Want to speak rightanood.

DATE: 10/21/15	Name: Sadat Abiri
Item #/Petition/CUP # or Subject:	Municipality: Dane
	_
Wish to Speak in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
Registering in Support	□ Registering in Opposition □ Available for Information Only
***************************************	y representing an organization or a person other than yourself? ✓NO
	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:	
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person or organization?	ວresentation or appearing incidental to your other paid duties for this □NÓ
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•	•
other governmental body?	is appearing solely on behalf of your office or for your municipality or □YES
[If you checked "YES," to the question this form. If you checked "NO," to the	on, <u>STOP;</u> you need not complete the rest of this form except that you must signed question, go on to the next question.]
4. Has or will the person or organ	ization you represent spend more than \$500 on county lobbying activities
during the current reporting perio (A reporting period is January to Jun	d?
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 Count	nty Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form
indicating such activity. You must a the next question.]	lso sign this form. If you checked "YES" to either question at this time, go on to
6. If "YES," do you understand th	at if the person or organization you represent spends more than \$500
during the current reporting perio	d, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 10/21/15	Signature Second
	Print Name Sadot Abir's

Request to speak early

DATE: 10-21-15	_ Name:	MARK	W. LEDERER	
Item #/Petition/CUP # or Subject:	Municipal	lity: Mon	ONA	
APPEALING IN SUPPORT Registering in Support	NT OF HUMAN SEA □ Wish to Speak in Opp □ Registering in Opposi	vices Busilion	WITH DISABILITIES ETHE	ASAUC Cast
1. On this occasion, are you officially				
[If you checked "NO," <u>STOP;</u> you need n	oot complete the rest of this	form. If you c	DYÉS □NC checked "YES," go on to the next question	n.]
Name, address and telephone number of	f each person or organizati	on you are rep	presenting:	
ARC DANE CO.	INTY			
Comments:				
2. Are you being paid for your rep person or organization?	STOP; you need not co		□YES	5
3. Are you an elected official who other governmental body?	n, <u>STOP;</u> you need not d	complete the	PYES ଔNC rest of this form except that you must	5
4. Has or will the person or organi during the current reporting period (A reporting period is January to June	1?		YES	
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count			□YES	
[If you checked "NO," to questions 4 you do make more than 2 contacts a indicating such activity. You must als the next question.]	t a later date, you must ti	hen contact ti	he County Clerk's office to file a form	
6. If "YES," do you understand that during the current reporting period	d, you must file a financ	cial disclosu	re statement with the county clerk	?
[If you checked "NO" please call the C County Building, Madison, for more in	County Clerk at 266-412	1 or go to the	e Clerk's office at Room 106A of the C	ity-
Date:	Signature	9	*	
		1		

Print Name _____

must leave by 2:30 REGISTRATION BEFORE COUNTY BOARD Municipality: Y) Item #/Petition/CUP # or Subject: Budget 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," 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: Keep up the good work to do your hand job right.

I really need the savives a get. Thank you. Please

Consider a bigger in never.

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," 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 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?.......VES---------------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 (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.] Signature ____ Date: _____

Print Name

DATE: Oct 21, 2015	Name: Paul Sagman Municipality: Madisa
Item #/Petition/CUP # or Subject:	Municipality: Madisa
	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
	representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need no	ot complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of MOSES	each person or organization you are representing:
Comments:	
person or organization?	s appearing solely on behalf of your office or for your municipality or□YES□NO a, <u>STOP</u> ; you need not complete the rest of this form except that you must sign
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hearings or meetings?	than 2 contacts with County Board supervisors other than at public YES y Board supervisor who represents the district in which you reside.)
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during the current reporting period	t if the person or organization you represent spends more than \$500 you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the C County Building, Madison, for more in	ounty Clerk at 266-4121 or go to the Clerk's office at Room 106A of the Cityformation.]
Date: 0-21-15	Signature Paul F Jaeman
	Print Name Paul F Jaeman

DATE: 10/21/15	Name: LYNNE BUTORAC
Item #/Petition/CUP # or Subject:	Municipality:
☑Wish to Speak in Support □ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
	y representing an organization or a person other than yourself? NÓ not complete the rest of this form. If you checked "YES," go on to the next question.]
	of each person or organization you are representing:
Comments:	
person or organization?	presentation or appearing incidental to your other paid duties for this □YES YES NO n, <u>STOP;</u> you need not complete the rest of this form. the next question.]
other governmental body? [If you checked "YES," to the question	o is appearing solely on behalf of your office or for your municipality or
during the current reporting perio	nization you represent spend more than \$500 on county lobbying activities od?□YESਯਿੰO ne or from July to December.)
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public ———————————————————————————————————
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during the current reporting perio	nat if the person or organization you represent spends more than \$500 od, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 10/21/15	Signature LYNNE BUTOPAC
	Print Name LYNNE BUTOPAC

DEVELOPMENTAL DISABILITIES COALITION

"Providers working together to coordinate services for persons with developmental disabilities in Dane County."

