DATE: 1/6/2022	Name: Geoffrey R. Swain, MD, MPH		
Item #/Petition/CUP # or Subject: 2021 RES-157	Municipality: See below re the organization I'm representing		
☐ Wish to Speak in Support ☐ Wish to Register in Support	☐ Wish to Speak in Opposition ☐ Available for Information Only ☐ Wish to Register in Opposition		
	presenting an organization or a person other than yourself? YES NO eed to complete the rest of the form. If you checked "YES" go to the next question.)		
·	f each person or organization you are representing: (WPHA), 563 Carter Court, Suite B, Kimberly, WI 54136; 920-882-3650		
Note: While WPHA is based in Kimberly, our m	nembers include public health professionals from across the state, including in Dane County.		
COMMENTS:			
person or organization?	sentation or appearing incidental to your other paid duties for this YES NO OP; you do not need to complete the rest of this form. If you checked "YES",		
3. Are you an elected official who is	appearing solely on behalf of your office or for your municipality or		
	TOP; you do not need to complete the rest of this form. If you checked "YES",		
4. Has or will the person or organiza	tion you represent spend more than \$500 on county lobbying activities		
during the current reporting period?	(A reporting period is January to June, or July to December.) \square YES \square NO		
hearings or meetings?	an two contacts with the County Board supervisors other than at public YES NO Board supervisor who represents the district in which you reside.)		
[If you checked "NO" to questions 4 and you do make more than 2 contacts at a l	5 above, <u>STOP</u> ; you do not need to complete the rest of this form. However, if later date, you must then contact the County Clerk's office to file a form ign this form. If you checked "YES" to either question at this time, go on to the		
	5, do you understand that if the person or organization you represent rrent reporting period, you must file a financial disclosure statement		
(If you checked "NO" please call the Cou Blvd., Room 106A for more information.	unty Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr.,		
	gnature:		
Р	rinted Name: Geoffrey R Swain, MD, MPH		

Clear Form

DATE: January 6, 2022	Name: Molly Co	llins
Item #/Petition/CUP # or Subject: Resolution 157	Municipality:	
☐ Wish to Speak in Support☐ Wish to Register in Support	☐ Wish to Speak in Opposition☐ Wish to Register in Opposition	Available for Information Only
	representing an organization or a person of the form. If you	
•	r of each person or organization you are in the second of	
COMMENTS:		
person or organization?	resentation or appearing incidental to STOP; you do not need to complete the r	
3. Are you an elected official who i other governmental body?	s appearing solely on behalf of your o	YES NO
go to the next question.)4. Has or will the person or organization.	zation you represent spend more than	\$500 on county lobbying activities
during the current reporting period	? (A reporting period is January to June,	or July to December.) 🗌 YES 🗏 NO
hearings or meetings?	than two contacts with the County Boa	YES NO
you do make more than 2 contacts at	nd 5 above, STOP ; you do not need to co a later date, you must then contact the Co sign this form. If you checked "YES" to o	ounty Clerk's office to file a form
	n 5, do you understand that if the pers current reporting period, you must file	
with the County Clerk?	county Clerk at 266-4121 or go to the Clern. Signature: Molly Collins	K's office at 210 Martin Luther King Jr.,
	Printed Name: Molly Collins	

Name: RICHARD R HOFFMAN		R HOFFMAN
Item #/Petition/CUP # or Subject: 2021 RES-157	Municipality: STOUGHTON	WI
☐ Wish to Speak in Support ☐ Wish to Register in Support	■ Wish to Speak in Opposition ■ Wish to Register in Opposition	☐ Available for Information Only
1. On this occasion, are you officially re (If you checked "NO" <u>STOP</u> ; you do not n	epresenting an organization or a person eneed to complete the rest of the form. If you	
Name, address and telephone number of	of each person or organization you are i	representing:
COMMENTS:		
2. Are you being paid for your repre	esentation or appearing incidental to	your other paid duties for this
person or organization?(If you checked "NO" to the question, <u>S</u> go to the next question.)		
3. Are you an elected official who is	appearing solely on behalf of your o	ffice or for your municipality or
other governmental body?(If you checked "YES" to the question, S go to the next question.)		
4. Has or will the person or organiza	ation you represent spend more than	\$500 on county lobbying activities
during the current reporting period?	(A reporting period is January to June,	or July to December.) \square YES \square NO
5. Do you anticipate making more th	nan two contacts with the County Boa	ard supervisors other than at public
hearings or meetings?(Do not count contacts with the County		
[If you checked "NO" to questions 4 and you do make more than 2 contacts at a indicating such activity. You must also s next question.].	later date, you must then contact the Co	
6. If you answered "YES" to question spends more than \$500 during the cu		
bivu., Room 100A for more imormation.	unty Clerk at 266-4121 ஜா அத் to the Cler	rk's office at 210 Martin Luther King Jr.,
Date: 1/10/22 S	Signature:	
F	Printed Name: RICHARD R HOFFMA	AN

Clear Form

DATE: 10 Jan 2022	Name: Robert P. Palmer
Item #/Petition/CUP # or Subject: 2021 Res-157	Municipality:
☐ Wish to Speak in Support ■ Wish to Register in Support	☐ Wish to Speak in Opposition ☐ Available for Information Only ☐ Wish to Register in Opposition
(If you checked "NO" STOP ; you do no	representing an organization or a person other than yourself? YES NO to need to complete the rest of the form. If you checked "YES" go to the next question.) To feach person or organization you are representing: Box 8190. Madison. WI 53708
608-977-8019	
COMMENTS:	
(If you checked "NO" to the question, go to the next question.) 3. Are you an elected official who i other governmental body?	STOP; you do not need to complete the rest of this form. If you checked "YES", s appearing solely on behalf of your office or for your municipality or YES ■ NO STOP; you do not need to complete the rest of this form. If you checked "YES", zation you represent spend more than \$500 on county lobbying activities
during the current reporting period	? (A reporting period is January to June, or July to December.) \(\subseteq \textbf{YES} \equiv \textbf{NO} \)
hearings or meetings?	than two contacts with the County Board supervisors other than at public YES NO
with the County Clerk?	ounty Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr.,

