Clear I	Form	N	Teet	ing/N	Iileage Claim Submit
NAME					MEETINGS DURING THE MONTH OF
Mat	+ Eq.	ele			March 2020
	Meeting	CHECH			
Day of Month	Start Time *	Comm.	Sub- Comm.	Mileage	Name of Committee
3/24/	5:30	X		N/A	CDB6
3/31/20	5:30 5:30	+		N/A	CDB6 CDB6
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RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to the best of my knowledge complies with current Dane Couty Ordinance.	MIT E	3/1/2

YELLOW - Remiittance

PINK - Individual

WHITE - Controller

014-134-5 (10/11)

^{*} Compensation shall not be paid for a second or subsequent meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

Clear Form Meeting/N			ing/N	Iileage Claim Submit		
NAME Mat-	f Eq.	er			MEETINGS DURING THE MONT	
Day of Month	Meeting Start Time *	CHECK	Sub- Comm.	Mileage	Name of Comm	
5/5/20	5:30	X		NA	CNBC	

I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to the best of my knowledge complies with current Dane Couty Ordinance.	MAG	3/1/21

^{*} Compensation shall not be paid for a second or subsequent meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

Clear Form		N	Teet	ing/N	Iileage Claim	Submit
NAME Mat	FEG	2/2			MEETINGS DURING THE MON	
Day of Month	Meeting Start Time *	CHECK Comm.	Sub- Comm.	Mileage	Name of Comm	
6/15/20	5.30	X			CPB6	
					· · · · · · · · · · · · · · · · · · ·	MINISTER CONTRACTOR OF THE PROPERTY OF THE PRO
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Compens	cation sha	II not be	noid for	r a secon	or subsequent meetings u	nless the first

RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to	10111	21
the best of my knowledge complies	11111 9	2///2:
with current Dane Couty Ordinance.		1/100

014-134-5 (10/11)

WHITE - Controller

YELLOW - Remiittance

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Clear I	Form	N	Ieet	ing/N	Iileag	e Claii	m Submit
NAME A	NAME					DURING THE N	MONTH OF
Day of Month	Meeting Start Time *	CHECK	Sub- Comm.	Mileage		Name of Co	
8/23/20	5:00	X			C	0B6	
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RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to		3/1/0
the best of my knowledge complies	1101/4	1/1/2
with current Dane Couty Ordinance.		2 -1

014-134-5 (10/11) WHITE - Controller

/ YELLOW - Remiittance

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Clear I	Clear Form Meeting/Mileage Claim Submit							
NAME					MEETINGS DURING THE MONT	TH OF		
Mai	FF E	gelo			Oct 200	06		
	Meeting	CHECK	ONE					
Day of Month	Start Time *	Comm.	Sub- Comm.	Mileage	Name of Commi	ttee		
10/97/20	,5:00	X		NA	CDB6			
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I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to the best of my knowledge complies with current Dane Couty Ordinance.	All Egen	3/1/2

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3				Submit				
NAME Ma	H I.	Ger C	Egerel	***************************************	MEETINGS DURING THE MONTH OF NO 2020			
Day of Month	Meeting Start Time *	Comm.	Sub- Comm.	Mileage	Name of Comm			
11/24/20	5:00	X			CPBC			
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k Company			.16		l ou gullaganyant un activa ag u			

RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to	1411-	2/./.
the best of my knowledge complies	19116	12/1/21
with current Dane Couty Ordinance.		1 / / 21

014-134-5 (10/11)

WHITE - Controller

YELLOW - Remilttance

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Clear Form Meeting/		ing/N	Mileage Claim Submit				
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1 kil	Patt Egel				Wec.	20) (
D 3	Meeting	СНЕСИ		NCI	None	of Commi	Haa
Day of Month	Start Time *	Comm.	Sub- Comm.	Mileage	Name C	or Commi	illee
12/22/20	5:00	X		NA	COBe	3	
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RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to the best of my knowledge complies with current Dane Couty Ordinance.	AM E	3/1/2

014-134-5 (10/11)