Kim Turner	Chris Witt	Alexa Butzbaugh	Janell Wilson	Joan Callan
Options	Advanced	Progressive	REM Wisconsin	CreateAbility
In	Employment	Community	Treasurer	
Community		Services		
Living	Jen Squire			
· ·	Community Living			
	Connections			
Chair	Vice Chair-External	Vice Chair-Internal		Secretary

DD Coalition of Dane County, Inc. Testimony for County Board Public Hearing on 2016 Proposed Budget

My name is Christine Witt; I am the Executive Director of Advanced Employment. I am also Vice-Chair of the Developmental Disabilities Coalition of Dane County, and am speaking tonight on behalf of the Coalition.

We stand with other coalitions in respectfully asking the Board to increase the half percent COLA for POS agencies. As the Baker Tilly study noted, "Over time, failure to provide COLA increases will result in reduced quality and service levels provided by POS agencies." There is no question that this has occurred in the DD system. So many costs of providing services are externally driven: cost of health insurance, salaries to attract and retain qualified staff, rent, utilities...which are all increasing annually.

Will a half percent COLA make a difference to the POS community? Absolutely. But, it is not enough to maintain the type, quality and depth of services that our county residents need and expect.

In 2002, the DD System received a 1% cost of living increase. In the 14 years since, we have had over 20% in *reductions* in funding to existing consumers.

Yes, we understand that the overall budget goes up. That's due to the County's important and much appreciated commitment to serving adults with developmental disabilities as they exit the school system. And it is due to new individuals meeting crisis criteria who are prioritized for services, many of them eligible for full or high matching Medicaid funds.

We also understand that economic conditions in the past have made it challenging for the County Executive and the Board to fully fund human services. Now that economic conditions have improved, it has allowed the County Executive to include a half percent cost of living adjustment for all POS agencies in the Human Service system.

You, the County Board of Supervisors now have an opportunity to make a further and powerful difference. A difference for over 10,000 individuals and families who benefit from county-funded human services. A difference for the 1000's of amazing people who work for POS agencies.

We respectfully urge you, the County Board, to add to the County Executive's .5% increase for POS agencies.

Thank you for your time and consideration.

DATE: 10/21 15 Name: Christine With
Item #/Petition/CUP # or Subject: Municipality: Windsov W
2016 Country Brogert
 ✓ 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:
DD Coalition of Dane County 22 N 2mg St. Madison WI 53704
22 N 2m2 St. Madison W1 53704
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 "NO" to the question STOP; 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?
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?
[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: 10 21 15 Signature Christine With
Print Name Christine With

REGISTRATION BEFORE COUNTY BOARD NINO RODRIGUEZ Municipality: MADISON Item #/Petition/CUP # or Subject: INVESTIN PRE-TRIM SERVICES TO REDUCE JAIL POPULATION 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," 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," 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 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 (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?......

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 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.]

Signature _____

Print Name NIM KATIKI GULL

DATE: 10-21-2015	Name: Gabe Blood
Item #/Petition/CUP # or Subject:	Name: Gabe Blood Municipality: Mrsdexon
	☐ Wish to Speak in Opposition
☐ Registering in Support	☐ Registering in Opposition ☐ Available for Information Only
	representing an organization or a person other than yourself? □NO
[If you checked "NO," <u>STOP;</u> you need r	not complete the rest of this form. If you checked "YES," go on to the next question.]
	of each person or organization you are representing:
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Comments:	
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person or organization?	resentation or appearing incidental to your other paid duties for this
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6. If "YES." do you understand tha	at if the person or organization you represent spends more than \$500
during the current reporting period	I, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the (County Building, Madison, for more in	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the Citynformation.]
Date:	Signature Balorielle Blook
	Signature <u>Habrielle</u> Blood Print Name <u>Gobrielle</u> Blood