Clear Form

Submit

REGISTRATION BEFORE COUNTY BOARD

DATE: 1/10/22	Nam	Name: Laura T. Komai	
Item #/Petition/CUP # or Subject:	Municipality:	Madison	n e e e e e e e e e e e e e e e e e e e
RES-157	<u></u>		
☐ Wish to Speak in Support	☐ Wish to Speak	in Opposition	Available for Information Only
☐ Wish to Register in Support		er 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 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 orga	nization you are r	epresenting:
Anthology. 230 State Stre	et. Stop 1. Mad	ison, WI, 53'	703
COMMENTS:			
2. Are you being paid for your represe	entation or appeari	ng incidental to	your other paid duties for this
person or organization?			
3. Are you an elected official who is ap	ppearing solely on l	behalf of your of	ffice or for your municipality or
other governmental body?(If you checked "YES" to the question, STO go to the next question.)			
4. Has or will the person or organization	on you represent sp	end more than	\$500 on county lobbying activities
during the current reporting period? (A	reporting period is	January to June,	or July to December.) \square YES \square NO
5. Do you anticipate making more than	n two contacts with	the County Boa	ard supervisors other than at public
hearings or meetings?(Do not count contacts with the County Bo			
[If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; 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. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.].			
6. If you answered "YES" to question 5, spends more than \$500 during the curre	-	_	• • • • • • • • • • • • • • • • • • • •
with the County Clerk?			
(If you checked "NO" please call the Coun Blvd., Room 106A for more information.	ty Clerk at 266-4121	or go to the Cler	k's office at 210 Martin Luther King Jr.,
Date: 1/10/22 Sig	nature:	Omail	
Prii	nted Name:	Laura T. Kor	nai

Clear	Form

January 6th, 2022 DATE:	Kevin Gundl	ach
Item #/Petition/CUP # or Subject: Resolution 157	Madison Municipality:	
☐ Wish to Speak in Support	■ Wish to Speak in Opposition	☐ Available for Information Only
■ Wish to Register in Support	Wish to Register in Opposition	
 On this occasion, are you officially re (If you checked "NO" <u>STOP</u>; you do not re 	epresenting an organization or a person on a person on a person on a person of the form. If you	
Name, address and telephone number of South Central Federation of Labor, A		representing:
1602 S. Park Street, Madison, WI 53	3715.	_
COMMENTS:		
2. Are you being paid for your repre		-
person or organization?		
(If you checked "NO" to the question, <u>S7</u> go to the next question.)	TOP ; you do not need to complete the r	est of this form. If you checked "YES",
3. Are you an elected official who is	appearing solely on behalf of your o	ffice or for your municipality or
other governmental body?		YES NO
(If you checked "YES" to the question, S go to the next question.)	STOP; you do not need to complete the	rest of this form. If you checked "YES",
4. Has or will the person or organiza	tion you represent spend more than	\$500 on county lobbying activities
during the current reporting period?	(A reporting period is January to June,	or July to December.) YES NO
5. Do you anticipate making more th	an two contacts with the County Boa	ard supervisors other than at public
hearings or meetings?		
(Do not count contacts with the County I	Board supervisor who represents the di	strict in which you reside.)
[If you checked "NO" to questions 4 and you do make more than 2 contacts at a indicating such activity. You must also s next question.].	later date, you must then contact the Co	ounty Clerk's office to file a form
6. If you answered "YES" to question spends more than \$500 during the cu		
with the County Clerk?		
(If you checked "NO" please call the Co Blvd., Room 106A for more information. January 12, 2022	unty Clerk at 266-4121 or go to the Clei	
Date: Sandary 12, 2022 S	ignature:	
P	Kevin Gundlach Printed Name:	

DATE: 1/6/2022	Name: Laurel Bessey, MD		
Item #/Petition/CUP # or Subject: K1 2021 RES-157	Municipality: Madison		
☐ Wish to Speak in Support☐ Wish to Register in Support	■ Wish to Speak in Opposition■ Wish to Register in Opposition	Available for Information Only	
(If you checked "NO" STOP ; you do no	representing an organization or a person of the form. If you	checked "YES" go to the next question.)	
·	r of each person or organization you are reciety PO Box 1726 Madison,	-	
COMMENTS:			
2. Are you being paid for your rep	resentation or appearing incidental to	your other paid duties for this	
	STOP; you do not need to complete the r		
3. Are you an elected official who i	s appearing solely on behalf of your o	ffice or for your municipality or	
	STOP; you do not need to complete the		
4. Has or will the person or organiz	zation you represent spend more than	\$500 on county lobbying activities	
during the current reporting period	? (A reporting period is January to June,	or July to December.) 🗌 YES 🔳 NO	
5. Do you anticipate making more	than two contacts with the County Boa	ard supervisors other than at public	
	y Board supervisor who represents the di		
you do make more than 2 contacts at a	nd 5 above, <u>STOP</u> ; you do not need to co a later date, you must then contact the Co sign this form. If you checked "YES" to o	ounty Clerk's office to file a form	
	on 5, do you understand that if the pers current reporting period, you must file		
(If you checked "NO" please call the C Blvd., Room 106A for more information		rk's office at 210 Martin Luther King Jr.,	
Date:	Signature: Laurel Bessey Printed Name: Laurel Bessey		
	Printed Name: Laurel Bessey		