

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: H H M Name: Barb VEDDER
DATE: 10/27/15 Municipality: MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: budget HHN 17

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	<input type="checkbox"/> Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

..... ☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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

☒ 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?

☐ 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?

☐ YES

☒ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10/27/15

Signature

Barb VEDDER

Print Name

VEDDER Barbara

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: Jeff Pertl
DATE: 10/27/15 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Budget HHN 015

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	<input type="checkbox"/> Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

..... ☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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

☐ 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?.....

☐ 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?.....

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____ Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HAN Name: Margie Zutter
DATE: 10/27/15 Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Res 254 HAN 11

☒ 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:

RSVP at Dane Co. Inc., 517 N. Segoe Rd, Suite 300
Madison, WI 53705

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 ☒ 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?.....

..... ☐ 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?.....

..... ☐ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10/27/15 Signature: M. Zutter
Print Name: Margaret S. Zutter

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: AAN Name: Kim TURNER
DATE: 10/27/15 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 2016 Budget COLA 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?
..... ☒ 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. 2nd St Madison 53704 608-212-7188

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 ☐ 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? ☐ 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? ☐ YES ☐ NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10/27/15 Signature: [Signature]
Print Name: KIM TURNER

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: NINO RODRIGUEZ
DATE: 10/27/15 Municipality: MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-07

CRITICAL TO HAVE STAFF SUPPORT FOR HOUSING INITIATIVES

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition
<input type="checkbox"/> Available for Information Only	

1. On this occasion, are you officially representing an organization or a person other than yourself?

..... ☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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

☐ 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?.....

☐ 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?.....

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date:

10/27/15

Signature

NINO RODRIGUEZ

Print Name

NINO RODRIGUEZ

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: NINO RODRIGUEZ
DATE: 10/27/15 Municipality: MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-0-8

☒ Wish to Speak in Support CLARIFY IF WILL SERVE THE ADULTS WITHOUT DEPENDENT CHILDREN
☐ Registering 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 a person other than yourself?

..... ☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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

☐ 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?

☐ 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?

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10/27/15

Signature: [Signature]

Print Name: NINO RODRIGUEZ

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: NINO RODRIGUEZ
DATE: 10/27/15 Municipality: MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-0-14

CLARIFY WHICH PEOPLE LEAVING JAIL CAN BE SERVED

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself?

..... ☐ YES ☒ NO
[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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 ☐ 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?.....

☐ 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?.....

☐ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10/27/15 Signature: [Signature]
Print Name: NINO RODRIGUEZ

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: Christa Minehart
DATE: 10-27-15 Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-16

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself?

..... ☐ YES ☐ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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

☒ 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?

☐ 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?

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 11-27-15 Signature: Christa Minehart
Print Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: Karen Andro
DATE: _____ Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-16

☒ Wish to Speak in Support ☐ Wish to Speak in Opposition
☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

..... ☒ YES ☐ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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

☒ 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?

☐ 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?

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10-27-15

Signature

Karen Andro

Print Name

Karen Andro

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: H&HN Name: Tom Frazier
DATE: 10/27/15 Municipality: Middleton
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Amendment H&N 012

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Wish to Speak in Support | <input type="checkbox"/> Wish to Speak in Opposition | <input type="checkbox"/> Available for Information Only |
| <input type="checkbox"/> Registering in Support | <input type="checkbox"/> Registering in Opposition | |

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:

Area Agency on Aging of Dane Co., Legislative Committee

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

☒ 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?.....

☒ 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?.....

☒ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10/27/15

Signature

Print Name

TF Frazier
Thomas L. Frazier

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: SONYA LINDQUIST
DATE: 10-27-15 Municipality: MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN 012

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Wish to Speak in Support | <input type="checkbox"/> Wish to Speak in Opposition | <input type="checkbox"/> Available for Information Only |
| <input type="checkbox"/> Registering in Support | <input type="checkbox"/> Registering in Opposition | |

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:

East Madison Monona Coalition of The Aging
4142 Monona Dr. Madison, Wis 53716

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 ☒ 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?.....

probably not
☐ 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?.....

☒ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10-27-2015

Signature

Print Name

Sonya Lindquist
Sonya Lindquist

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Health Human Needs Name: Calvin Williams
DATE: 26 Oct 15 Municipality: DANE COUNTY
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-0-4

☒ 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:

BETH EL CHURCH
301 Wisc Dr

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 ☒ 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?

