current reporting from July to December.)	-		□ YES		NO
supervisors other tl	ıan at public hea	than 2 contacts with Carings or meetings? Board supervisor who repr			☐ YES ch you reside.)		NO
more than 2 contacts o	ıt a later date, you	l 5 above, <u>STOP;</u> you need must then contact the Cot "YES" to either question o	ınty Cler	k's office to file o	a form indicati	ng such activ	
spends more than \$ financial disclosure	500 during the c statement with t please call the Cou	at if the person or organizer or the county clerk?	od, you	must file a	□ YES		NO Jounty
Date:			Signatur	e			
		p	rint Nam	a.			

REGISTRATION BEFORE COUNTY COMMITTEE Name: Committee Name: Municipality: DATE: 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 \square 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? 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 (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 (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.]

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: /e/somme / t/mance Name: Municipality: Middleton Petition/CUP #/Resolution/Ordinance Amendment/Subject: Wish to Speak in Support ☐ Wish to Speak in Opposition Available for Information Only Registering in Support ☐ Registering in Opposition 1. On this occasion, are you officially representing an organization or a person other than yourself? □ NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing; Comments: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? 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 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 on county lobbying activities during the current reporting period?...... YES (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, 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

YES NO 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.]

Date: 11/8/

#36

Committee Name: Personnel + Finance Name: Jason Murcko
DATE: 11/2/2015 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: P+F 0-8 Amendment
 □ 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?
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? [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature
Print Name

£36

Committee Name: Personal Kinssenname: Jan Mujasalee
DATE: 11/2/15 Municipality: Maler PAF-D-8
Petition/CUP #/Resolution/Ordinance Amendment/Subject: P4F-D-8
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? □ 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:

#36

Committee Name: Budget Amendment Name:	Tamora Ann Fleming
DATE: Munici	pality: Dane Courty (Belleville, W)
Petition/CUP #/Resolution/Ordinance Amendment/Sub	oject: TRC Funding PNF-08
	V
Wish to Speak in Support ☐ Wish to Speak in ☐ Registering in Support ☐ Registering in Opp	position
1. On this occasion, are you officially representing an o	organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; 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 orgeneral sof the State Street family 1525 members all	1202 Williamsin Street madesu juy
Comments:	over cong
 Are you being paid for your representation or appearation paid duties for this person or organization? [If you checked "NO" to the question, STOP; you need not comply you checked "YES," turn over to the next question.] Are you an elected official who is appearing solely or or for your municipality or other governmental body? [If you checked "YES," to the question, STOP; you need not contyou checked "NO," to the question, go on to the next question.] 	n behalf of your office
4. Has or will the person or organization you represent 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	▼ YES □ NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you no more than 2 contacts at a later date, you must then contact the C must also sign this form. If you checked "YES" to either question	'ounty Clerk's office to file a form indicating such activity. You
6. If "YES," do you understand that if the person or or spends more than \$500 during the current reporting per financial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121 of Building, Madison, for more information.]	riod, you must file a Y YES
Date: 11/2/15	Signature Jamen A Peer Frey





DATE: Municipality: Munici	Committee Name: Persame Kname Name	: Amy Noble
Wish to Speak in Support	DATE: 11-2-15 Munic	ipality:Madison
Wish to Speak in Opposition	Petition/CUP #/Resolution/Ordinance Amendment/Su	bject: Funding for a Andoble Housing and
YES NO	Wish to Speak in Support ☐ Wish to Speak in	Opposition
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? [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? 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, 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 NO NO	[If you checked "NO," <u>STOP</u> ; you need not complete the rest of	NO f this form. If you checked "YES," go on to the next question.]
other paid duties for this person or organization?	Comments: Please find more attardable how family shelts AND to for one flows shelter. 2. Are you being paid for your representation or appe	ating AND the day resource center AND increase for 1st limited Methodist - Too way chied new Sleeping is cars!
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? PYES 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? One period, you must file a financial disclosure statement with the county clerk? One period, you must file a financial disclosure statement with the county clerk? One period, you must file a financial disclosure statement with the county clerk? One period, you must file a financial disclosure statement with the county clerk? One period you must file a financial disclosure statement with the county clerk? One period you must file a financial disclosure statement with the county clerk? One period you must file a financial disclosure statement with the county clerk? One period you must file a financial disclosure statement with the period you must file a financial disclosure statement with the period you must file a financial disclosure statement with the period you must file a financial disclosure statement wi	other paid duties for this person or organization? [If you checked "NO" to the question, <u>STOP</u> ; you need not con	□ YES ☑ NO
On county lobbying activities during the current reporting period?	or for your municipality or other governmental body? [If you checked "YES," to the question, <u>STOP</u> ; you need not co	mplete the rest of this form except that you must sign this form. If
Supervisors other than at public hearings or meetings?	on county lobbying activities during the current report	ing period? 🗆 YES 🙀 NO
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.]	supervisors other than at public hearings or meetings?	□ YES /□ NO
spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?	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
Date:	spends more than \$500 during the current reporting positions and disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121	eriod, you must file a
Print Name Amy Noble	Date:	1 1 1 1 1 6