WHITE - Controller

YELLOW - Remiittance

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Clear	Form	N	Teet	ing/N	Iileage Claim	Submit
NAME ()	ntt 1.	Eggs	c/		MEETINGS DURING THE MONT	
Day of Month	Meeting Start Time *	CHECH Comm.	Sub- Comm.	Mileage	Name of Commi	
1/26/21	5:00	X			CDB6	
1/19/21	4:00		X		CDB6-Applic	ation Review
1/20/91	4:00		X		1/	
1/25/20	4:00		义		1 c	

THE REAL PROPERTY OF THE PROPE						

I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to the best of my knowledge complies with current Dane Couty Ordinance.	ME	3/1/2
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NAME Meeting CHECK ONE Start Time * Comm. C	it
Day of Month Start Time * CHECK ONE Comm. Sub-Comm. Day of Month Start Time * Comm. Sub-Comm. Mileage Name of Committee	
Day of Month Time * Comm. Sub-Comm. Mileage Name of Committee Day of Month Time * Comm. Sub-Comm. CDB6	
Month Time * Comm. Comm. Comm. Comm. Comm. Comm.	
Compensation shall not be paid for a second or subsequent meetings unless the first	

RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to	MALLE	0/11
the best of my knowledge complies	111119	13/1/21
with current Dane Couty Ordinance.	1000	-6 / -1

WHITE - Controller YELLOW

014-134-5 (10/11)

YELLOW - Remittance

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Clear	Form	N	leet	ing/N	Iileage Claim [Submit
NAME GR	EG HYER				MEETINGS DURING THE MONT! DECEMBER 2020, JAN, FEB, MARCH 20	The state of the s
Day of Start Month Time *		CHECK	K ONE			
		Comm.	Sub- Comm.	Mileage	Name of Commit	tee
12.22.20	5:00	х			REDISTRICTING	
1.5.21	6:00	х			REDISTRICTING	
2.02.21	6:00	x			REDISTRICTING	
3.02.21	7:00	х			REDISTRICTING	
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I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to the best of my knowledge complies with current Dane Couty Ordinance.	Greg Hyer	3.03.21

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Clear I	Form	N	Teet	ing/N	Iileage Claim Submit
NAME					MEETINGS DURING THE MONTH OF
Matt Egerer					March 2020
	Meeting	CHECH			
Day of Month	Start Time *	Comm.	Sub- Comm.	Mileage	Name of Committee
3/24/	5:30	X		N/A	CDB6
3/31/20	5:30 5:30	+		N/A	CDB6 CDB6
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RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

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on this form is true, correst and to the best of my knowledge complies with current Dane Couty Ordinance.	MIT E	3/1/2

YELLOW - Remiittance

PINK - Individual

WHITE - Controller

014-134-5 (10/11)

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Clear Form Meeting/N			ing/N	Mileage Claim Submit		
NAME MAH Eperal					MEETINGS DURING THE MONT	
Day of Month	Meeting Start Time *	CHECK	Sub- Comm.	Mileage	Name of Comm	
5/5/20	5:30	X		NA	CNBC	

I hereby certify that the information	SIGNATURE	DATE
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Clear Form		N	Teet	ing/N	Mileage Claim Submit				
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Day of Month	Meeting Start Time *	CHECK Comm.	Sub- Comm.	Mileage	Name of Comm				
6/15/20	5.30	X			CPB6				

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Compens	cation sha	II not be	noid for	r a secon	or subsequent meetings u	nless the first			

RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to	10111	21
the best of my knowledge complies	11111	2///2:
with current Dane Couty Ordinance.		1/100

014-134-5 (10/11)

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YELLOW - Remiittance

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Clear I	Form	N	Ieet	ing/N	Iileag	e Claii	m Submit
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RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

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the best of my knowledge complies	1101/4	1/1/2
with current Dane Couty Ordinance.		2 -1