DATE: October 21, 2015	Name: Coay Cyrete Inch Municipality: DANE CO! - Mulison
Item #/Petition/CUP # or Subject:	Municipality: DANE CO! - Mulison
2016 Bulger	
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 r	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of	of each person or organization you are representing:
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Comments: My Helpis always he	prul needed
person or organization?	presentation or appearing incidental to your other paid duties for this
other governmental body?	is appearing solely on behalf of your office or for your municipality or
	ization you represent spend more than \$500 on county lobbying activities d?□YES□NO e or from July to December.)
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during the current reporting period	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more i	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date:	Signature

Print Name _____

DATE: 2015	Name: Jon BEUCER
Item #/Petition/CUP # or Subject:	Municipality: MAD 150 N CITY OF . DANE CO.
Control of the Contro	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
[If you checked "NO," <u>STOP;</u> you need no	representing an organization or a person other than yourself? ot complete the rest of this form. If you checked "YES," go on to the next question.] each person or organization you are representing:
C.R.ANES. PB. 3413	
SELF- POD 3292	153704
Comments:	
person or organization?[If you checked "NO" to the question, If you checked "YES," continue to the	
other governmental body?[If you checked "YES," to the question	is appearing solely on behalf of your office or for your municipality or□YES□NO n, <u>STOP</u> ; you need not complete the rest of this form except that you must sign a question, go on to the next question.]
	zation you represent spend more than \$500 on county lobbying activities I?
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during the current reporting period	It if the person or organization you represent spends more than \$500 l, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the C County Building, Madison, for more in	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 21 Oct 15	Signature South Becker Print Name Jan Becker
	Print Name Jon Becker

DATE:	Name: Eric Howland Municipality: Maximum
Item #/Petition/CUP # or Subject:	Municipality: Max 490
	,
Wish to Speak in Support □ Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition☐ Available for Information Only
	y representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need I	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of	of each person or organization you are representing:
	769
Comments:	
person or organization?	oresentation or appearing incidental to your other paid duties for this
other governmental body?	is appearing solely on behalf of your office or for your municipality or
during the current reporting perio	nization you represent spend more than \$500 on county lobbying activities id?□YESNO ne or from July to December.)
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YES
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during the current reporting perio	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date: 21 Dcf Zo IS	Signature Evic How and
	Print Name Eric How and

REGISTRATION BEFORE COUNTY BOARD Name: Brand Schlough Municipality: Madison, 600 980 Item #/Petition/CUP # or 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: I wish to speak in support of the County Board adding to the COLA in the County Executives Budget for POS Agencies 2. Are you being paid for your representation or appearing incidental to your other paid duties for this [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," continue to the next guestion.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or [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 (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 (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?□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.1

Date: 10/21/15

DATE: 0 421, 2015	Name: MARK HOOVER
Item #/Petition/CUP # or Subject:	Name: MRRK HOOVER Municipality: DANE COUNTY
☐ Wish to Speak in Support ☐ Wish to ☐ Registering in Support ☐ Register	Speak in Opposition ing in Opposition Available for Information Only
1. On this occasion, are you officially representing MUSES / トロップドル テーター・レン [If you checked "NO," <u>STOP</u> ; you need not complete	ng an organization or a person other than yourself? → ひいとけんてもの the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person	on or organization you are representing:
MUSES (HUOVER	FAMILY FOUNDATION 690/ RAMSEY RA
Middleton, www. 53	FAMILY FOUNDATION 690/ RAMSEY RA
Comments:	
person or organization?	ng solely on behalf of your office or for your municipality or
hearings or meetings?	ntacts with County Board supervisors other than at public YES□NO upervisor who represents the district in which you reside.)
you do make more than 2 contacts at a later da	re, <u>STOP</u> ; you need not complete the rest of this form. However, if te, you must then contact the County Clerk's office to file a form form. If you checked "YES" to either question at this time, go on to
during the current reporting period, you must	rson or organization you represent spends more than \$500 st file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Cle County Building, Madison, for more information.	rk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date: 0ct 21, 2015	Signature 42.0.2.4.5.4.4.