#23

Committee Name:		Name:	New York and the Control of the Cont	RODRIEUE	· &		
DATE:	11/2/15	Municipality:	MANIS	1m, as			
Petition/CUP #/Resolut	tion/Ordinance	Amendment/Subject:	HHN	-0-7			
☐ Wish to Speak in Support		Wish to Speak in Opposit Registering in Opposition		☐ Available	for Information	on Only	
[If you checked "NO," ST	<u>OP</u> ; you need not	representing an organiza	NO i. If you ca	hecked "YES,	" go on to the n		.]
Comments:							_
other paid duties for th	h <mark>is person or or</mark> he question, <u>STOF</u>	entation or appearing inc ganization??; you need not complete the question.]		□	YES	□ NO	
or for your municipalit	y or other gove the question, <u>STO</u>	ppearing solely on behale rnmental body?		□	YES that you must s	□ NO ign this form	n. ļ
	ivities during th	ion you represent spend te current reporting perion to July to December.)			YES	□ NO	
supervisors other than	at public hearir	an 2 contacts with Countags or meetings?			YES 1 reside.)	□ NO	
more than 2 contacts at a l	ater date, you mu:	above, <u>STOP;</u> you need not c st then contact the County C S" to either question at this	erk's offic	e to file a forn	n indicating suc		
spends more than \$500 financial disclosure stat	during the curitement with the se call the County	f the person or organizate rent reporting period, yo county clerk?	u must fi	le a □	YES om 106A of the	□ NO City-County	,
Date:		Signa		L			
		Print Na	ame	NIND RYDK	i but		

Committee Name: PSF Name: Drouge	la Konlul
DATE: H2/15 Municipality: ///	agusn
Petition/CUP #/Resolution/Ordinance Amendment/Subject:	1N 16a 8 b
☐ 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 YES N [If you checked "NO," STOP; you need not complete the rest of this form. If you Name, address and telephone number of each person or organization you a	O checked "YES," go on to the next question.]
Comments:	
2. Are you being paid for your representation or appearing incidental other paid duties for this person or organization?	\square YES \square NO
3. Are you an elected official who is appearing solely on behalf of you or for your municipality or other governmental body?	
4. Has or will the person or organization you represent spend more the 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 more than 2 contacts at a later date, you must then contact the County Clerk's off must also sign this form. If you checked "YES" to either question at this time, go	ice to file a form indicating such activity. You
6. If "YES," do you understand that if the person or organization you spends more than \$500 during the current reporting period, you must financial disclosure statement with the county clerk?	file a □ YES □ NO
Date: Signature	
Print Name	