014-134-5 (10/11) WHITE - Controller

/ YELLOW - Remiittance

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Clear Form Meeting/Mileage Claim Submit						
NAME	. /				MEETINGS DURING THE MO	NTH OF
Mat	FF E	gele			Oct Do	26
	Meeting	CHECK	K ONE			
Day of Month	Start Time *	Comm.	Sub- Comm.	Mileage	Name of Com	mittee
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I hereby certify that the information	SIGNATURE	DATE
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Clear		N	Ieet	ing/N	Iileage Claim	Submit
NAME Ma	H I.	Ger C	Egerel	***************************************	MEETINGS DURING THE MON	
Day of Month	Meeting Start Time *	Comm.	Sub- Comm.	Mileage	Name of Comm	
11/24/20	5:00	X			CPBC	
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k Company			.16		l ou gullaganyant un activa ag u	

RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to	1411-	2/./.
the best of my knowledge complies	19116	12/1/21
with current Dane Couty Ordinance.		1 / / 21

014-134-5 (10/11)

WHITE - Controller

YELLOW - Remilttance

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Clear F	-orm	N	leet	ing/N	Tileage Cla	aim	Submit
NAME	H T	A.			MEETINGS DURING THE MONTH OF Nec. 202 (
1 kil	4 Ea	CIC	-(
D 3	Meeting	СНЕСИ		NCI	None	of Commi	Haa
Day of Month	Start Time *	Comm.	Sub- Comm.	Mileage	Name C	or Commi	illee
12/22/20	5:00	X		NA	COBe	3	
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RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to the best of my knowledge complies	AM E	3/1/2
with current Dane Couty Ordinance.		9//

014-134-5 (10/11)

WHITE - Controller

YELLOW - Remiltance

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Clear	Form	N	Teet	ing/N	g/Mileage Claim Submit		
NAME MATT Eggs					MEETINGS DURING THE MONT		
Day of Month	Meeting Start Time *	CHECH Comm.	Sub- Comm.	Mileage	Name of Commi		
1/26/21	5:00	X			CDB6		
1/19/21	4:00		X		CDB6-Applic	ation Review	
1/20/91	4:00		X		1/		
1/25/20	4:00		义		1 c		

THE REAL PROPERTY OF THE PROPE							

I hereby certify that the information	SIGNATURE	DATE
on this form is true, correst and to the best of my knowledge complies with current Dane Couty Ordinance.	ME	3/1/2
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NAME Meeting CHECK ONE Start Time * Comm. C	it
Day of Month Start Time * CHECK ONE Comm. Sub-Comm. Day of Month Start Time * Comm. Sub-Comm. Mileage Name of Committee	
Day of Month Time * Comm. Sub-Comm. Mileage Name of Committee Day of Month Time * Comm. Sub-Comm. CDB6	
Month Time * Comm. Comm. Comm. Comm. Comm. Comm.	
Compensation shall not be paid for a second or subsequent meetings unless the first	

RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

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on this form is true, correst and to	MALLE	0/11
the best of my knowledge complies	111119	13/1/21
with current Dane Couty Ordinance.	1000	-6 / -1

WHITE - Controller YELLOW

014-134-5 (10/11)

YELLOW - Remittance

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Clear	Form	N	Submit			
NAME GR	EG HYER				MEETINGS DURING THE MONT! DECEMBER 2020, JAN, FEB, MARCH 20	The state of the s
	Meeting	CHECK	K ONE			
Day of Month	Start Time *	Comm.	Sub- Comm.	Mileage	Mileage Name of Committee	tee
12.22.20	5:00	х			REDISTRICTING	
1.5.21	6:00	х			REDISTRICTING	
2.02.21	6:00	x			REDISTRICTING	
3.02.21	7:00	х			REDISTRICTING	
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on this form is true, correst and to the best of my knowledge complies with current Dane Couty Ordinance.	Greg Hyer	3.03.21

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I filled This out online, but Couldn't tell if it evervally exch Subuntteel. Roudfolm

Dane County Citizen Members

J JO CHECI Comm.		Mileage	Dec 2020, Jan, Feb 2021 Name of Committee
Comm.	Sub- Comm.	Mileage	
	X		CDBC
	X		CDBG
			CDBG CARES review committee
	Х		CDBG CARES review committee
	Х		CDBG CARES review committee
X			CDBG
X			CDBG
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		200	
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^{*} Compensation shall not be paid for a second or subsequent meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

