Committee Name: THE Name:	Barb VEDDER
DATE: 10/27/15 Municip	pality: MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subj	ject: bud get HHN 17
▶ Wish to Speak in Support □ Wish to Speak in Opport □ Registering in Support □ Registering in Opport	
1. On this occasion, are you officially representing an occasion, are you officially representing an occasion, are you need not complete the rest of Name, address and telephone number of each person or organization.	**This form. If you checked "YES," go on to the next question.]
Comments:	- S
2. Are you being paid for your representation or appea other paid duties for this person or organization? [If you checked "NO" to the question, STOP; you need not comp If you checked "YES," turn over to the next question.]	YES NO
3. Are you an elected official who is appearing solely or or for your municipality or other governmental body? [If you checked "YES," to the question, STOP; you need not con you checked "NO," to the question, go on to the next question.]	YES X NO
4. Has or will the person or organization you represent on county lobbying activities during the current reporti (A reporting period is January to June or from July to December	ng period? □ YES 🗓 NO
5. Do you anticipate making more than 2 contacts with supervisors other than at public hearings or meetings?. (Do not count contacts with the County Board supervisor who re	□ YES 💆 NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need than 2 contacts at a later date, you must then contact the Comust also sign this form. If you checked "YES" to either question	ounty Clerk's office to file a form indicating such activity. You
6. If "YES," do you understand that if the person or or spends more than \$500 during the current reporting per financial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121 and Building, Madison, for more information.]	riod, you must file a D YES D NO
Date: 10(2 7(15	Signature Signature
	Print Name VEDDER BANDARA

Committee Name: Name: Jeff (ert)
DATE: 10/27/15 Municipality: Modeson
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Budget HUN 015
1. On this occasion, are you officially representing an organization or a person other than yourself?
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ☐ YES ☐ NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
Date: Signature
Print Name

Committee Name:	HHN	Name:	11/argi	e Zutta		
DATE: 10/2		Municipa	ality:			
Petition/CUP #/Resol	ution/Ordinan	ce Amendment/Subj	ect: Res 2	su AHA	1 11	
☑ Wish to Speak in Su☐ Registering in Supp	* *	☐ Wish to Speak in O☐ Registering in Oppo	~ ~	☐ Available	for Information	ı Only
1. On this occasion, a		YES		0		
Name, address and tele		of each person or orga DC S 17				
Comments:			OK			
2. Are you being paid other paid duties for [If you checked "NO" to If you checked "YES," to	the question, ST	<u>OP</u> ; you need not compl			YES	□ NO
3. Are you an elected or for your municipal [If you checked "YES," to the you checked "NO," to the	lity or other go to the question, <u>S</u>	vernmental body? TOP; you need not comp				NO gn this form.
4. Has or will the per on county lobbying ac (A reporting period is Jan	ctivities during	the current reportin	g period?		YES	ON
5. Do you anticipate supervisors other than (Do not count contacts w	n at public hea	rings or meetings?		🗆	YES n reside.)	≥ NO
[If you checked "NO," to more than 2 contacts at a must also sign this form.	a later date, you	must then contact the Co	ounty Clerk's off	fice to file a form	n indicating such	
6. If "YES," do you spends more than \$50 financial disclosure st [If you checked "NO" ple Building, Madison, for m	00 during the c tatement with t ease call the Cou	urrent reporting per the county clerk? nty Clerk at 266-4121 o	iod, you must	file a □		□ NO City-County
Date: 10/27	lis		Signature	RLM	S. Zutt-	
		1	Print Name	Nargaret	5. ZuH.	90

Committee Name: HHN DATE: 10 27/15	Name:	Kim	TURNER		
DATE: 10/27/15	Municipality:	Ma	dison	0	
Petition/CUP #/Resolution/Ordinance Amenda	ment/Subject:_	2016 B.	odget - COLI	A amenda	tre
The state of the s	Speak in Oppositio		Available for Inf	formation Only	7
1. On this occasion, are you officially representation. [If you checked "NO," STOP; you need not complete	X YES	\square NO			etion.]
Name, address and telephone number of each personal description of 22 N. 200 St Modis	son or organizat Dome (o on \$370	ion you are re	presenting:	8 8	
Comments:					
2. Are you being paid for your representation other paid duties for this person or organization [If you checked "NO" to the question, <u>STOP</u> ; you need If you checked "YES," turn over to the next question.	on?d not complete th		□ YES		NO
3. Are you an elected official who is appearing or for your municipality or other governmenta [If you checked "YES," to the question, STOP; you ne you checked "NO," to the question, go on to the next of the property of the	ll body?ed not complete t		□ YES		NO form, 1
4. Has or will the person or organization you on county lobbying activities during the current (A reporting period is January to June or from July to	it reporting per				NO
5. Do you anticipate making more than 2 cont supervisors other than at public hearings or mo (Do not count contacts with the County Board supervisors)	eetings?				NO
[If you checked "NO," to questions 4 and 5 above, <u>ST</u> more than 2 contacts at a later date, you must then commust also sign this form. If you checked "YES" to eith	ntact the County (Clerk's office to	file a form indica	ting such activi	
6. If "YES," do you understand that if the per spends more than \$500 during the current reporting the current reporting the current reporting the county of	orting period, y clerk? 266-4121 or go to	ou must file :		Of the City-Co	
1 1	Print 1	Name K	M TURN	ER.	