34

Committee Name:	Name:	Orecille 1	- Oralex	<u></u>
DATE: (12\5	Municipality	· Mayus	m	
Petition/CUP #/Resolution/Ordina	nce Amendment/Subject:_	HAN	17	
☐ Wish to Speak in Support	☐ Wish to Speak in Oppos	eition		
Registering in Support	☐ Registering in Opposition		ailable for Inforn	nation Only
				100
1. On this occasion, are you official		zation or a perso NO	n other than you	urself?
[If you checked "NO," <u>STOP</u> ; you need	l not complete the rest of this fo		"YES," go on to t	he next question.]
Name, address and telephone number	er of each person or organiza	tion you are repres	senting:	
Comments:				
2. Are you being paid for your repother 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 to			□ NO
3. Are you an elected official who or for your municipality or other a [If you checked "YES," to the question, you checked "NO," to the question, go	governmental body? STOP; you need not complete			□ NO ust sign this form. ↓
4. Has or will the person or organon county lobbying activities during (A reporting period is January to June o	ng the current reporting pe			□ NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County	earings or meetings?		☐ YES iich you reside.)	□ 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 County	Clerk's office to file	e a form indicating	ever, if you do make 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, the county clerk?	you must file a	. YES	□ NO the City-County
Date:	Sig	nature		
	Print	Name		



Committee Name:	Name:	Muhaymin		
DATE: //- 2 - /5				
Petition/CUP #/Resolution/Ordina				
			7-310	
■ Wish to Speak in Support □ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition		e for Information O	nly
1. On this occasion, are you officia	lly representing an organiz	vation or a person other	er than vourself?	
[If you checked "NO," <u>STOP</u> ; you need	YES	□ NO		iestion.]
Name, address and telephone number	of each person or organizat	ion you are representin	g:	
AL Muhaymin 2322 A	Hied de Apt 4/ (08-957-16	44	
Al Muhaymin 2322 A Jennifer Moritz 232	2 Allied dr Apt #	608-381-3	1831	
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 reserved.	r organization? <u>TOP</u> ; you need not complete the next question.]	e rest of this form.	YES Þ	NO
3. Are you an elected official who 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 complete th	□	YES that you must sign th	NO nis form.
4. Has or will the person or organion county lobbying activities during (A reporting period is January to June or	g the current reporting per		YES	NO
5. Do you anticipate making more supervisors other than at public her (Do not count contacts with the County I	arings or meetings?	🗆	YES u reside.)	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 County C	Clerk's office to file a form	n indicating such acti	
6. If "YES," do you understand the spends more than \$500 during the of the continuous characteristics of the Continuous C	the county clerk? inty Clerk at 266-4121 or go to	ou must file a	YES Dom 106A of the City-C	NO County
Date: _//= 2 - /5	Signa	ature al muha	ymr	
	Print N	Jame Q1 Muha	Umin	

Committee Name;_	PFC	Name:	Whit	nun (ant	
DATE: 11/2	-/15	Munici	pality: Dane	. Ohn		
Petition/CUP #/Res	olution/Ordina	nce Amendment/Sub	ject:	sc t	unding	amendone
Wish to Speak in Registering in Sup		☐ Wish to Speak in ☐ Registering in Op		☐ Available	for Informati	on Only
[If you checked "NO,"	STOP; you need	Ily representing an o	this form. If you c	hecked "YES,	" go on to the n	
Comments:						
other paid duties fo	r this person of to the question, S	resentation or appear organization? TOP; you need not compact question.]		□	YES	× NO
or for your municip	ality or other go	is appearing solely on overnmental body? STOP; you need not conn to the next question.]				NO sign this form. If
on county lobbying	activities durin	zation you represent g the current reporti from July to December	ng period?		YES	X NO
supervisors other th	an at public he	than 2 contacts with arings or meetings? Board supervisor who re			YES reside.)	NO
more than 2 contacts a	a later date, you	d 5 above, <u>STOP;</u> you no must then contact the C "YES" to either question	ounty Clerk's offic	e to file a forn	n indicating suc	5 B 5 C C C C C C C C C C C C C C C C C
spends more than \$5 financial disclosure	600 during the contact with olease call the Con	at if the person or or current reporting per the county clerk? anty Clerk at 266-4121 of	riod, you must fi	le a □	YES m 106A of the 0	□ NO City-County
Date: 11/2/	15		Signature	thy I	2.1	
			Print Name	inny	2. Gen	K

Committee Name: Personnel & Finance Name: John Haeckel
DATE: 11/2/15 Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: ZO15 PES - 28>
 □ Wish to Speak in Support □ Registering in Support □ Registering in Opposition □ Registering in Opposition
1. On this occasion, are you officially representing an organization or a person other than yourself? YES DNO [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:
Chan Fuel Partners LLC
P.O. Box 1487 Madison WI 53701-1487 (773) 255-08-50
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? ☐ 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? [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature
Print Name

