REGISTRATION BEFORE COUNTY COMMITTEE DATE: Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself?□ YES NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: Comments: 2. Are you being paid for your representation or appearing incidental to your 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 □ NO [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 NO (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?......

YES NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?...... [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.] Date:

REGISTRATION BEFORE COUNTY COMMITTEE ealth & Human Sheeds Name: Municipality: MADISON Petition/CUP #/Resolution/Ordinance Amendment/Subject: Homeless Day Shelter Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? TYES NO NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: **Comments:** 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? 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 D 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?..... NO (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?...... YES NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?...... [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date:

___ Signature _____
Print Name

REGISTE	RATION BEFORE COUN	TY COMMITTEE /	
Committee Name:	Name:	art lands	Sne55
DATE: 10 20	Municipality:	Madison	
Petition/CUP #/Resolution/Ordinar	** NOTE: NOTE: O	# Res 248	
Wish to Speak in Support Registering in Support	☑ Wish to Speak in Opposition ☐ Registering in Opposition	☐ Available for Infor	mation Only
1. On this occasion, are you official [If you checked "NO," STOP; you need to Name, address and telephone number	not complete the rest of this form. I	NO fyou checked "YES," go on to	
Comments:			×
 Are you being paid for your reprother paid duties for this person on [If you checked "NO" to the question, State of the provided and the provided	organization?	yes tof this form. YES Your office YES	□ NO □ NO nust sign this form. If
4. Has or will the person or organion county lobbying activities during (A reporting period is January to June or	zation you represent spend mo g the current reporting period?		□ NO
5. Do you anticipate making more supervisors other than at public her (Do not count contacts with the County I	arings or meetings?		□ NO
[If you checked "NO," to questions 4 and more than 2 contacts at a later date, you must also sign this form. If you checked	must then contact the County Clerk	's office to file a form indicatin	
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 Combuilding, Madison, for more information	current reporting period, you nathe county clerk?	nust file a YES	□ NO f the City-County
Date:	Signature)	
	Print Name)	

248

Committee Name: Name: Limothy Olsen
DATE: 15/20/15 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Homeless Day Shelter
 □ 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? ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing: Timothy Olsen, 1331 E. Johnson St., Madison, WI 53703 608 - 255 - 9358
Comments: By clustering shelters and related social services in one way small part of Dane County on Madison's near East Side we would be creating. 2. Are you being paid for your representation or appearing incidental to your even prester disparting other paid duties for this person or organization? [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," turn over to the next question.]
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
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: 10/20/2015 Signature Print Name Timethy Olsen

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

Date: ______ Signature ______ Print Name

DECICED	ATION PERODE COUNT	1	3/2 last
REGISTR	ATION BEFORE COUNT	Y COMMITTEE	Suagrating
Committee Name: 1 HAW	Name: EST	her Ulson	O for
DATE: 10/20/15	Municipality:	onthose low	MSkep
Petition/CUP #/Resolution/Ordinand	ce Amendment/Subject: ////	V 3 +3	
	☐ Wish to Speak in Opposition☐ Registering in Opposition	☐ Available for	Information Only
1. On this occasion, are you officiall		or a person other tha	ın yourself?
[If you checked "NO," STOP; you need n	,		on to the next question.]
Name, address and telephone number	of each person or organization yo	u are representing:	
Comments:			
2. Are you being paid for your reprother paid duties for this person or [If you checked "NO" to the question, STI If you checked "YES," turn over to the new terms of the paid that the state of the paid that the state of the paid that the pa	organization? OP; you need not complete the rest of	YES	S 🗆 NO
3. Are you an elected official who is or for your municipality or other go [If you checked "YES," to the question, So you checked "NO," to the question, go on	vernmental body? TOP; you need not complete the rest	IY	
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6. If "YES," do you understand the spends more than \$500 during the crimancial disclosure statement with tagged [If you checked "NO" please call the Cou Building, Madison, for more information.	urrent reporting period, you muthe county clerk?	ust file a YE	
Date: 10/20/15	Signature Print Name	Esthelia Esther)/sns

DECICED ATION DEEDDE	COUNTY COMMITTEE 2540 Let
REGISTRATION BEFORE	
Committee Name: HHN Name:	Scott Strong
DATE: 10/20/15 Municipa	ality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subjection	ect:
Wish to Speak in Support	pposition
☐ Registering in Support ☐ Registering in Opport	
1. On this occasion, are you officially representing an or YES [If you checked "NO," STOP; you need not complete the rest of the	□ NO
Name, address and telephone number of each person or orga	nization you are representing;
Parchasad Sewica Coalitims & Com	nunity fartners has
Comments:	
 Are you being paid for your representation or appear other paid duties for this person or organization? [If you checked "NO" to the question, STOP; you need not completely you checked "YES," turn over to the next question.] 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, STOP; you need not compyou checked "NO," to the question, go on to the next question.] 	behalf of your office YES NO NO Dete the rest of this form. NO Determine the rest of this form except that you must sign this form. If
4. Has or will the person or organization you represent on 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	\square YES \square 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	ounty 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 perfinancial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121 or Building, Madison, for more information.] Date: 10/20//5	Signature Signature Signature
1	Print Name Salt S. Smrg