Committee Name:_	HHN	Name:	Nino	(2001/16LE)	*1
DATE:	10/27/15	Municipality:	MADI	50.0	
Petition/CUP #/Reso		nce Amendment/Subject:)-0-7	
4		MICAL TO HAVE STAFF		T FOR HOUSING I	UTIAN UZ
Wish to Speak in S ☐ Registering in Sup		☐ Wish to Speak in Opposit ☐ Registering in Opposition		☐ Available for Informa	ation Only
1. On this occasion,	are vou officia	ally representing an organiza	ation or a	person other than you	rself?
		□ YES	NO		
[If you checked "NO,"	<u>STOP</u> ; you need	l not complete the rest of this for	n. If you c	checked "YES," go on to the	e next question.]
Name, address and te	lephone numbe	er of each person or organization	on you ar	e representing:	
Comments:					
other paid duties fo [If you checked "NO" I If you checked "YES," 3. Are you an elect or for your municip [If you checked "YES,"	or this person of to the question, so the question, so turn over to the ed official who ality or other so to the question,	oresentation or appearing in or organization?	rest of thi	office	□ NO □ NO st sign this form.
on county lobbying	activities durir	nization you represent spending the current reporting perion refrom July to December.)			□ NO
supervisors other th	an at public h	e than 2 contacts with Count earings or meetings? Board supervisor who represents			□ NO
more than 2 contacts a	t a later date, yo	nd 5 above, <u>STOP;</u> you need not a must then contact the County Color of the County Color of the county Color of the color of this	lerk's offic	ce to file a form indicating s	
spends more than \$5 financial disclosure	500 during the statement with please call the Co	hat if the person or organiza current reporting period, you the county clerk?	ou must f	ïle a □ YES	□ NO he City-County
Date:	1	lo/27/15 Signa Print N		NINO RODRIGHT	5

Committee Name:_	HHN	Name:	NINO RODI	LWIZ		
DATE:	10/27/15	Municipality:				
Petition/CUP #/Reso		Amendment/Subject:	HHN-0-	10000		
		IT IF WILL SERVE A		WITHOUT		
Wish to Speak in S		Wish to Speak in Opposit		11-1-1- C TC	Chu	S10-21 (#1/2-0 -3 010
☐ Registering in Sup	port \square	Registering in Opposition	⊔ Ava	ailable for Info	ormation Only	<i>y</i>
[If you checked "NO,"	STOP; you need not	representing an organiza	NO n. If you checked	"YES," go on t		stion.]
Comments:			n			
other paid duties fo	r <mark>this person or or</mark> o the question, <u>STOI</u>	entation or appearing in ganization??; you need not complete the question.]				NO
or for your municipa	ality or other gove to the question, <u>STC</u>	ppearing solely on behale rnmental body?				NO s form. If
-	activities during th	tion you represent spend ne current reporting peri m July to December.)				NO
supervisors other th	an at public heari	an 2 contacts with Countings or meetings?rd supervisor who represents		☐ YES ich you reside.		NO
more than 2 contacts at	a later date, you mu	above, <u>STOP;</u> you need not ast then contact the County C ES" to either question at this	lerk's office to file	a form indica	ting such activ	
spends more than \$5 financial disclosure	500 during the cur statement with the blease call the County	if the person or organizarent reporting period, you county clerk?	ou must file a	□ YES		NO ounty
Date:	27/15	Signa	alar	RODIG		
		Print N	ame	RURICA	UE	32

