Name:   Name:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Re Zor   1063  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?  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.]
[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:  Signature Frint Name  Print Name  PAVL MANULANT

Committee Name:	ZLR	Name:	BICHARD	MOEN	ABEX 54	RVEY C
DATE: DEC, 13					PINRION	
Petition/CUP #/Resolut				- Land		
☐ Wish to Speak in Sup ☐ Registering in Suppor		o Speak in Op ering in Oppos	· ·	Available for	Information Or	ıly
1. On this occasion, are	e you officially repress	enting an organized YES te the rest of thi	anization or a po NO is form. If you che	erson other the	an yourself? on to the next qu	estion.]
Name, address and telep	hone number of each p	erson or organ	nization you are re	epresenting:		
DANE COUNTY G	ROWERS PARTNE	5RSHAP,	781 HILLSIN	E PD, ED	GERTON, V	<i>ν1</i>
(608) 295-61						
Comments:						
2. Are you being paid to other paid duties for the [If you checked "NO" to the If you checked "YES," turn. 3. Are you an elected of the state of the	nis person or organiza he question, <u>STOP;</u> you n in over to the next question	eed not completen.]	te the rest of this fo	YES	S 🗆	NO
or for your municipalit [If you checked "YES," to you checked "NO," to the	the question, <u>STOP</u> ; you	need not compl				NO nis form. If
4. Has or will the pers on county lobbying act (A reporting period is Janu	ivities during the curr	ent reporting			S 🗵	NO
5. Do you anticipate n supervisors other than (Do not count contacts with	at public hearings or	meetings?		2000		NO
[If you checked "NO," to a more than 2 contacts at a l must also sign this form. I	ater date, you must then	contact the Cou	inty Clerk's office i	o file a form ind	licating such acti	
6. If "YES," do you un spends more than \$500 financial disclosure star [If you checked "NO" plea Building, Madison, for mo	during the current re tement with the count se call the County Clerk	eporting periory clerk?	od, you must file	a □ YE		<b>NO</b> County
Date: Dec. 13.	2016		Signature <i>Bull</i>	nail H. Mo	en	-6
		Pı	rint Name RICA	MRD H.,	MOEN	

Committee Name: Name: Lucus Grocter
DATE: 12/13/16 Municipality: Spring dal
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 1065 / 2365
<ul> <li>✓ Wish to Speak in Support</li> <li>☐ Registering in Support</li> <li>☐ Registering in Opposition</li> <li>☐ Available for Information Only</li> </ul>
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:  Lucas Proctor 1755 State Rd. 92. Mt. Horeb WI 53572
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? ☐ 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: 12/13/16  Signature Lucas Proclar

Committee Name: Z/R	Name:	Mich	arl Emb	eson		
DATE: 12-13-16	Name: Municipali	ty:	Dane	<u> </u>		
Petition/CUP #/Resolution/Ordin						
☑ Wish to Speak in Support  ☐ Registering in Support	☐ Wish to Speak in Opp☐ Registering in Opposi		☐ Available f	or Informati	on Only	ý
1. On this occasion, are you office [If you checked "NO," STOP; you need when address and telephone numbers.	YES  ed not complete the rest of this	form. If you	O u checked "YES,"	go on to the n		stion.]
Comments:						
2. Are you being paid for your r other paid duties for this person [If you checked "NO" to the question If you checked "YES," turn over to the content of the property of the content of the property of the content of the property of the content of	or organization?, <u>STOP</u> ; you need not complete		□ Y	YES	岚	NO
3. Are you an elected official whor for your municipality or other [If you checked "YES," to the question, gou checked "NO," to the question, g	r governmental body? n, <u>STOP</u> ; you need not complet				/ \	NO form. Į
4. Has or will the person or orgon county lobbying activities dur (A reporting period is January to June	ring the current reporting <b>p</b>			YES	)	NO
5. Do you anticipate making mosupervisors other than at public (Do not count contacts with the Count	hearings or meetings?		🗆	YES reside.)	<b>) a</b>	NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, y must also sign this form. If you check	you must then contact the Coun	ty Clerk's og	ffice to file a form	indicating suc	the second second	
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Building, Madison, for more informations.	ne current reporting period ith the county clerk? County Clerk at 266-4121 or go	l, you must	t file a	YES 106A of the		(O ounty
Date:	S	ignature	Morhael.			
	Pri	nt Name	Mochael	Embel	Ton	