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/21/15 Name: Brevela Konkel
Item #/Petition/CUP # or Subject: Municipality: Municipality:
2016 Budet
 □ 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:
Tenant Rosonne Center
1202 Williamson St
Marelyon Wi 53703
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? (Do not count contacts with the County Board supervisor who represents the district in which you reside.)
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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: 10/21/15 Signature Freeda (Cleely)

Print Name Brencon K Kon Lel

Registering to speak REGISTRATION BEFORE COUNTY BOARD
REGISTRATION BEFORE COUNTY BOARD
DATE: 10/21/2015 Name: Corinda Rainey Moore Item #/Petition/CUP # or Subject: Municipality:
Item #/Petition/CUP # or Subject: Municipality:
Wish to Speak 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:
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· ·
Comments: I want the county board supervisors to hold POS capacies receiving county funding accountable for racia equality in hir and promotion practices 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: 10/21/2015 Signature Conda Rainey Moore

DATE: 10/21/15	_ Name:	Scott St	rong
Item #/Petition/CUP # or Subject:	Municipal	lity: Madison	Vory Deene Country
		ι	
	☐ Wish to Speak in Opp☐ Registering in Opposi		vailable for Information Only
1. On this occasion, are you officially	representing an organiza	ation or a person of	ther than yourself?
[If you checked "NO," <u>STOP;</u> you need n	ot complete the rest of this	form. If you checke	
Name, address and telephone number of	f each person or organizati	on you are represen	ting:
Purchased Sewice Provi	iden - Coalita	no	
Purchased Sewice Provi Children Youth of Fam	why town Cons	wor frem	
,			
Comments:			
 Are you being paid for your representation?	STOP; you need not cone next question.] is appearing solely on	mplete the rest of t	this form. □YESXNO
[If you checked "YES," to the question this form. If you checked "NO," to the	n, <u>STOP</u> ; you need not d	complete the rest o	
4. Has or will the person or organic during the current reporting period (A reporting period is January to June	1?		□YES□NO
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count			□YES□NO
[If you checked "NO," to questions 4 a you do make more than 2 contacts at indicating such activity. You must als the next question.]	t a later date, you must th	hen contact the Co	ounty Clerk's office to file a form
6. If "YES," do you understand that during the current reporting period	l, you must file a financ	cial disclosure sta	tement with the county clerk?
[If you checked "NO" please call the C County Building, Madison, for more in	County Clerk at 266-412	1 or go to the Clerk	□YES□NO c's office at Room 106A of the City-
Date:	Signature	9	

Print Name _____

REGISTRATION BEFORE COUNTY BOARD
DATE: 10 22 15 Name: Tanxa Lottman-Shul
Item #/Petition/CUP # or Subject: Municipality:
Jo10
A (With the Country in
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," 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:
Tanja Lattman-Shue
5675 Policarth St.
madison, wit 5371
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: Signature

Print Name

REGISTRATION BEFORE COUNTY BOARD
DATE: 10 2115 Name: Steph Stringer
Item #/Petition/CUP # or Subject: Municipality: MAC(SON
2016 Budget
XWish 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:
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 "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?
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?
County Building, Madison, for more information.]
Date: 10 21 2015 Signature Signature
Date: Signature Signature
Print Name Steph Strikger

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/21/15 Name: Penel Sutkary
DATE: 10 21 15 Name: Petition/CUP # or Subject: Municipality: Municipality: Mull
+ POS I HUMAN JENVIUS AGONOMS
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:
Jamental Heartn Center
Cers West Washington Are Mullow W 290-2700
MUMSUM W (290 - 2100
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: 10/21/15 Signature Stray Print Name RINU Stray

DATE:	Oct 7	1,2015		Name:	Lin	da Prize	
		# or Subject:		Municipality: _			
Wish to	o Speak in S ering in Sup	Support port	□ Wish to Sp	eak in Oppositi g in Opposition		☐ Available for Inform	mation Only
1. On this	s occasion,	are you official	ly representing	an organization	or a pers	on other than yourself mecked "YES," go on to	S □NO
	100.00		of each person of				
	Ma	disin	WI				
Commer	nts:						j.
person of [If you ch	or organiza necked "NO"	tion?' to the questio		need not comple		to your other paid d □YE st of this form.	
other go [If you ch	vernmenta necked "YES	I body? 6," to the quest		need not comp	olete the r	r office or for your i □YE est of this form excep	S
during th	ne current i	eporting perio	nization you re od? ne or from July			nan \$500 on county l ⊔YE	obbying activities
5. Do yo hearings (Do not o	ou anticipat s or meeting count contact	e making mor gs? ts with the Cou	e than 2 conta unty Board supe	ervisor who rep	ty Board resents th	supervisors other to □YE ne district in which you	nan at public SNO ı reside.)
you do m	nake more ti	nan 2 contacts	at a later date,	you must then	contact th	nplete the rest of this ne County Clerk's offic "to either question a	ce to file a form
		eporting peri-	od, you must f	ile a financial d	disclosur	represent spends m e statement with the □YE	e county clerk?
		please call the dison, for more	e County Clerk	at 266-4121 or	go to the	Clerk's office at Room	n 106A of the City-
Date:	Oct	21,2015		Signature	Ru	de S. Pres	D
				Print Name _	Lin	de S. Prei	152

