Committee Name: Health + H	Lunan Name: Alarian Matthews	
DATE: 5-25-16	Municipality: City of Mades on	
Petition/CUP #/Resolution/Ordin	nance Amendment/Subject: 0.32	
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only	
[If you checked "NO," STOP; you need	rially representing an organization or a person other than yourself? YES SONO ed not complete the rest of this form. If you checked "YES," go on to the next questo over of each person or organization you are representing:	ion.]
	A g	
Comments:		
other paid duties for this person	STOP; you need not complete the rest of this form.	10
or for your municipality or other	no is appearing solely on behalf of your office responding governmental body?	
		Ю
supervisors other than at public	hearings or meetings?	10
more than 2 contacts at a later date, y	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do you must then contact the County Clerk's office to file a form indicating such activity and "YES" to either question at this time, go on to the next question.]	
spends more than \$500 during the financial disclosure statement wi	that if the person or organization you represent ne current reporting period, you must file a ith the county clerk? County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County.	
Date: 5-25-16	Print Name MARIAN MATTHEWS	
	Print Name MARIAN MATTHEWS	

Committee Name: HHN	Name:	Gail	B1155			
DATE: 5/25/16	Municipali	ity: _ Mad	1501			
Petition/CUP #/Resolution/Ordi	nance Amendment/Subject	t: Address		WISDI	5T 106 V	<u></u>
☑ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opp ☐ Registering in Opposi		☐ Available	for Informa	tion Onl	y
1. On this occasion, are you office. [If you checked "NO," STOP; you not	eed not complete the rest of this	→ NO s form. If you ch	ecked "YES,"	go on to the		stion.]
Comments:	* 2		1010			
2. Are you being paid for your other paid duties for this person [If you checked "NO" to the question If you checked "YES," turn over to t 3. Are you an elected official wor for your municipality or othe [If you checked "YES," to the question you checked "NO," to the question, g	n or organization?	e the rest of this jet the rest of this jet the rest of this	form. ffice form except	YES that you mus		NO NO is form. If
4. Has or will the person or org on county lobbying activities du (A reporting period is January to June	ring the current reporting			YES		NO
5. Do you anticipate making m supervisors other than at public (Do not count contacts with the Count	hearings or meetings?			YES reside.)		NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, must also sign this form. If you check	you must then contact the Cour	nty Clerk's office	to file a form	indicating s		
6. If "YES," do you understand spends more than \$500 during t financial disclosure statement w [If you checked "NO" please call the Building, Madison, for more information of the statement with the statement will be statement with the statement with the statement will be statement with the statement w	the current reporting period vith the county clerk?	d, you must fil	e a □	YES m 106A of th		NO County
Date:		Signature				
	Pr	int Name				

Committee Name: H	Name: ED KUHARSKI Municipality: MADISON
DATE: 5/25/	Municipality: MADISON
Petition/CUP #/Resolut	ion/Ordinance Amendment/Subject: 5 - Z
Wish to Speak in Sup Registering in Support	The state of the s
[If you checked "NO," STO	e you officially representing an organization or a person other than yourself? NO OP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] hone number of each person or organization you are representing:
Comments:	
other paid duties for tl [If you checked "NO" to the	for your representation or appearing incidental to your nis person or organization?
or for your municipalit [If you checked "YES," to	official who is appearing solely on behalf of your office y or other governmental body?
on county lobbying act	on or organization you represent spend more than \$500 ivities during the current reporting period?
supervisors other than	at public hearings or meetings?
more than 2 contacts at a	questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make later date, you must then contact the County Clerk's office to file a form indicating such activity. You f you checked "YES" to either question at this time, go on to the next question.]
spends more than \$500 financial disclosure sta	nderstand that if the person or organization you represent during the current reporting period, you must file a tement with the county clerk?
Date:	Signature
	Print Name

Committee Name: HHW Name: Michael Bastord
DATE: 5-25-16 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: RES - 03 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 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: Democratic Range County
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: S-2-5-16 Signature Brishop

Committee Name:	Name:	Jane 1	Perly	
DATE:	Municipali	ty:		
Petition/CUP #/Resolution/Ord	inance Amendment/Subject	•		
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opp☐ Registering in Opposi		Available for Inform	nation Only
1. On this occasion, are you off [If you checked "NO," STOP; you n Name, address and telephone num	eed not complete the rest of this	form. If you check	ed "YES," go on to th	
Comments:				
2. Are you being paid for your other paid duties for this perso [If you checked "NO" to the questio If you checked "YES," turn over to	on or organization?		□ YES	NO NO
3. Are you an elected official wor for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question,	er governmental body? ion, <u>STOP</u> ; you need not comple		□ YES	NO ust sign this form. [
4. Has or will the person or or on county lobbying activities du (A reporting period is January to Jur	iring the current reporting			₽ NO
5. Do you anticipate making m supervisors other than at public (Do not count contacts with the Cou	c hearings or meetings?			M NO
[If you checked "NO," to questions more than 2 contacts at a later date, must also sign this form. If you check	you must then contact the Coun	ty Clerk's office to	file a form indicating	
6. If "YES," do you understan spends more than \$500 during financial disclosure statement value [If you checked "NO" please call the Building, Madison, for more inform	the current reporting period with the county clerk?e County Clerk at 266-4121 or g	l, you must file a		NO NO the City-County
Date:		Signature 190	1/leton	2
		int Name	4	