REGISTRATION BEFORE COUNTY COMMITTEE Name: Committee Name: Municipality: DATE: Petition/CUP #/Resolution/Ordinance Amendment/Subject:____ SNOW DOW DUNG ☐ Wish to Speak in Opposition ☐ Wish to Speak in Support Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? YES M 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? 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 \square 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 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 IIf 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

REGISTRATION BEFORE COUNTY COMMITTEE Name: **Committee Name:** Municipality: Done Petition/CUP #/Resolution/Ordinance Amendment/Subject: 7 600 ☐ Wish to Speak in Opposition ☐ Wish to Speak in Support ☐ Registering in Opposition ☐ Available for Information Only Registering in Support 1. On this occasion, are you officially representing an organization or a person other than yourself? TYES IX 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 NO 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 \square 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 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 NO financial disclosure statement with the county clerk?..... \square 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: 100-2. 2015

Committee Name: P = Name: LOREN) hykkersw
DATE: // /2 /15 Municipality: DAV	E County RES
DATE: // /2 //5 Municipality: DAV Petition/CUP #/Resolution/Ordinance Amendment/Subject: 2 AM	DOI MONAR PLOW DRUBAS
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition	☐ Available for Information Only
1. On this occasion, are you officially representing an organization or	O checked "YES," go on to the next question.]
Comments:	
2. Are you being paid for your representation or appearing incidental other paid duties for this person or organization? [If you checked "NO" to the question, STOP; you need not complete the rest of the following the checked "YES," turn over to the next question.]	
3. Are you an elected official who is appearing solely on behalf of you or for your municipality or other governmental body?	
4. Has or will the person or organization you represent spend more to 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 more than 2 contacts at a later date, you must then contact the County Clerk's of must also sign this form. If you checked "YES" to either question at this time, go	fice to file a form indicating such activity. You
6. If "YES," do you understand that if the person or organization you spends more than \$500 during the current reporting period, you must financial disclosure statement with the county clerk?	file a
Print Name	Longu J. MIKKER (D)

Committee Name:	Name:	Chad &	Gray	of gro	np	
DATE: // - 2 - 15	Municip				4	
Petition/CUP #/Resolution/Ordina	ance Amendment/Subj	ect: 2 addi	tional H	igh way	Posi	4:045
☐ Wish to Speak in Support☐ Registering in Support	☐ Wish to Speak in O☐ Registering in Oppo	****	□ Available	for Informat	ion On	ly
1. On this occasion, are you official. [If you checked "NO," STOP; you need. Name, address and telephone number	d not complete the rest of the	his form. If you ch	ecked "YES,"	go on to the r		estion.]
Comments:						
2. Are you being paid for your repother 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		Y	YES	P	NO
3. Are you an elected official who or for your municipality or other a [If you checked "YES," to the question, you checked "NO," to the question, go	governmental body? STOP; you need not comp		□	YES hat you must .	Sign thi	
4. Has or will the person or organ on county lobbying activities durin (A reporting period is January to June or	ng the current reporting			YES	A	NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County	earings or meetings?			Y ES reside.)		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	must then contact the Col	unty Clerk's office	to file a form	indicating suc		
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 the county clerk?ounty Clerk at 266-4121 or	od, you must file	ea □ Y	YES 106A of the		NO ounty
Date: 11-2-15		Signature Cl	I m	22	/	
	P	rint Name	100 01	97		