Committee Name:	Name:	MAYER	EVER	1
DATE: Dec. 13th ?	2016 Municipality			J
Petition/CUP #/Resolution/Ordinal	nce Amendment/Subject:_	REZONE 23	1067	
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition	sition	lable for Informat	tion Only
1. On this occasion, are you official.  [If you checked "NO," STOP; you need  Name, address and telephone number	YES  not complete the rest of this fo	NO NO orm. If you checked "	YES," go on to the	
Comments:				
2. Are you being paid for your repother paid duties for this person of [If you checked "NO" to the question, So If you checked "YES," turn over to the interpretation of the sound of the s	r organization? TOP; you need not complete to		□ YES	NO NO
3. Are you an elected official who or for your municipality or other g [If you checked "YES," to the question, you checked "NO," to the question, go of the checked "NO," to the question, go of the question and the question are the question.	<b>sovernmental body?</b> <u>STOP</u> ; you need not complete			NO sign this form. I
4. Has or will the person or organ on county lobbying activities durin (A reporting period is January to June or	g the current reporting pe		□ YES	X NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County)	earings or meetings?		☐ YES h you reside.)	NO NO
[If you checked "NO," to questions 4 an more than 2 contacts at a later date, you must also sign this form. If you checked	must then contact the County	Clerk's office to file of	ı form indicating sı	
6. If "YES," do you understand the spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Co Building, Madison, for more information	current reporting period, the county clerk? ounty Clerk at 266-4121 or go	you must file a	□ YES	□ NO e City-County
Date:	Sig	nature		
	Print	Name		

Committee Name: ZLR Name: Leborah Symmers
DATE: 12/13/16 Municipality: PLEASONT SPRINGS
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 1068
☑ 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?  ———————————————————————————————————
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 INO  (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

spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?   [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]  Date: 12-13-16  Signature	Com	mittee Name: ZLRE	Name	: Pan	1 Spetz	
Wish to Speak in Support	DAT	E: 12/3/16	Munic	ipality:	Berry	
Registering in Support	Petit	ion/CUP #/Resolution/Ord	inance Amendment/Su	bject:	11070	
No		~ ~~			☐ Available for Info	rmation Only
other paid duties for this person or organization?	[If yo	u checked "NO," <u>STOP;</u> you 1	need not complete the rest of	S $\square$ of this form. If y	NO you checked "YES," go on to	
other paid duties for this person or organization?	Com	ments:				
or for your municipality or other governmental body?	othe [If you	r paid duties for this person to checked "NO" to the question	on or organization? on, <u>STOP</u> ; you need not com		□ YES	M NO
on county lobbying activities during the current reporting period?	or for	r your municipality or oth u checked "YES," to the quest	er governmental body? ion, <u>STOP</u> ; you need not co	mplete the rest	YES	<b>X</b> 2
Supervisors other than at public hearings or meetings?	on co	unty lobbying activities du	iring the current report	ting period?		o₹ NO
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.]	super	visors other than at publi	c hearings or meetings?		<b>T</b> YES	NO NO
spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?   [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]  Date: 12-13-16  Signature	more	than 2 contacts at a later date,	you must then contact the	County Clerk's	office to file a form indicating	
1 Bill Sant	spend finan [If you	Is more than \$500 during cial disclosure statement valuecked "NO" please call the	the current reporting posith the county clerk?  County Clerk at 266-4121	eriod, you mi	ist file a YES	
	Date:	12-13-16	**	_ Signature _ Print Name _	MA Snot	7

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 Opposition ☐ Registering in Support ☐ 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 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 [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?..... 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.] Dec. 13-2016

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: DATE: Petition/CUP #/Resolution/Ordinance Amendment/Subject: Wish to Speak in Support ☐ Wish to Speak in Opposition Available for Information Only ☐ Registering in Support ☐ 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: VETESNIK ENTERPRISES LLC MADCITY DOWER SPORTS **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 or for your municipality or other governmental body?...... YES [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?...... 