DATE: 5/25/16 Municipality: M.J.s.
DATE: 5/25/16 Municipality: M.J.s.
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 032
☑ 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: League & Women Voters Dane County 2712 Marshu Ct 53705
2712 Marshu Ct 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?
1. 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 nore than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You nust also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
5. 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: 5/25/16 Signature X Men C. Fullin Print Name Kathleen C. Fullin
Print Name Cathleen C. rullin

Committee Name: + H N	Name:	Mary	Anglin		
DATE: 5 - 25 - 16	Municipal	ity:Mad	uson		
Petition/CUP #/Resolution/Ordinance	Amendment/Subject		e 3?	99	
	Wish to Speak in Op	position	1	0 7 0	
☐ Registering in Support ☐	Registering in Oppos	sition	☐ Available	for Informat	ion Only
1. On this occasion, are you officially [If you checked "NO," STOP; you need not Name, address and telephone number of	complete the rest of thi	s form. If you o) checked "YES,"	go on to the	
				-	
Comments:					
2. Are you being paid for your representation of the paid duties for this person or of [If you checked "NO" to the question, STOI If you checked "YES," turn over to the next	rganization? P; you need not comple		□	YES	□ NO
3. Are you an elected official who is a or for your municipality or other gove [If you checked "YES," to the question, STO you checked "NO," to the question, go on to	ernmental body? OP; you need not compl			YES that you must	□ NO t sign this form. If
4. Has or will the person or organization county lobbying activities during the (A reporting period is January to June or from the county lobbying activities during the county lobbying activities a	he current reporting			YES	□ NO
5. Do you anticipate making more the supervisors other than at public heari (Do not count contacts with the County Boa	ngs or meetings?			YES reside.)	□ NO
[If you checked "NO," to questions 4 and 5 more than 2 contacts at a later date, you must also sign this form. If you checked "You chec	ist then contact the Cou	nty Clerk's offi	ce to file a form	n indicating si	
6. If "YES," do you understand that spends more than \$500 during the cur financial disclosure statement with the [If you checked "NO" please call the County Building, Madison, for more information.]	rent reporting perion county clerk?	d, you must	file a □	YES om 106A of th	□ NO e City-County
Date: 5-25-16		Signature	mary f	ingling INGLI	· ·

Committee Name:	Name: J. COMPEY CUSTER
DATE: 4 25 2016	Municipality: Municipality:
Petition/CUP #/Resolution/Ordinal	nce Amendment/Subject: 032
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
[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	er of each person or organization you are representing:
3	
Comments:	
other paid duties for this person o	oresentation or appearing incidental to your or organization?
or for your municipality or other g	is appearing solely on behalf of your office governmental body?
	nization you represent spend more than \$500 ng the current reporting period?
supervisors other than at public he	e than 2 contacts with County Board earings or meetings?
more than 2 contacts at a later date, you	nd 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make u must then contact the County Clerk's office to file a form indicating such activity. You l "YES" to either question at this time, go on to the next question.]
spends more than \$500 during the financial disclosure statement with	hat if the person or organization you represent current reporting period, you must file a the county clerk? D YES D NO county Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County on.]
Date:	Signature Signature
	Print Name J. CUMMEY CUSTER

Committee Name: ##!	Name:		ia lav	ino	
DATE: 5-25-2016	Municipalit	ty: <u>Ma</u>	dison	Repo	ort 99
Petition/CUP #/Resolution/Ordinan	ce Amendment/Subject:	: Day	Resource	y Cent	es -
☐ Wish to Speak in Support ☐ Registering in Support	☐-Wish to Speak in Oppo ☐ Registering in Opposit		☐ Available f	or Information	ı Only
1. On this occasion, are you official [If you checked "NO," STOP; you need to Name, address and telephone number	YES not complete the rest of this	form. If you c) hecked "YES,"	go on to the nex	
Comments:					
2. Are you being paid for your reprother paid duties for this person of [If you checked "NO" to the question, State of you checked "YES," turn over to the results.	r organization? TOP; you need not complete		Y	YES	□ NO
3. Are you an elected official who or for your municipality or other go [If you checked "YES," to the question, you checked "NO," to the question, go o	overnmental body? <u>STOP</u> ; you need not complet			YES hat you must si	□ NO gn this form. If
4. Has or will the person or organion county lobbying activities during (A reporting period is January to June or	g the current reporting j			YES	□ NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County l	earings or meetings?		🗆 🗅	YES 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	must then contact the Coun	ity Clerk's offi	ce to file a form	indicating such	if you do make 1 activity. You
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 g	d, you must f	file a □	YES n 106A of the C	□ NO City-County
Date: May 25, 2016		Signature //	Masha	as	m
T.		int Name			

Committee Name: Name: Name: SEM VACIQUETTE
DATE: 5/23/16 Municipality: MADEON
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? 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?
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 SELTH VACIOUETTE