Committee Name: P F Name	ne: Jeff Klinkner
DATE: ///2/15 Mun	ne: Jeff Klinkner nicipality:
Petition/CUP #/Resolution/Ordinance Amendment/	Subject: Addistral 2 Highworkors
☐ Wish to Speak in Support ☐ Wish to Speak ☐ Registering in Support ☐ Registering in	The second of th
particular in support	27 Trainable for information only
1. On this occasion, are you officially representing a	
If you checked "NO," STOP: you need not complete the res	YES NO St 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 ap	pearing incidental to your
other paid duties for this person or organization? .	YES NO
[If you checked "NO" to the question, <u>STOP</u> ; you need not of If you checked "YES," turn over to the next question.]	complete the rest of this form.
ij you enceked That, and over to the next questioning	
3. Are you an elected official who is appearing solel	
or for your municipality or other governmental body	y?
you checked "NO," to the question, go on to the next question	
4. Has or will the person or organization you repres	sent spand more than \$500
on county lobbying activities during the current repo	VI CIV PROTIES
(A reporting period is January to June or from July to Decem	
5. Do you anticipate making more than 2 contacts v	vith County Board
supervisors other than at public hearings or meeting	s? \square YES \square NO
(Do not count contacts with the County Board supervisor wh	o represents the district in which you reside.)
7.18 (f)	ou 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 th must also sign this form. If you checked "YES" to either que	he County Clerk's office to file a form indicating such activity. You
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	21 or go to the Clerk's office at Room 106A of the City-County
Building, Madison, for more information.]	
Date:	Print Name Jeff Klinkner
, ,	Print Name TOCE KIN I/ a a set
	FIRE NAME JOSEPH TO THE PERSON OF THE PERSON

Committee Name:_	P+F	Name:	Carou.	sel Bo	ryrd		_
DATE:	2,2015	Municip	ality:	May	Leson		
Petition/CUP #/Reso	olution/Ordina	nce Amendment/Subj		1 Exec	3/EYe	c 4	
_			2	1			
Wish to Speak in S Registering in Sup		☐ Wish to Speak in C☐ Registering in Opp		□ Availabl	e for Informa	ntion Or	ılv
= registering in sup	Port	= registering in opp	ookion	= ///unuo	o for informe	tion or	
		lly representing an or	- A		er than your	self?	
		not complete the rest of t	his form. If you		," go on to the	e next qu	estion.]
Name, address and te	lephone number	of each person or orga	anization you ar	re representin	ıg:		
Comments:							
other paid duties fo	r this person or o the question, <u>ST</u>	resentation or appear organization? FOP; you need not completed to the complete of th		□	YES		NO
or for your municipa	ality or other go to the question, <u>S</u>	is appearing solely on overnmental body? STOP; you need not compose to the next question.]					NO is form. Į
on county lobbying a	ctivities during	zation you represent a general the current reporting from July to December.)	g period?		YES		NO
supervisors other tha	n at public hea	than 2 contacts with earings or meetings? Board supervisor who rep			YES u reside.)		NO
more than 2 contacts at	a later date, you	l 5 above, <u>STOP;</u> you ned must then contact the Co "YES" to either question	unty Clerk's offic	ce to file a fori	m indicating s		
spends more than \$5 financial disclosure s	00 during the c tatement with t lease call the Cou	at if the person or orgurrent reporting peri the county clerk? nty Clerk at 266-4121 or]	od, you must f	ile a □	YES om 106A of the		NO lounty
Date:			Signature				
		F	Print Name				

County Board
REGISTRATION BEFORE COUNTY COMMITTEE
Committee Name: Personnel & Finance, Tim Kieter
No. 2 2 ALE
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Co at Book B Jet
☐ 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? 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 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: Nov. 2, 2019 Signature Tim Kiefer
Print Name Tim Kieter

Committee Name: PFC	Name:	Anders Zo	unichkow.	sky		
DATE: 11/2/15	Municipa	ality: Dane	Count	y		
Petition/CUP #/Resolution/Ordin	ance Amendment/Subje	ect: EXEC.	0.3			
		60.00				
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opportunity ☐ Registering in Opportunity		☐ Available	e for Informat	ion On	ly
1. On this occasion, are you office [If you checked "NO," STOP; you nee Name, address and telephone numb	TYES ed not complete the rest of th	uis form. If you) checked "YES,	" go on to the		estion.]
Comments:						
2. Are you being paid for your reother 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		□	YES		NO
3. Are you an elected official who or for your municipality or other [If you checked "YES," to the question, go checked "NO," to the question, go	governmental body? a, <u>STOP</u> ; you need not comp					NO is form.
4. Has or will the person or orga on county lobbying activities duri (A reporting period is January to June of	ing the current reporting	• 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		YES		NO
5. Do you anticipate making more supervisors other than at public has the County (Do not count contacts with the County)	nearings or meetings?			YES 1 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 checked	ou must then contact the Cou	unty Clerk's offic	ce to file a form	n indicating su		
6. If "YES," do you understand to spends more than \$500 during the financial disclosure statement with You checked "NO" please call the C Building, Madison, for more information	e current reporting perion has the county clerk?	od, you must f	ïle a □	YES m 106A of the		NO founty
Date: 11 / 2 / 15		Signature M	Ja- Jers Fa	nich long	uslu.	