I hereby certify that the information	SIGNATURE		DATE
	Ronald J.	Digitally signed by Ronald J. Johnson Date: 2021.03.10 15:35:34 -06'00'	03/10/2021

Dane County Resident Member

Meeting/Mileage Claim

	NAMI	NAME			MEETINGS DURING THE MONTH OF
DAY OF MONTH	MEETING START	CHECK ONE		MILEAGE	NAME OF COMMITTEE
	TIME*	COMM.	SUB-COMM.		
					<u> </u>

EMAIL FORM TO BOARD.OFFICE.STAFF@COUNTYOFDANE.COM ON A MONTHLY BASIS

I hereby certify that the information on this form is true, correct and to	DATE
the best of my knowledge complies with current Dane County	
Ordinance. To certify, please check the box to the right.	

^{*} Compensation shall not be paid for a second or subsequent meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

Submit Clear Form Dane County Board Supervisor NAME Meetings During the Month of Meeting/Mileage Claim Shelia Stubbs Jan 1-Nov. 30, 2020 STANDING COMMITTEE/STANDING SUB-COMMITTEE **NON-STANDING COMMITTEE** SALARIED PER DIEM CHECK ONE Meeting Day of Name of Commitee Other Day of Mileage Start Mileage Name of Non-Standing committee Co. Sub-Month Other Than county Board Month Time* Board Comm **UW Extension** 1/14 15.6 4/20 3:00 pm AEC Redevopment 2/11 15.6 **UW Extension** 1/17 12:00 pm 8 **OEI Advisory**

2/21

4/17

12:00 pm.

12:00 pm

5/15 12:00 pm

7/17 | 12:00 pm

7

OEI Advisory

OEI Advisory

OEI Advisory

OEI Advisory

UW Extension

UW Extension

UW Extension

UW Extension

UW Extension

UW Extension
UW Extension

UW Extension

15.6

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7/14

8/4 9/8

10/13

	at the information on the form owledge complies with current		SIGNATURE	Shuffy	12/29/2020
014-135 (10/11)	WHITE - Controller	YELLOW - Remittance	PINK - Indiv	vidual	

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Submit Clear Form Dane County Board Supervisor NAME Meetings During the Month of Meeting/Mileage Claim Shelia Stubbs December 31, 2020 STANDING COMMITTEE/STANDING SUB-COMMITTEE **NON-STANDING COMMITTEE** SALARIED **PER DIEM** CHECK ONE Meeting Day of Name of Commitee Other Day of Mileage Mileage Start Name of Non-Standing committee Co. Sub-Month Other Than county Board Comm. Month Time* Board Comm. 12/8 **UW Extension**

RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance	SIGNATURE .	Shulls	DATE 12/29/2020
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014-135 (10/11)

WHITE - Controller

YELLOW - Remittance

Compensation shall not be paid for a second or subsequence meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

Submit Clear Form Dane County Board Supervisor NAME Meetings During the Month of Meeting/Mileage Claim Shelia Stubbs Jan 1-July 31, 2020 STANDING COMMITTEE/STANDING SUB-COMMITTEE **NON-STANDING COMMITTEE** SALARIED PER DIEM CHECK ONE Meeting Day of Name of Commitee Other Day of Mileage Mileage Start Name of Non-Standing committee Co. Sub-Month Other Than county Board Month Time* Board Comm. 1/23 1/28 12:15 8 **CJC-Racial Disparities** 2/6 2/25 12:15 **CJC-Racial Disparities** 8 3/19 7/28 12:15 **CJC-Racial Disparities** 8 4/2 4/21 5/7 5/21 6/4 6/18 7/9

RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

I nereby certify that the information on the form is true, correct and to	SIGNATURE	Shulls	12/29/2020
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014-135 (10/11)