Committee Name: HHN	Name:	ED	KUHARSK		
DATE: 5	Municipa	ility:/	MADISON		
Petition/CUP #/Resolution/Ordinal		20	-Z F	Report	99
Wish to Speak in Support Registering in Support	☐ Wish to Speak in Oppo		□ Avail	able for Informa	ation Only
1. On this occasion, are you official [If you checked "NO," STOP; you need Name, address and telephone number	not complete the rest of th	is form.	NO f you checked "Y	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	r organization? TOP; you need not comple			□ 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 the control of the property of the pro	governmental body? <u>STOP</u> ; you need not comp				□ NO st sign this form. If
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			□ 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 n you reside.)	□ NO
[If you checked "NO," to questions 4 armore than 2 contacts at a later date, you must also sign this form. If you checked	ı must then contact the Co	unty Clerk	s's office to file a	form indicating	P. C. P.
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 perion the county clerk?	od, you r	nust file a	□ YES	□ NO he City-County
Date:		Signature	e		
	1	Print Name	3		

Daniel Daniel Daniel
Committee Name: HEACTHE HUMAN NEWS Name: KONNIE BARASETT
DATE: 5 /25 / 16 Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Report 099
 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 D 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: HOMERS (SSUES COMM (THE JORKATION WELCOWE HOME SANCTUARY INC.)
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: Signature Signature Print Name RONNE BARBEN

REGISTRATION BEFORE COUNTY COMMITTEE Registered for Both

Committee Name: HHN	Name:	Jeanne	F. Eric	Xson		
DATE: 5-25-16	Municipa	ality: Da	ne			
Committee Name: ### DATE: 5-25-/6 Petition/CUP #/Resolution/Ordi	nance Amendment/Subje	ect: 2016-Re	5-632-6	HJ RPT	-899-	2016-
☑ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Oppo	No.	☐ Available	for Informa	tion Onl	ly
1. On this occasion, are you offi [If you checked "NO," STOP; you no Name, address and telephone num	eed not complete the rest of the	his form. If you) checked "YES,'	' go on to the		estion.]
Comments:						
2. Are you being paid for your to ther paid duties for this person [If you checked "NO" to the question If you checked "YES," turn over to the paid to	n or organization?		······□	YES		NO
3. Are you an elected official wor for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question, you	er governmental body? on, <u>STOP</u> ; you need not comp			YES that you mus		NO is form. I
4. Has or will the person or orgon county lobbying activities du (A reporting period is January to Jun	ring the current reportin	g period?		YES		NO
5. Do you anticipate making m supervisors other than at public (Do not count contacts with the Count	c hearings or meetings?		🛮	YES 1 reside.)		NO
[If you checked "NO," to questions a more than 2 contacts at a later date, must also sign this form. If you chec	you must then contact the Co	ounty Clerk's offi	ice to file a forn	n indicating s		
6. If "YES," do you understand spends more than \$500 during to financial disclosure statement we [If you checked "NO" please call the Building, Madison, for more information of the statement with the sta	the current reporting perivith the county clerk?e County Clerk at 266-4121 or	iod, you must	file a □	YES om 106A of th		NO County
Date: 5-35-16		Signature /	enne	Duna	Poe	9

Committee Name:	Name:	John	Reyno	1d5	487
DATE: 5/25/16	Municipa	litv:			
Petition/CUP #/Resolution/Ordinand	ce Amendment/Subje	ct:Re	port	099	
*	☐ Wish to Speak in Op ☐ Registering in Oppo	S2-64	☐ Available	for Information	ı Only
1. On this occasion, are you officiall [If you checked "NO," STOP; you need n Name, address and telephone number	not complete the rest of th	is form. If you ch	necked "YES,"	go on to the nex	
Comments:					
2. Are you being paid for your reprother paid duties for this person or [If you checked "NO" to the question, ST If you checked "YES," turn over to the new terms of the paid the second	organization? OP; you need not comple			YES	Ď NO
3. Are you an elected official who is or for your municipality or other go [If you checked "YES," to the question, So you checked "NO," to the question, go or	overnmental body? "TOP; you need not comp			YES that you must sig	NO No gn this form. I
4. Has or will the person or organic on county lobbying activities during (A reporting period is January to June or	the current reporting	spend more tha g period?	ın \$500 □	YES	Ø NO
5. Do you anticipate making more supervisors other than at public hea (Do not count contacts with the County B	arings or meetings?			YES reside.)	⊠ NO
[If you checked "NO," to questions 4 and more than 2 contacts at a later date, you must also sign this form. If you checked	must then contact the Co	unty Clerk's offic	e to file a forn	ı indicating such	
6. If "YES," do you understand the spends more than \$500 during the clinancial disclosure statement with a [If you checked "NO" please call the Cou Building, Madison, for more information.	current reporting peri the county clerk? unty Clerk at 266-4121 or	od, you must fi	le a 🏻	A ALIC	□ NO City-County
Date: 5/25/16		Signature	Il her	evnold s	

Committee Name: HM Name: Brenda Konkel
DATE: 5/24/10 Municipality: Mady 50
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 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: Signature Signature