Committee Name:	HHN	Name:	NINO	RODRIGUE	ك	
DATE:	10/27/15	Name: Municipality:	MADIO	Coo		
Petition/CUP #/Resol		e Amendment/Subject:	HHN	1-0-14		
The state of the s		RIFY WHICH PEOPLE		JAIL CAN	BF SERVED	
☐ Wish to Speak in S☐ Registering in Supr		Wish to Speak in Opposition Registering in Opposition		☐ Available f	or Information	Only
[If you checked "NO," §	STOP; you need not	representing an organized YES the complete the rest of this form f each person or organizati	m. If you c) checked "YES," ,		
Comments:						
other paid duties for	this person or o the question, <u>STO</u>	sentation or appearing in rganization?		Y	TES [□ NO
or for your municipa	lity or other gove to the question, <u>STC</u>	appearing solely on beha ernmental body?		П	YES E hat you must sign	NO this form.
	ctivities during t	ntion you represent spend he current reporting per om July to December.)			YES [□ NO
supervisors other tha	ın at public hear	nan 2 contacts with Counings or meetings?ard supervisor who represent			YES [reside.)	□ NO
more than 2 contacts at	a later date, you m	above, <u>STOP;</u> you need not ust then contact the County (ES" to either question at thi	lerk's offi	ce to file a form	indicating such a	
spends more than \$5 financial disclosure s	00 during the curtatement with the lease call the Count	if the person or organizarent reporting period, you county clerk?	ou must f	ïle a □	YES □ 106A of the Cit	n es nos
Date:	115	Sign	ature	h_		p.
		Print N	Name	WIND ISM	RIGHT	

	TRATION BEFORE COUNTY COMMITTEE	ï
Committee Name: HHN	Name: Christa Mineha	ar t
DATE: 10-27-1	/ S Municipality:	3
Petition/CUP #/Resolution/Ordin	nance Amendment/Subject: HHV-16	
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition☐ Available for Info	ormation Only
1. On this occasion, are you office	ially representing an organization or a person other than y	ourself?
	ed not complete the rest of this form. If you checked "YES," go on to	o the next question.]
Name, address and telephone numb	per of each person or organization you are representing:	
Comments:		
other paid duties for this person	epresentation or appearing incidental to your or organization?	NO
or for your municipality or other	no is appearing solely on behalf of your office governmental body?	NO must sign this form. If
	ing the current reporting period? YES or from July to December.)	□ NO
supervisors other than at public l	hearings or meetings?	□/ NO
more than 2 contacts at a later date, ye	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. How must then contact the County Clerk's office to file a form indicated "YES" to either question at this time, go on to the next question.	ing such activity. You
spends more than \$500 during the financial disclosure statement with	that if the person or organization you represent the current reporting period, you must file a the county clerk?	□ NO of the City-County
Date:	Signature _ CMiSta Min	ehart
	Print Name	

Committee Name: HAN Name: Karen Andro
DATE:Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: + + + - 1 +
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:
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: 10-27-15 Signature Laren And

Committee Name: Hot HV Name: Tom Frazier
DATE: 10/27/15 Municipality: M. Solleton
Petition/CUP #/Resolution/Ordinance Amendment/Subject: <u>Amen In at HHN 012</u>
Wight to Greek in Comment
 ✓ Wish to Speak in Support ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES NO
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing: Area Agency on Asing 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 _ If you checked "NO" to the question, \(\frac{STOP}{STOP} \); you need not complete the rest of this form. If you checked "YES," turn over to the next question.]
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings? YES DO not count contacts with the County Board supervisor who represents the district in which you reside.)
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? YES 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 Thomas L. Frazier

Committee Name: HHN Name: SONYA LINDOWST
DATE: 10-27-15 Municipality: UADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: ##N 012
Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing: East Madison Monona Coaliston of the Aging 4142 Monona Dr. peadison, Wis 53746
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? YES NO [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. 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?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings? YES DO not count contacts with the County Board supervisor who represents the district in which you reside.)
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? YES 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: 10-27-2016 Signature Joseph Kindguist

REGISTRATION BEFORE COUNTY COMMITTEE
Committee Name: Heally to Lugy Needs Name: (ACXIN WILLIAMS
DATE: 26 OCT IS Municipality: WANE COUNTY
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
 □ Wish to Speak in Support □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES DNO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
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: 26 Oct 15 Signature ALVIN NILLIAMS

