

#1

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, September 04, 2020 5:38:58 PM
Last Modified: Friday, September 04, 2020 5:40:26 PM
Time Spent: 00:01:27
IP Address: 97.91.65.129

Page 1

Q1

Full Name

Anna Moffit

Q2

Pronouns (e.g., they/them/she/her/him/his)

she/her

Q3

Date/Time

09/10/2020

Date of meeting

Q4

Municipality

Madison

Q5

Topic(s) I want to address: Resolution #/Ordinance Amendment #/Subject/Presentation/Item not on the agenda

BHRC

Q6

Wish to Speak in Support (provide public comment at meeting)

How I want to take action on that topic:

Q7

If you registered to speak on either an agenda item or for public comment on an item not on the agenda, you will be called when it is your turn. You will receive a call when it is your turn to provide testimony, and be provided with up to 3 minutes to speak. We will attempt to call you twice. For those registering for information only, you will be called only if information is requested. Please indicate the best phone number to be called when it is your turn to speak

6082869930

Q8

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

Yes - You will need to fill out an additional form. Please provide your email below so staff can send you the form.

,
Enter your email address below:
amoffit@namidanecounty.org

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Health & Human Needs Your Name: Anna Moffit

DATE of Meeting: 9/10/20 Municipality You Reside in: Madison

Petition/CUP #/Resolution/Ordinance Amendment/Subject: BHRC

- Wish to Speak in Support
- Wish to Register in Support
- Available for Information Only
- Wish to Speak in Opposition
- Wish to Register 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 do not need to complete the rest of the form. If you checked "YES" go to the next question.)

Name, address and telephone number of each person or organization you are representing:
Take King 22059 Atwood Ave, Madison 53704
Lucy Proysz (608) 249-7188

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 do not need to complete the rest of this form. If you checked "YES", go 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 "NO" to the question, **STOP**; you do not need to complete the rest of this form. If you checked "YES", go 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 July to December.)

5. Do you anticipate making more than two contacts with the 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 do not need to 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)

6. If you answered "YES" to question 5, 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 210 Martin Luther King Jr., Blvd., Room 106A for more information.)

Date: 9/16/20 Signature: Anna Moffit

Printed Name:

#2

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, September 04, 2020 8:16:14 PM
Last Modified: Friday, September 04, 2020 8:17:30 PM
Time Spent: 00:01:15
IP Address: 68.113.144.38

Page 1

Q1

Full Name

Heidi Hershberger

Q2

Pronouns (e.g., they/them/she/her/him/his)

She/her

Q3

Date/Time

09/10/2020

Date of meeting

Q4

Municipality

Dane County

Q5

Topic(s) I want to address: Resolution #/Ordinance Amendment #/Subject/Presentation/Item not on the agenda

Director's report

Q6

Wish to Speak in Opposition (provide public comment at meeting)

How I want to take action on that topic:

Q7

If you registered to speak on either an agenda item or for public comment on an item not on the agenda, you will be called when it is your turn. You will receive a call when it is your turn to provide testimony, and be provided with up to 3 minutes to speak. We will attempt to call you twice. For those registering for information only, you will be called only if information is requested. Please indicate the best phone number to be called when it is your turn to speak

6085758559

Q8

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

No ,

Enter your email address below:

heidell@gmail.com

#3

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, September 08, 2020 9:15:58 AM
Last Modified: Tuesday, September 08, 2020 9:17:03 AM
Time Spent: 00:01:05
IP Address: 97.91.65.129

Page 1

Q1

Full Name

Anna Moffit

Q2

Pronouns (e.g., they/them/she/her/him/his)

she/her

Q3

Date/Time

09/10/2020

Date of meeting

Q4

Municipality

Madison

Q5

Topic(s) I want to address: Resolution #/Ordinance Amendment #/Subject/Presentation/Item not on the agenda

Behavioral Health Resource Center

Q6

Wish to Speak in Support (provide public comment at meeting)

How I want to take action on that topic:

Q7

If you registered to speak on either an agenda item or for public comment on an item not on the agenda, you will be called when it is your turn. You will receive a call when it is your turn to provide testimony, and be provided with up to 3 minutes to speak. We will attempt to call you twice. For those registering for information only, you will be called only if information is requested. Please indicate the best phone number to be called when it is your turn to speak

6082869930

Q8

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

Yes - You will need to fill out an additional form. Please provide your email below so staff can send you the form.