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

Date: Signature Sery Volumb

Committee Name: ZLR	Name: Rachel Holbway (JSD)  Municipality: Burke
DATE: 12/13/14	Municipality: Burke
Petition/CUP #/Resolution/Ordinance	Amendment/Subject: 11071
	Wish to Speak in Opposition  Registering in Opposition □ Available for Information Only
[If you checked "NO," STOP; you need not of Name, address and telephone number of e	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:  ices - 160 Hairm Dr. Vuona W1 53593
Comments:	
2. Are you being paid for your represe other paid duties for this person or org [If you checked "NO" to the question, STOP, If you checked "YES," turn over to the next of	entation or appearing incidental to your ganization? YES NO NO you need not complete the rest of this form.
or for your municipality or other gover	ppearing solely on behalf of your office rnmental body?
	ion you represent spend more than \$500 the current reporting period?
	an 2 contacts with County Board ags or meetings?
more than 2 contacts at a later date, you mus	above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do ma st then contact the County Clerk's office to file a form indicating such activity. Yo SS" to either question at this time, go on to the next question.]
spends more than \$500 during the curr financial disclosure statement with the	f the person or organization you represent rent reporting period, you must file a county clerk?   Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County
Date: 12/13/16	Signature Robal Halley
	Print Name Rachal Holloway

Committee Name: Dave Dinkil
DATE: 12/13/16 Municipality: Deer Pold
Petition/CUP #/Resolution/Ordinance Amendment/Subject: #/1072
✓ 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:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES  [If you checked "NO" to the question, STOP; you need not complete the rest of this form.  If you checked "YES," turn over to the next question.]
3. Are you an elected official who is appearing solely on behalf of your office 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? 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: 12/13/16 Signature 01 ROLL
Print Name

Committee Name: Toning Name: Alex & Many le Molen Zu	
DATE: 12/13/16 Municipality: Township of Vermont	
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 11073	
Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only	V
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 ques	stion.]
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?	NO
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?	NO s form.  Į
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?	NO
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?	NO
[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 more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activious 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?	O ounty
Date: 17/13/16 Signature Mary la Mollens	P

an are a second and	Name:	$\vee$ $\wedge$ 1	Mase	C ('0		
DATE: 12 /13/16	Municip	ality:H_	bion 10	wnship		
Petition/CUP #/Resolution/Ordina	nce Amendment/Subj	ect: <u>  1107</u>	4			
Wish to Speak in Support Registering in Support	☐ Wish to Speak in O☐ Registering in Oppo	**************************************	☐ Available	for Information	on Onl	у
1. On this occasion, are you officia		ganization or		er than yourse	lf?	
[If you checked "NO," <u>STOP</u> ; you need				" go on to the n	ext que	stion.]
Name, address and telephone numbe	r of each person or orga	anization you a	re representing	y:		
Comments:						
2. Are you being paid for your repother paid duties for this person of [If you checked "NO" to the question, So If you checked "YES," turn over to the	or organization? STOP; you need not comp		□	YES		NO
3. Are you an elected official who or for your municipality or other g [If you checked "YES," to the question, you checked "NO," to the question, go of	governmental body? <u>STOP</u> ; you need not com		□			NO s form.  Į
4. Has or will the person or organ on county lobbying activities durin (A reporting period is January to June or	ng the current reportin	ng period?		YES		NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County	earings or meetings?		□	YES u reside.)		NO
[If you checked "NO," to questions 4 an more than 2 contacts at a later date, you must also sign this form. If you checked	u must then contact the Co	ounty Clerk's off	ice to file a fori	n indicating suc		
6. If "YES," do you understand the spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Combuilding, Madison, for more information.	current reporting per the county clerk? ounty Clerk at 266-4121 o	iod, you must	file a □	YES om 106A of the		NO ounty
Date: 12/13/14		Signature Print Name	Vanne	Mari	6	
		Print Name	ráigne n	noisek		