Committee Name:_	HHN	Name:	SHARYL	- KATO			
DATE: 10/2	7/18	Municipal	lity; Mod	MOON	0-17		
Petition/CUP #/Res	olution/Ordina	nce Amendment/Subjec	TE POS	COLA	50	% →	-8%
☐ Wish to Speak in ☐ Registering in Sur		☐ Wish to Speak in Op ☐ Registering in Oppos		☐ Available	for Informat	ion On	ly
[If you checked "NO,"	' <u>STOP</u> ; you need	Illy representing an org	$\sqrt{\square}$ NO is form. If you c	hecked "YES,	" go on to the		estion.]
Comments:							
other paid duties fo	or this person o to the question, <u>S</u>	presentation or appearing rorganization?		□	YES		NO
or for your municip [If you checked "YES,"	oality or other g	is appearing solely on begovernmental body? STOP; you need not complete to the next question.]		□			NO is form. If
on county lobbying	activities durin	nization you represent spage the current reporting refrom July to December.)	•		YES		NO
supervisors other th	an at public he	e than 2 contacts with Cearings or meetings? Board supervisor who repre			YES a reside.)		NO
more than 2 contacts a	ıt a later date, you	nd 5 above, <u>STOP</u> ; you need I must then contact the Cou I "YES" to either question o	mty Clerk's offic	e to file a fori	n indicating su		
spends more than \$ financial disclosure	500 during the statement with please call the Co	hat if the person or orga current reporting perion the county clerk? bunty Clerk at 266-4121 or n.]	od, you must f	ile a	YES om 106A of the		NO County
Date:			Signature				
		D	rint Name				

Committee Name: H1	Name:	Esthe	(U/SON	
DATE: 10/27/15	Municipa	lity:	7.	
Petition/CUP #/Resolution/	Ordinance Amendment/Subje	ct: <i>HHA</i>	0/2	
☑ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Oppo☐ Registering in Oppo	NOT SELVED AND AND ADDRESS OF THE SECOND SEC	☐ Available for Inform	nation Only
[If you checked "NO," <u>STOP;</u> y	u officially representing an org	is form. If you c	hecked "YES," go on to th	
Comments:				*1
other paid duties for this p	your representation or appearing erson or organization? westion, STOP; you need not completer to the next question.]		□ YES	Ø NO
or for your municipality or [If you checked "YES," to the q	ial who is appearing solely on be other governmental body? westion, <u>STOP</u> ; you need not competion, go on to the next question.]		□ YES	I NO ust sign this form. Ij
on county lobbying activitie	or organization you represent ses during the current reporting o June or from July to December.)			☑ NO
supervisors other than at p	ng more than 2 contacts with (ublic hearings or meetings? County Board supervisor who repr			☑ NO
more than 2 contacts at a later	ions 4 and 5 above, <u>STOP;</u> you nee date, you must then contact the Cou checked "YES" to either question	unty Clerk's offic	e to file a form indicating	
spends more than \$500 dur financial disclosure stateme	stand that if the person or organing the current reporting perion with the county clerk?	od, you must fi	le a □ YES	NO the City-County
Date: 10/27/15		Signature	Sthe Olson Esther Olson	<u></u>
	P	rint Name	ISTHEN CLOON	

Committee Name:	Name: Boo Thme
DATE: 10-27-13	Municipality:
Petition/CUP #/Resolution/Ordinance	Amendment/Subject: Res 254 HHN 44 HHN 16
	Wish to Speak in Opposition Registering in Opposition □ Available for Information Only
	representing an organization or a person other than yourself? NO complete the rest of this form. If you checked "YES," go on to the next question.
	each person or organization you are representing: 4 of Services Madjon, WI 53703
Comments:	39 39
other paid duties for this person or or	entation or appearing incidental to your rganization?
or for your municipality or other gove	Appearing solely on behalf of your office ernmental body?
	tion you represent spend more than \$500 he current reporting period?
	an 2 contacts with County Board ngs or meetings?
more than 2 contacts at a later date, you mi	above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do must then contact the County Clerk's office to file a form indicating such activity. YES" to either question at this time, go on to the next question.]
spends more than \$500 during the cur financial disclosure statement with the	if the person or organization you represent crent reporting period, you must file a e county clerk?
Date:	Print Name Bao Thom.
	Print Name Dau / Home.

Committee Name: HHN Name: Jim Krueger
DATE: 10/27/15 Municipality: City of Milson - northside
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN/2
☑ 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:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? YES NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
Date: 10/27/15 Signature Jim Krneger

