REGISTRATION BEFORE COUNTY BOARD
DATE: 7/14/20/6 Name: Steve Books Name: Municipality: Mount Hoveb, W 53572 2016 Res 139 Recognition
Item #/Petition/CUP # or Subject: Municipality: Mount Hovel, W 53572
2016 Res 139 Recognition
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
Registering in Support
1. On this occasion, are you officially representing an organization or a person other than yourself?
[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:
Vesterans for Peace (harence Kairlin Chapter 25, Madison, W) P.D. Box 1811 Phone (Fran Wiedenhoeft) communications Dir. 608-576-7416
P.O. BOX (81)
Phone (Fran Wiedenhoett J communications Dir- 608-576-7416
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?
[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: 7(14/2016 Signature Steve Books
Print Name Steve Books

REGISTRATION BEFORE COUNTY BOARD
DATE: 7/14/2016 Name: Steve BODKS
Item #/Petition/CUP # or Subject: Municipality: Mount Movel W 53572 2016 Res 122 Day Resource Center
 □ 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?
[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:
Comments:
 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
[If you checked "YES," to the question, <u>STOP</u> ; 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?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
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[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 _____

DATE: 7/14/2016 Name: Oon Jaeck
DATE: 7/14/2016 Name: Oon Jack Item #/Petition/CUP # or Subject: Municipality: Town of Phensont Sprb.
10989
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," <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:
Agent for Roberts Family Innvecable Trust
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, <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," continue 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?□YESNO
[If you checked "YES," to the question, <u>STOP</u> ; 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?
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, <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.]
7/11/201/0
Date: 7/14/2016 Signature Signature Print Name Onthern Check
Print Name Conthan check

REGISTRATION BEFORE COUNTY BOARD
DATE: Name: Thomas Bull 95 Item #/Petition/CUP # or Subject: Municipality: Date: Ovecon
Item #/Petition/CUP # or Subject: Municipality: Ovecov
 □ 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?
[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:
•
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
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Date: Signature

Print Name