Committee Name: Zoning Lawl 18 Name:	GIVI Hendy draw for Sondels
DATE: 12-13-16 Municipali	
Petition/CUP #/Resolution/Ordinance Amendment/Subject	t: <u>11073</u>
☐ Wish to Speak in Support ☐ Registering in Support ☐ Registering in Oppos	
1. On this occasion, are you officially representing an orga YES  [If you checked "NO," STOP; you need not complete the rest of this	□ NO
Name, address and telephone number of each person or organi Nich Sondel - Penny Sondel 3901 Moe Rexal Mt Horeb	wi (bos) 767-2389
Comments:	
2. Are you being paid for your representation or appearin other paid duties for this person or organization? [If you checked "NO" to the question, <u>STOP</u> ; you need not complete If you checked "YES," turn over to the next question.]	
3. Are you an elected official who is appearing solely on b or for your municipality or other governmental body? [If you checked "YES," to the question, <u>STOP</u> ; you need not comple you checked "NO," to the question, go on to the next question.]	
4. Has or will the person or organization you represent sp on county lobbying activities during the current reporting (A reporting period is January to June or from July to December.)	
5. Do you anticipate making more than 2 contacts with Co supervisors other than at public hearings or meetings? (Do not count contacts with the County Board supervisor who repre	□ YES /\(\overline{\mathcal{D}}\)\(\no\)
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need more than 2 contacts at a later date, you must then contact the Coun must also sign this form. If you checked "YES" to either question a	nty Clerk's office to file a form indicating such activity. You
6. If "YES," do you understand that if the person or organ spends more than \$500 during the current reporting period financial disclosure statement with the county clerk?	d, you must file a
	Signature Hall
Pr	int Name Giwi Heydnickson

Committee Name: Zoving & LAND REG Name: GREGG MCKARUS				
DATE: 12/13/16 Municipality: Taw or Puty				
Petition/CUP #/Resolution/Ordinance Amendment/Subject: CUP 2363				
☐ 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:				
MADISON SPERSHAY, WE 1122 SUNRISE RD, DREGON, WI 53575				
Comments:				
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: 12/13/16  Signature Signature GREGG McKARVS				

Committee Name: 2001, ng and land Regula	Mame: Dana	tongisto	
DATE: 12-13-16	_ Municipality:	itiose	
Petition/CUP #/Resolution/Ordinance Amenda	ment/Subject: <i>Horse</i>	2 Boarding CUPS:	364
	Speak in Opposition ing in Opposition	☐ Available for Informa	ntion Only
1. On this occasion, are you officially representation.  [If you checked "NO," STOP; you need not complete  Name, address and telephone number of each per	☐ YES ☑ N the rest of this form. If you	NO u checked "YES," go on to the	
Comments:			
2. Are you being paid for your representation other paid duties for this person or organizati [If you checked "NO" to the question, <u>STOP</u> ; you nee If you checked "YES," turn over to the next question.	on?ed not complete the rest of t	□ 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, <u>STOP</u> ; you nee you checked "NO," to the question, go on to the next	nl body?ed not complete the rest of		□ NO st sign this form. If
4. Has or will the person or organization you on county lobbying activities during the currer (A reporting period is January to June or from July to	nt reporting period?		□ NO
5. Do you anticipate making more than 2 consupervisors other than at public hearings or m (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 co must also sign this form. If you checked "YES" to eith	ntact the County Clerk's o	ffice to file a form indicating s	
6. If "YES," do you understand that if the perspends more than \$500 during the current repfinancial disclosure statement with the county [If you checked "NO" please call the County Clerk at Building, Madison, for more information.]	orting period, you mus clerk?	t file a	□ NO ne City-County
Date: 12-13-16	Signature	Dana Hongisto	
	Print Name	Dana Hona, sto	