Committee Name:	HHN	Name:	20 10 00	ROORIK	uez-		
DATE:	10/27/15	Municipality:	MAD	1500			
Petition/CUP #/Resolu	ution/Ordinance Ame	endment/Subject:	HHM	1-C-	96 V		
	PLEASE CU	ARIFT ELLEBILIT	1 CRITE	erlia for p	POST - IN CARC	ERATI	Che
Wish to Speak in Su		n to Speak in Opposit				NEO1172	nsinf
☐ Registering in Supp	ort □ Regi	stering in Opposition		☐ Available	e for Information	on Onl	У
1. On this occasion, a [If you checked "NO," S Name, address and tele	TOP; you need not comp	□ YES lete the rest of this fort	n. If you o) checked "YES,	" go on to the n		stion.]
Comments:	-	9				-	
2. Are you being paid other paid duties for [If you checked "NO" to If you checked "YES," to	this person or organi the question, <u>STOP</u> ; you	zation?		□	YES		NO
3. Are you an elected or for your municipal [If you checked "YES," to the you checked "NO," to the	lity or other governm to the question, <u>STOP</u> ; yo	ental body? ou need not complete th			YES t that you must s		NO s form. I
4. Has or will the peon county lobbying ac (A reporting period is Jan	ctivities during the cu	rrent reporting per			YES		NO
5. Do you anticipate supervisors other tha (Do not count contacts w	n at public hearings o	or meetings?			YES u reside.)		NO
[If you checked "NO," to more than 2 contacts at a must also sign this form.	a later date, you must the	en contact the County C	Clerk's offi	ice to file a for	m indicating suc	, if you ch activ	do make ity. You
6. If "YES," do you spends more than \$50 financial disclosure statement [If you checked "NO" pl Building, Madison, for n	00 during the current tatement with the coulease call the County Cle	reporting period, yenty clerk?	ou must	file a	YES om 106A of the		NO ounty
Date:	27/15		ature	L1_	SORIGIE		
		Print N	Vame	101100 R	NICION C		

Committee Name: Warme: Evic How Cand
DATE: Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 441-C-
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? MYES DNO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question
Name, address and telephone number of each person or organization you are representing: MOSES, PO Box 7031, Madison WT, 53707
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 not more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? YES DO NO [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-Count Building, Madison, for more information.]
Date: 6/27/2015 Signature Enix Hawleyd Print Name Eric Howland

Committee Name: HHN Name: Charafine With
DATE: 10-27-2015 Municipality: Windsor
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HW 17 increase in cons
☐ 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?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ☐ YES ☐ NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
Date: 16-27-17 Signature CW,#

Committee Name: HHN Name: Scott Strong
DATE: 10/27/15 Municipality: Madism To
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-U-17 03 increase for Cold
 □ Wish to Speak in Support □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
Name, address and telephone number of each person or organization you are representing:
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: $\frac{10/27/15}{27/15}$ Signature Signature Print Name Signature

Committee Name: HHW Name: Casey Rehrend
DATE: 10-27-15 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Amendment ### - 0-17 COLA for POS
 □ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES DNO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing: Brianpatch Youth Services 1720 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?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ☐ YES ☐ NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
Date: Signature
Print Name

Committee Name: HHN	Name:	Joan C	ulan		
DATE: 10-27-15	Municipality	": _ madi".	son		
Petition/CUP #/Resolution/Ordin	ance Amendment/Subject:_	Increase	in propos	ed COLA	for POS ager
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Oppo ☐ Registering in Oppositi		□ Available	for Informa	ation Only
1. On this occasion, are you officially outlined the second of the secon	□ YES d not complete the rest of this fo	orm. If you ch	ecked "YES,	" go on to the	
Comments:					-
2. Are you being paid for your re other paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization?		□	YES	□ NO
3. Are you an elected official who or for your municipality or other [If you checked "YES," to the question you checked "NO," to the question, go	governmental body? , <u>STOP</u> ; you need not complete		П	YES that you mus	□ NO st sign this form.
4. Has or will the person or orga on county lobbying activities duri (A reporting period is January to June	ing the current reporting po			YES	□ NO
5. Do you anticipate making more supervisors other than at public h (Do not count contacts with the County)	nearings or meetings?			YES 1 reside.)	□ NO
[If you checked "NO," to questions 4 a more than 2 contacts at a later date, yo must also sign this form. If you checke	ou must then contact the County	Clerk's office	to file a form	n indicating s	
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the C Building, Madison, for more information	e current reporting period, th the county clerk? County Clerk at 266-4121 or go	you must fil	e a 🏻	YES om 106A of th	□ NO ne City-County
Date:	Się	gnature	196		
	Prin ¹	t Name			

Committee Name: Heat & Human Needs Name: VERN LESBRANDT
DATE: 10-27-2015 Municipality: Ma dison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: APINOS - HHN 10 - 27 - 15 Operations
 □ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? WES 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: Beshel Lusheran Church, 312 Wiscons in Aue, Madison 53705
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: 10-27-2015 Signature Lenon D. Leibbrandt Print Name Vernon D. Leibbrandt

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: DATE: Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: Comments: 2. Are you being paid for your representation or appearing incidental to your [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," turn over to the next question,] 3. Are you an elected official who is appearing solely on behalf of your office [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 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 NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?...... [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.] Signature

Print Name