..... ☐ 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?

..... ☐ YES ☐ NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 26 Oct 15

Signature

Print Name

Calvin Williams

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: SHARYL KATO
DATE: 10/27/15 Municipality: MADISON 0-17
Petition/CUP #/Resolution/Ordinance Amendment/Subject: POS COLA 7.5% → 8%
(2) RRR # HHN 010

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Wish to Speak in Support | <input type="checkbox"/> Wish to Speak in Opposition | <input type="checkbox"/> Available for Information Only |
| <input type="checkbox"/> Registering in Support | <input type="checkbox"/> Registering in Opposition | |

1. On this occasion, are you officially representing an organization or a person other than yourself?

..... ☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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 ☐ 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?

☐ 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?

☐ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____ Signature: _____

Print Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: H/HN Name: Esther Olson
DATE: 10/27/15 Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: H/HNO/2

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself?

..... ☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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 ☒ 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?.....

☐ 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?.....

☐ YES ☒ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10/27/15

Signature

Esther Olson

Print Name

Esther Olson

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: _____ Name: Bao Thom
DATE: 10-27-15 Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Res 254 HAN 4 & HAN 16

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

Bao Bethel Support Services
312 Wisconsin Ave 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?

..... ☐ 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 ☒ 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?.....

..... ☐ 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?.....

..... ☐ YES ☐ NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10-27-15

Signature Bao Thom

Print Name Bao Thom

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: Jim Krueger
DATE: 10/27/15 Municipality: City of Madison - Northside
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN12

☒ 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:

North/Eastside Senior Coalition

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

☐ 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?.....

☐ 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?.....

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10/27/15

Signature: Jim Krueger

Print Name: Jim Krueger

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: NINO RODRIGUEZ
DATE: 10/27/15 Municipality: MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-C-1

PLEASE CLARIFY ELIGIBILITY CRITERIA FOR POST-INCARCERATION HOUSING

☒ Wish to Speak in Support ☐ Wish to Speak in Opposition
☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

..... ☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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 ☐ 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?.....

☐ 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?.....

☐ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10/27/15 Signature: [Signature]
Print Name: NINO RODRIGUEZ

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: Eric Howland
DATE: _____ Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-C-1

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

MOSES, PO Box 7031, Madison WI, 53707

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 ☒ 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?.....

☒ 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?.....

☒ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10/27/2015 Signature: Eric Howland
Print Name: Eric Howland

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHW Name: Christine Witt
DATE: 10-27-2015 Municipality: Windsor
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHW 17 increase in COLA

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself?

..... ☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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

☐ 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?

☐ 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?

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10-27-15

Signature

Print Name

CW.H

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: Scott Strong
DATE: 10/27/15 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-0-17 03 increase to COLA

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself?

..... ☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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

☐ 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?

☐ 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?

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10/27/15

Signature

Print Name

Scott Strong

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHW Name: Casay Behrend
DATE: 10-27-15 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Amendment HHW-0-17
Additional 0.3% COBA for POS

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

Briarpatch Youth Services
2720 Rimrock Rd, Madison

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

☐ 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?

☐ 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?

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____ Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: Joan Callan

DATE: 10-27-15 Municipality: Madison

Petition/CUP #/Resolution/Ordinance Amendment/Subject: Increase in proposed COLA for PDS agencies

☐ Wish to Speak in Support

☐ Wish to Speak in Opposition

☒ Registering in Support

☐ Registering in Opposition

☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

..... ☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ 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

☐ 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?

☐ 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?

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Health & Human Needs Name: VERN LEIBBRANDT

DATE: 10-27-2015 Municipality: Madison

Petition/CUP #/Resolution/Ordinance Amendment/Subject: 2015 205-254 ANNDs - HHN 10-27-15 Operat. Cms HHN-0-4

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input checked="" type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

Bethel Lutheran Church, 312 Wisconsin Ave, Madison 53705

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

☒ 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?.....

☐ 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?.....

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10-27-2015

Signature Vernon D. Leibbrandt

Print Name Vernon D. Leibbrandt

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: CONNER WILD
DATE: 10/27/15 Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-04

☐ 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:

BETHEL HOMELESS SUPPORT SERVICES
312 WISCONSIN AVE., 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?

☐ 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 ☐ 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?

☐ 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?

☐ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 10/27/15

Signature

Print Name

Conner R. Wild
CONNER R. WILD