Committee Name: PFC DATE: 11/2-/15 Petition/CUP #/Resolution/Ordinance	Name:	Anders	7aniehle	owsky		
DATE: 11/2/15	Municip	ality: <u>Dane</u>	Coun	ty		
Petition/CUP #/Resolution/Ordinanc	ee Amendment/Subj	ect: <u>EXEC</u>	-0-4			
	☐ Wish to Speak in O☐ Registering in Oppo		□ Available	e for Informat	ion On	ly
1. On this occasion, are you officially [If you checked "NO," STOP; you need no Name, address and telephone number of	ot complete the rest of t	his form. If you) checked "YES,	" go on to the		estion.]
Comments:						
2. Are you being paid for your representer paid duties for this person or a [If you checked "NO" to the question, STO If you checked "YES," turn over to the new	organization? OP; you need not compl		□	YES	П	NO
3. Are you an elected official who is or for your municipality or other gov [If you checked "YES," to the question, ST you checked "NO," to the question, go on	vernmental body? <u>COP</u> ; you need not comp			YES t that you must		NO is form. I
4. Has or will the person or organiz on county lobbying activities during (A reporting period is January to June or fi	the current reportin	g period?		YES		NO
5. Do you anticipate making more the supervisors other than at public hear (Do not count contacts with the County Bo	rings or meetings?		□ ct in which yo	YES u reside.)		NO
[If you checked "NO," to questions 4 and a more than 2 contacts at a later date, you m must also sign this form. If you checked "?	nust then contact the Co	unty Clerk's offi	ce to file a fori	n indicating sı	r, if you uch activ	do make vity. You
6. If "YES," do you understand that spends more than \$500 during the cufinancial disclosure statement with the [If you checked "NO" please call the Coun Building, Madison, for more information.]	nrent reporting perine county clerk? ty Clerk at 266-4121 or	od, you must f	ïle a □	YES om 106A of the		NO County
Date:		Signature A	Jess 72	nach kom	f State	

Committee Name:	Name:	Skrewy Le	Vin
DATE: 11/2/15	Municipality: _	Moldison	
Petition/CUP #/Resolution/Ordi	inance Amendment/Subject:	Exec-0-6	
☐ Wish to Speak in Support ☑ Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition		r Information Only
1. On this occasion, are you office of the second of the s	eed not complete the rest of this form	□ NO n. If you checked "YES," go	
Comments:			
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 process of the	n or organization?	YE	ES 🗆 NO
3. Are you an elected official wor for your municipality or othe [If you checked "YES," to the question, so the checked "NO," to the question, so	er governmental body?on, <u>STOP</u> ; you need not complete the	\psi	YES □ NO ut you must sign this form. I
4. Has or will the person or orgon county lobbying activities du (A reporting period is January to June	ring the current reporting perio		ES 🗆 NO
5. Do you anticipate making mosupervisors other than at public (Do not count contacts with the Coun	hearings or meetings?	🗆 YI	
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 in	dicating such activity. You
5. If "YES," do you understand spends more than \$500 during the spends more than \$500 during the spends more disclosure statement will find the spends of th	he current reporting period, you ith the county clerk?	ı must file a 🏻 Y	
Date:	Signate	ure	
	Print Na	me	



