Committee Name: Zoning & Land Regulation, Name: LIZA LIG	HTFOOT			
Committee Name: 2001/19 & Land Regulation, Name: LIZA LIGHTFOOT  DATE: 11/7/14 Municipality: CotTAGE GROVE.				
Petition/CUP #/Resolution/Ordinance Amendment/Subject:	n:11048.			
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	(O a checked "YES," go on to the next question.]			
Comments:	re en			
2. Are you being paid for your representation or appearing incidenta other paid duties for this person or organization?	□ YES □ NO			
3. Are you an elected official who is appearing solely on behalf of you or for your municipality or other governmental body?	□ YES □ NO			
4. Has or will the person or organization you represent spend more t 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?	$\square$ YES $\square$ NO			
[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	ffice 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?	t file a			
Date: 11/7/16. Signature	indigated and the same of the			
	12A LICENTFOOT AKA			
₹	LIZABETH.			

Committee Name: 2LR Name: Backy Kielstrup
DATE: 11-7-16 Municipality: Town of Cottage Grove
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 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:  Avant Gardening + Landscaping 838-2054  3055 Siggelkon Rd. Ucfauland, WI
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: 11-7-16  Signature Becky Kielstru
Print Name Derky Like Sirui

Committee N	ame: ZLF	-	Name: D	aniel	Schmi	H
DATE:!	1/7/2016	1	Municipality:	Town of	Cottage o	grove
	#/Resolution/Ordi				1048	-
	11.0		1		Ų.	
☐ Wish to Spe  E-Registering	eak in Support in Support		eak in Oppositio g in Opposition		vailable for Inform	nation Only
	casion, are you offi "NO," <u>STOP</u> ; you ne		YES	□ NO		
Name, address	and telephone num	ber of each perso	n or organization	you are repre	esenting:	
Avant	Gardening	and Lan	dsaping,	Inc.	608-838	3-2054
3055	siggel leon	Road N	1c Far land,	21 5	3558	
Comments:			•			
other paid du [If you checked	eing paid for your inties for this person "NO" to the question "YES," turn over to the	or organization , <u>STOP</u> ; you need i	?		$\Box$ YES	⊠ NO
or for your m [If you checked	n elected official when unicipality or othe "YES," to the question, g	r governmental l n, <u>STOP</u> ; you need	not complete the		$\dots\square$ YES	NO nust sign this form. Ij
on county lob	l the person or org bying activities dur riod is January to June	ing the current	reporting period			Ø⊾ NO
supervisors ot	ticipate making mether than at public ontacts with the Coun	hearings or mee	tings?			≯ NO
more than 2 con	"NO," to questions 4 ntacts at a later date, y his form. If you check	ou must then conta	ict the County Clei	rk's office to fil	e a form indicating	ever, if you do make g such activity. You
spends more t financial discl [If you checked	do you understand than \$500 during the osure statement wi "NO" please call the ion, for more information	ne current report th the county cle County Clerk at 26	ting period, you erk?	must file a	. □ YES	□ NO the City-County
Date:/	11/7/2016		Signatu	r	el schmitt	
			Print Nan	ne Dani	el Schmitt	<del></del>

Committee Name:	Name:	Item	RPT-4	65
DATE: NOV: 7-2016	Municipa	ality:	ersield	
Petition/CUP #/Resolution/Ordina	ance Amendment/Subje	ect:		
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in O☐ Registering in Oppo		Available for	Information Only
1. On this occasion, are you offici	ally representing an or YES  d not complete the rest of the	ganization or  \( \sum \) No  this form. If you	a person other tha O checked "YES," go	an yourself? on to the next question.]
Name, address and telephone number of the second se		nization you a	re representing:	
Comments:	00			
2. Are you being paid for your rejother 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 compl		YES	NO NO
3. Are you an elected official who or for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question, go	governmental body? STOP; you need not comp		X YI	ES 🔲 NO you must sign this form. Į
4. Has or will the person or organon county lobbying activities during (A reporting period is January to June of	ng the current reportin	g period?		S 🗆 NO
5. Do you anticipate making mor supervisors other than at public h (Do not count contacts with the County	earings or meetings?		<b>D</b> YES	
[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 Co	ounty Clerk's off	ice to file a form ind	icating such activity. You
6. If "YES," do you understand to spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the C Building, Madison, for more information	e current reporting per h the county clerk? ounty Clerk at 266-4121 o	iod, you must	file a □ YE	
Date: Nov. 7-2016		Signature	Emvie J	Nordt
055		Print Name	ennis Ma	ndt

Committee Name: ZLK	Name:	Brian	Bernin	1501	
DATE: (1 7 16	Municipa	ality: Dee	v field		
Petition/CUP#/Resolution/Ordin					
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in O☐ Registering in Oppo	***	Available	for Information	n Only
1. On this occasion, are you office.  [If you checked "NO," STOP; you need Name, address and telephone numbers.	ed not complete the rest of the	his form. If you	O checked "YES,'	go on to the nex	
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?		□	YES	□ NO
3. Are you an elected official whor for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question, go	r governmental body? n, <u>STOP</u> ; you need not comp	•••••		YES that you must sig	□ NO gn this form.
4. Has or will the person or orga on county lobbying activities dur (A reporting period is January to June	ing the current reportin	g period?		YES	□ NO
5. Do you anticipate making mosupervisors other than at public (Do not count contacts with the Count	hearings or meetings?		🗆	YES reside.)	□ NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, y must also sign this form. If you check	you must then contact the Co	ounty Clerk's off	ice to file a forn	n indicating such	
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement wi [If you checked "NO" please call the Building, Madison, for more informated to the control of the contr	ne current reporting periods the county clerk? County Clerk at 266-4121 or	iod, you must	file a □	200 March Care Co.	□ NO City-County
Date: Nov. 7, 2014		Signature	B: B	Berningo	
	]	Print Name	Brian 1	Benningo	2

Committee Name: ZLR	Name: Mart	a Bernina	er
DATE: NOU 7 2016	Municipality: _ 📐	eerfield	
Petition/CUP #/Resolution/Ordinance A	mendment/Subject: 210	3	
	Vish to Speak in Opposition Registering in Opposition		nformation Only
1. On this occasion, are you officially re [If you checked "NO," STOP; you need not co	$\square$ YES $\square$	NO ou checked "YES," go o	
Comments:			
2. Are you being paid for your representation of the paid duties for this person or organized the paid duties for the question, STOP; If you checked "YES," turn over to the next question.	anization?you need not complete the rest of	□ YES	□ NO
3. Are you an elected official who is ap or for your municipality or other govern [If you checked "YES," to the question, STOP you checked "NO," to the question, go on to the	nmental body?; you need not complete the rest of		
4. Has or will the person or organization county lobbying activities during the (A reporting period is January to June or from	current reporting period?		S 🗆 NO
5. Do you anticipate making more than supervisors other than at public hearing (Do not count contacts with the County Board	gs or meetings?		
[If you checked "NO," to questions 4 and 5 al more than 2 contacts at a later date, you must must also sign this form. If you checked "YES	then contact the County Clerk's	office to file a form indic	cating such activity. You
6. If "YES," do you understand that if spends more than \$500 during the curre financial disclosure statement with the carrel [If you checked "NO" please call the County O Building, Madison, for more information.]	ent reporting period, you must county clerk?	st file a YES	
Date: Nov 7,2016	Signature	M. Burning M. Berning	/n/
	Print Name _	M. Bernina	201