,
Enter your email address below:
amoffit@namidanecounty.org

#4

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, September 08, 2020 8:24:30 PM
Last Modified: Tuesday, September 08, 2020 8:26:56 PM
Time Spent: 00:02:25
IP Address: 47.12.119.163

Page 1

Q1

Full Name

Derek Wallace

Q2

Pronouns (e.g., they/them/she/her/him/his)

he/him/his

Q3

Date/Time

09/10/2020

Date of meeting

Q4

Municipality

City of Madison

Q5

Topic(s) I want to address: Resolution #/Ordinance Amendment #/Subject/Presentation/Item not on the agenda

G. 4. Director's Report

Q6

Wish to Speak in Opposition (provide public comment at meeting)

How I want to take action on that topic:

Q7

If you registered to speak on either an agenda item or for public comment on an item not on the agenda, you will be called when it is your turn. You will receive a call when it is your turn to provide testimony, and be provided with up to 3 minutes to speak. We will attempt to call you twice. For those registering for information only, you will be called only if information is requested. Please indicate the best phone number to be called when it is your turn to speak

920-203-0605

Q8

No

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

#5

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, September 09, 2020 6:31:10 AM
Last Modified: Wednesday, September 09, 2020 6:33:02 AM
Time Spent: 00:01:51
IP Address: 96.42.32.182

Page 1

Q1

Full Name

Sunny Kurhajetz

Q2

Pronouns (e.g., they/them/she/her/him/his)

She/her

Q3

Date/Time

09/10/2020

Date of meeting

Q4

Municipality

Madison

Q5

Topic(s) I want to address: Resolution #/Ordinance Amendment #/Subject/Presentation/Item not on the agenda

G4- Director's Report

Q6

Wish to Speak on Presentation

How I want to take action on that topic:

Q7

If you registered to speak on either an agenda item or for public comment on an item not on the agenda, you will be called when it is your turn. You will receive a call when it is your turn to provide testimony, and be provided with up to 3 minutes to speak. We will attempt to call you twice. For those registering for information only, you will be called only if information is requested. Please indicate the best phone number to be called when it is your turn to speak

4149404699

Q8

No

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

#6

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, September 09, 2020 11:42:34 AM
Last Modified: Wednesday, September 09, 2020 11:43:44 AM
Time Spent: 00:01:10
IP Address: 192.250.20.3

Page 1

Q1

Full Name

Beth Zeidler Schreiter

Q2

Pronouns (e.g., they/them/she/her/him/his)

She, her, hers

Q3

Date/Time

09/10/2020

Date of meeting

Q4

Municipality

Dane County

Q5

Topic(s) I want to address: Resolution #/Ordinance Amendment #/Subject/Presentation/Item not on the agenda

BHRC

Q6

Wish to Speak in Support (provide public comment at meeting)

How I want to take action on that topic:

Q7

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2177792008

Q8

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

Yes - You will need to fill out an additional form. Please provide your email below so staff can send you the form.

,
Enter your email address below:
elizabeth.zeidlerschreiter@accesshealthwi.org

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN _____ Your Name: Beth Zeidler Schreiter _____

DATE of Meeting: 9/10/20 _____ Municipality You Reside in: Dane County _____

Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

Wish to Speak in Support

Wish to Speak in Opposition

Wish to Register in Support

Wish to Register 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 do not need to complete the rest of the form. If you checked "YES" go to the next question.)

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

_____ Access Community Health Centers-Chief Behavioral Health Officer: 2901
West Beltline Hwy. Madison, WI _____

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 do not need to complete the rest of this form. If you checked "YES", go 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

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(If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.)

Date: 9/9/20 _____ Signature: electronic signature _____

Printed Name: Beth A. Zeidler Schreier, PsyD _____

#7

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, September 10, 2020 3:44:15 PM
Last Modified: Thursday, September 10, 2020 3:47:38 PM
Time Spent: 00:03:23
IP Address: 66.188.123.90

Page 1

Q1

Full Name

Robin Sereno

Q2

Pronouns (e.g., they/them/she/her/him/his)

she/her/hers

Q3

Date/Time

09/10/2020

Date of meeting

Q4

Municipality

Madison

Q5

Topic(s) I want to address: Resolution #/Ordinance Amendment #/Subject/Presentation/Item not on the agenda

G. 2. Housing and Homeless Services Report - answer questions re: TRC DC CARES Rental Assistance Program and I. Public Comment on Items not on Agenda - Call for additional rental assistance

Q6

Wish to Speak on Presentation

How I want to take action on that topic:

Q7

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6084447761

Q8

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

No ,

Enter your email address below:

robin@tenantresourcecenter.org