WHITE - Controller

YELLOW - Remittance

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Submit Clear Form Dane County Board Supervisor NAME Meetings During the Month of Meeting/Mileage Claim Shelia Stubbs Jan 1- June 30, 2020 STANDING COMMITTEE/STANDING SUB-COMMITTEE **NON-STANDING COMMITTEE** SALARIED PER DIEM CHECK ONE Meeting Day of Name of Commitee Other Day of Mileage Start Mileage Name of Non-Standing committee Co. Sub-Month Other Than county Board Month Time* Board Comm. 1/13 P & F 1/27 P&F 2/10 P&F 2/24 P&F 3/30 P&F 4/2 P&F P & F 5/4 5/18 P&F 6/1 P&F P & F 6/15

RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.	SIGNATURE	Shulls	DATE 12/29/2020
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014-135 (10/11)

WHITE - Controller

YELLOW - Remittance

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Submit Clear Form Dane County Board Supervisor NAME Meetings During the Month of Meeting/Mileage Claim Shelia Stubbs July 1- Sept, 30, 2020 STANDING COMMITTEE/STANDING SUB-COMMITTEE **NON-STANDING COMMITTEE** SALARIED PER DIEM CHECK ONE Meeting Day of Name of Commitee Other Day of Mileage Mileage Start Name of Non-Standing committee Co. Sub-Month Other Than county Board Month Time* Board Comm. 7/6 P & F 7/20 P&F 8/3 P&F 8/24 P&F 9/14 P&F 9/17 P&F P & F 9/21 P&F P&F P & F

	nt the information on the form wheeling the surrent of the surrent		SIGNATURE Shalin Shalin	DATE 12/29/2020
014-135 (10/11)	WHITE - Controller	YELLOW - Remittance	PINK - Individual	4.4

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Submit Clear Form Dane County Board Supervisor NAME Meetings During the Month of Meeting/Mileage Claim Shelia Stubbs Oct. 1-Dec. 31, 2020 STANDING COMMITTEE/STANDING SUB-COMMITTEE **NON-STANDING COMMITTEE** SALARIED PER DIEM CHECK ONE Meeting Day of Name of Commitee Other Day of Mileage Mileage Start Name of Non-Standing committee Co. Sub-Month Other Than county Board Month Time* Board Comm. 10/5 P & F P&F 10/26 10/27 P&F P&F 10/28 11/2 P&F P&F 11/16 P&F 12/7

	at the information on the form owledge complies with current		SIGNATURE SULLY	12/29/2020
014-135 (10/11)	WHITE - Controller	YELLOW - Remittance	PINK - Individual	

^{*}Compensation shall not be paid for a second or subsequence meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

Submit Clear Form Dane County Board Supervisor NAME Meetings During the Month of Meeting/Mileage Claim Shelia Stubbs Aug. 1-Nov. 30, 2020 STANDING COMMITTEE/STANDING SUB-COMMITTEE **NON-STANDING COMMITTEE** SALARIED **PER DIEM** CHECK ONE Meeting Day of Name of Commitee Other Day of Mileage Mileage Start Name of Non-Standing committee Co. Sub-Month Other Than county Board Comm. Month Time* Board Comm. 8/13 9/10 9/16 9/17 10/1 10/15 10/21 11/5 11/9 11/19

	nt the information on the form wheeling the surrent of the surrent		SIGNATURE Shalin Shalin	DATE 12/29/2020
014-135 (10/11)	WHITE - Controller	YELLOW - Remittance	PINK - Individual	4.4

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Submit Clear Form Dane County Board Supervisor NAME Meetings During the Month of Meeting/Mileage Claim Shelia Stubbs Dec. 1, 2020 STANDING COMMITTEE/STANDING SUB-COMMITTEE **NON-STANDING COMMITTEE** SALARIED **PER DIEM** CHECK ONE Meeting Day of Name of Commitee Other Day of Mileage Start Mileage Name of Non-Standing committee Co. Sub-Month Other Than county Board Comm. Month Time* Board Comm. 12/17

RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance	SIGNATURE .	Shulls	DATE 12/29/2020
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014-135 (10/11)

WHITE - Controller

YELLOW - Remittance

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