Committee Name: Persund	Finance Name:	And	Heidt		
DATE: 11/2/15	Municipality	:_ M	re Vis-	<u> </u>	
Petition/CUP #/Resolution/Ordin	ance Amendment/Subject:_	Pi	F - 0-	1	#13
☐ Wish to Speak in Support	☐ Wish to Speak in Oppos	rition			
☐ Registering in Support	☐ Registering in Opposition		Available	e for Informatio	on Only
1. On this occasion, are you office. [If you checked "NO," <u>STOP</u> ; you nee	d not complete the rest of this fo	□ N orm. If you	O checked "YES,	" go on to the ne	
Name, address and telephone numb	er of each person or organiza and a from Inc w Madison a	tion you a	are representing	g:	
Comments:	w poladism h		53709		
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 next question.]	ne rest of ti	his form.	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 complete				NO ign this form. I
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 pe			YES	NO
5. Do you anticipate making more supervisors other than at public h (Do not count contacts with the County	earings or meetings?		🗆	YES 1 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 checked	u must then contact the County	Clerk's off	fice to file a form	n indicating such	
6. If "YES," do you understand to spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the C Building, Madison, for more information.	e current reporting period, you the county clerk?ounty Clerk at 266-4121 or go to	ou must	file a	YES m 106A of the C	□ NO City-County
Date:	Sign	nature	ah 7	Fult	
	Print 1	Vame .	Auda L	cod +	

出16

Committee Name: PKC Name: GARY WERNER
DATE: Name: SAVEY WEYENER Municipality: MADSON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: ZLR-D-2
Wish to Speak in Support
□ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES 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: CAPITAL RECTION ABVOCACY NETWORK FOR ENVIRONMENTAL SUSTAINABILITY CRANES — 2302 LAKELAND AVE, MADISON 53704
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: Signature
Print Name

Committee Name: Personne 9	Finance Name	: Don	Ferber		
DATE: 18/2/2015	Munic	ipality:			
Petition/CUP #/Resolution/Ordina	ance Amendment/Su	bject: Am	adment 21	R-02	
☑ Wish to Speak in Support	☐ Wish to Speak in				
Registering in Support	☐ Registering in Op		☐ Available for	r Information Or	ıly
1. On this occasion, are you offici	ally representing an	organization or	a person other tl	nan yourself?	
	□ YE	S 🔯 N	0		
[If you checked "NO," <u>STOP</u> ; you need	I not complete the rest of	of this form. If you	i checked "YES," go	on to the next qu	estion. J
Name, address and telephone number	er of each person or or	ganization you a	are representing:		
					()
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? STOP; you need not con		□ YE	S E	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 co	mplete the rest of	Y		NO is form.
4. Has or will the person or organon county lobbying activities during (A reporting period is January to June of	ng the current report	ing period?		ES 🔎	NO
5. Do you anticipate making mor supervisors other than at public h (Do not count contacts with the County	earings or meetings?		🖭 YE		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 checked	u must then contact the	County Clerk's off	fice to file a form inc	dicating such acti	
6. If "YES," do you understand to spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Combine Building, Madison, for more information.	current reporting ponting the county clerk? county Clerk at 266-4121	eriod, you must	file a 		NO County
Date:		Signature	Don Feel Pon Ferl	le .	
* V		Print Name	Pon Ferk	per	



DATE: B2 NOV 1990 2015 Municipality: MAU(SON) C. OF DANE CO.
DATE: B2 NOV MAN 2015 Municipality: MAS (SON, C. OF) DANE CO.
Petition/CUP #/Resolution/Ordinance Amendment/Subject: ZLR-02-/
✓ Wish to Speak in Support
. 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:
CRANES POB 9413 53704
E-ast. H P&B 3376 53704
Comments:
Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
r for your municipality or other governmental body?
. Has or will the person or organization you represent spend more than \$500 n county lobbying activities during the current reporting period?
Do you anticipate making more than 2 contacts with County Board upervisors 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 ore than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You ust also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
If "YES," do you understand that if the person or organization you represent bends more than \$500 during the current reporting period, you must file a mancial disclosure statement with the county clerk?
ate: Signature
Print Name