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: Healthd Hyman Nood Name: DATE: 10/20/15 Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: ☐ Wish to Speak in Opposition \$168,405 ← April -Oct - Shalfing 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 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: 630 E Washington the Madison **Comments:** 2. Are you being paid for your representation or appearing incidental to your [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 [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

Molkey Or

Committee Name: Health & Human Needs Name: VERN LEZBORANDT
DATE: October 30, 3015 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment)Subject: HHN04
☑ 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: Bethel Lutheran Church 312 Wisconsin Alee (608) 257-3577 Self (608) 831-5466
Comments: Want another \$160K total
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: October 20, 2015 Signature Vernon V. Leikhundt Print Name VERNON D. LET RROGAUDT

EGISTRATION BEFORE COUNTY COMMITTEE Committee Name: DATE: Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: Wish to Speak-in Support Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? □ YES 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 \square 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 \square 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?...... (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, <u>STOP</u>; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?...... [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.] Signature

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

Date: 10/20/18

Signature G A WELL Print Name WWELL PLUTCO

REGISTRATION BEFORE COUNTY COMMI Committee Name: Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? YES \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: PROFESSIONAL FMPLDY **Comments:** 2. Are you being paid for your representation or appearing incidental to your [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 [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 vou 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 (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, I 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.]

Signature

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? 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: PROFESSIONALS Comments: 2. Are you being paid for your representation or appearing incidental to your [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 [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 financial disclosure statement with the county clerk?...... [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Committee Name:	Name:	Leland	Pan			
DATE: 10/20/15	Municipa	ulity: Madi	500		To the Control of the	
Petition/CUP #/Resolution/Ordi	inance Amendment/Subje	et: 13 vdge	t Amero	lment f	-)HIN	205
Wish to Speak in Support ✓ Registering in Support	☐ Wish to Speak in Oppo	and the Control of th	☐ Available	for Inform	ation On	lv.
in Support	in Coppe	751(1011	Available	7 101 111101111		<u>1y</u>
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[If you checked "NO," STOP; you no		iis form. If you c	hecked "YES,	" go on to th	e next qu	estion.]
Name, address and telephone num	nber of each person or organ	nization you are	representing	g:		
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6. If "YES," do you understand spends more than \$500 during t financial disclosure statement w [If you checked "NO" please call the Building, Madison, for more informatical disclosure statement was presented to the property of the statement of	the current reporting periodith the county clerk? County Clerk at 266-4121 or	od, you must fi	le a	YES om 106A of t		NO County
Date:		Signature			TI TI	3 0
	Ţ	rint Name				

Committee Name: Aca/+L+	Huma Needs Name:	Anla	en Chi	ulstense	2	
DATE: 10/20/15	Hana Noc de Name: Municip	ality: 7	5 - Made	804		
Petition/CUP #/Resolution/Ord	inance Amendment/Subj	ect: HH	NOY	3		
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in C☐ Registering in Opp		☐ Available	for Informat	ion On	ly
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Comments:			2 S	umme and a second		0
2. Are you being paid for your other paid duties for this perso [If you checked "NO" to the question If you checked "YES," turn over to be a second to the property of the control of the property of the prop	n or organization? n, <u>STOP</u> ; you need not comp			YES		NO
3. Are you an elected official wor for your municipality or other [If you checked "YES," to the questing you checked "NO," to the question,	er governmental body? on, <u>STOP</u> ; you need not com		□			NO is form. Į
4. Has or will the person or orgon county lobbying activities du (A reporting period is January to Jun	ring the current reportin	ng period?		YES		NO
5. Do you anticipate making m supervisors other than at public (Do not count contacts with the Count	c hearings or meetings?		🗆	YES reside.)	П	NO
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6. If "YES," do you understand spends more than \$500 during the financial disclosure statement was [If you checked "NO" please call the Building, Madison, for more informatical discountry.	the current reporting per with the county clerk? • County Clerk at 266-4121 o	iod, you must 1	iile a □	YES m 106A of the		NO County
Date: 10/2 /15		Signature	22		_ر	
	:	Print Name	ulou (huske	SM	

Committee Name: Health & Human Name: Skyler Van De Weerd Needs Municipality
DATE: 10 20 2015 Needs Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Budget Bethel
☐ 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: Bethel Homeless Support Services 312 Wisconsin Ave Madison, W1 53103 (Lear) 421-312
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: 10/20/2015 Signature SWW VSW De Weerd