#16

Committee Name: Name:	Lereny Levih
DATE: 11/2/15 Municip	ality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subj	ect: $21R-0-2$
☐ Wish to Speak in Support ☐ Wish to Speak in C	pposition
Registering in Support	osition
1. On this occasion, are you officially representing an or YES [If you checked "NO," STOP; you need not complete the rest of the Name, address and telephone number of each person or organical statements.]	□ NO his 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 complet If you checked "YES," turn over to the next question.]	YES NO
3. Are you an elected official who is appearing solely on or for your municipality or other governmental body? [If you checked "YES," to the question, <u>STOP</u> ; you need not comp you checked "NO," to the question, go on to the next question.]	YES NO
4. Has or will the person or organization you represent son county lobbying activities during the current reportin (A reporting period is January to June or from July to December.)	g 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 rep	□ YES □ NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you neemore than 2 contacts at a later date, you must then contact the Comust also sign this form. If you checked "YES" to either question	unty Clerk's office to file a form indicating such activity. You
6. If "YES," do you understand that if the person or org spends more than \$500 during the current reporting perifinancial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121 or Building, Madison, for more information.]	od, you must file a
Date:	Signature
F	Print Name

Committee Name:	PAF	Name:	NINO MADIS	RODRICE	VEZ		
DATE:	11/2/15	Municipa	lity: MADIS	1 m hos			
Petition/CUP #/Resol	ution/Ordina	nce Amendment/Subjec	et: HHN	-C-1			
	7 AM	of the property in	CHENSE FON	iont for f	affoldasit hi	OUSING	
Wish to Speak in Supp	ipport ort	☐ Wish to Speak in Op ☐ Registering in Oppos		☐ Availab	le for Information	on Only	
1. On this occasion, a		lly representing an org	anization or a		er than yourse	If?	
[If you checked "NO," <u>S</u>	<u>TOP</u> ; you need	not complete the rest of the			S," go on to the ne	ext question.]	1
Name, address and tele	ephone number	of each person or organ	ization you ar	re representir	ng:		_
Comments:							-
other paid duties for	this person of the question, Si	resentation or appearing organization?		□	YES	□ NO	
or for your municipal	ity or other go	is appearing solely on be overnmental body? STOP; you need not comple to the next question.]		⊏		□ NO ign this form.	. <i>Į</i>
	tivities during	ization you represent sp g the current reporting from July to December.)			YES	□ NO	
supervisors other than	n at public he	than 2 contacts with Carings or meetings? Board supervisor who repre			YES ou reside.)	□ NO	
more than 2 contacts at a	later date, you	d 5 above, <u>STOP</u> ; you need must then contact the Cout "YES" to either question a	nty Clerk's offic	ce to file a for	m indicating such		
spends more than \$50 financial disclosure st	O during the catement with case call the Cou	at if the person or orga current reporting period the county clerk? anty Clerk at 266-4121 or § .]	d, you must f	ile a □	YES om 106A of the C	□ NO City-County	
Date:	5		Signature	h	3		
		Pr	int Name	NINO ROD	RIGHT		_

Committee Name: P+F	Name:	Elizabel	th Berry	
DATE: 11-2-15	Municipa	ality: _ Cofy	of Madison	
Petition/CUP #/Resolution/Ordinar	nce Amendment/Subje	ect: HHN?	C-1	
☐ Wish to Speak in Support	☐ Wish to Speak in O	pposition		
Registering in Support	☐ Registering in Oppo	osition	☐ Available for Inform	ation Only
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 th	his form. If you c	hecked "YES," go on to th	
Comments:				
2. Are you being paid for your reprotection of the paid duties for this person of [If you checked "NO" to the question, SI If you checked "YES," turn over to the results.	organization? TOP; you need not comple			Δ¢I NO
3. Are you an elected official who is or for your municipality or other go [If you checked "YES," to the question, go on the checked "NO," to the question the checked "NO," to the checked "NO," to the question the checked "NO," to the question the checked "NO," to	overnmental body? STOP; you need not comp			NO No st sign this form. Į
4. Has or will the person or organi on county lobbying activities during (A reporting period is January to June or	g the current reporting			₽ NO
5. Do you anticipate making more supervisors other than at public hea (Do not count contacts with the County E	arings or meetings?			NO 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 Co	unty Clerk's offic	e to file a form indicating	
6. If "YES," do you understand the spends more than \$500 during the clinancial disclosure statement with a [If you checked "NO" please call the CouBuilding, Madison, for more information.	current reporting period the county clerk? Inty Clerk at 266-4121 or	od, you must fi	le a □ YES	NO No City-County
Date: 11-5-15	D	Signature	izabeth Bern	
	1	Timber		1