DATE: 10/21/15 Name: Welle Dangline
Item #/Petition/CUP # or Subject: Municipality: Madison
DATE: 10/2/115 Name: Welle Donaghne Municipality: Madison Cost & living incress for human service provider asoncies
 □ 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," <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: mare in human services!
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: 10/2/12015 Signature Multiple Dong hue Print Name Welle Dong hue
Print Name Nelle Dongshue

DATE: 10/21/15	Name:	DNOGERER
Item #/Petition/CUP # or Subject:	Municipality:	
☐ Wish to Speak in Support☒Registering 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 r	not complete the rest of this form. It	you checked "YES," go on to the next question.]
Name, address and telephone number of	of each person or organization you a	are representing:
-		
Comments:		
person or organization?[If you checked "NO" to the question If you checked "YES," continue to the	, <u>STOP;</u> you need not complete ne next question.]	
other governmental body?	on, <u>STOP</u> ; you need not complet	of your office or for your municipality or YESNO e the rest of this form except that you must sign estion.]
	d?	nore than \$500 on county lobbying activities □YES□NO
		Board supervisors other than at public YES NO ents the district in which you reside.)
you do make more than 2 contacts a	at a later date, you must then cor	not complete the rest of this form. However, if that the County Clerk's office to file a form different difference on to
during the current reporting period	d, you must file a financial dis	n you represent spends more than \$500 closure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more i	County Clerk at 266-4121 or go	to the Clerk's office at Room 106A of the City-
Date:	Signature	

Print Name

DATE: 10/21/2015	Name:	Math	Jahrle	
Item #/Petition/CUP # or Subject:	Municipality:			
	-			
□ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition		☐ Available for I	nformation Only
1. On this occasion, are you officially	y representing an organizatior	or a perso	n other than yoບ	irself?
[If you checked "NO," <u>STOP;</u> you need	not complete the rest of this forn	n. If you che	ecked "YES," go o	n to the next question.]
Name, address and telephone number	of each person or organization y	ou are repre	senting:	
-				
Comments:				
2. Are you being paid for your reperson or organization?	n, <u>STOP;</u> you need not comple			nid duties for this □YES
3. Are you an elected official who other governmental body?	on, <u>STOP</u> ; you need not comp	olete the re		□YES NO
 Has or will the person or organ during the current reporting perio (A reporting period is January to Jur 	d?			
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Cou				□YES□NO
[If you checked "NO," to questions 4 you do make more than 2 contacts a indicating such activity. You must a the next question.]	at a later date, you must then	contact the	County Clerk's	office to file a form
6. If "YES," do you understand th during the current reporting perio	d, you must file a financial of	disclosure	statement with	n the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or	go to the C	Elerk's office at F	Room 106A of the City-
Date:	Signature			
	Print Name			

DATE: 10/21/15	Name: Wendy Hechit Municipality: Madison
Item #/Petition/CUP # or Subject: DO Budget	Municipality: Madi 500
□ Wish to Speak in Support ☐ Registering in Support	 ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially [If you checked "NO," STOP; you need r	representing an organization or a person other than yourself? ———————————————————————————————————
	of each person or organization you are representing:
 Are you being paid for your repperson or organization?	is appearing solely on behalf of your office or for your municipality or NO on, STOP; you need not complete the rest of this form except that you must sign be question, go on to the next question.] ization you represent spend more than \$500 on county lobbying activities d?
hearings or meetings?	e or from July to December.) than 2 contacts with County Board supervisors other than at public YES
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if a later date, you must then contact the County Clerk's office to file a form lso sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more i	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 10/21/15	Signature Mandy Hecht Print Name Wendy Hecht

DATE: 15/21/15 Name: Kim S, TURNOR
Item #/Petition/CUP # or Subject: Municipality:
2016 County Budget
☐ 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? ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing:
DD Coalition of Dane county
DD (coalition of Dane county 22 N. 2nd St. Medison W1 53701
Comments: Supporting COLH for POS - asking for add'll funds be added. Thank you
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?□YES□NO [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?
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: 10 21 15 Signature Signature Print Name Kim S. TURNAR
Print Name Kim S. TURNCIP



DATE: 10-21-15 Name: Paul Yochum	
Itom #/Patition/CLIP # or Subject: Municipality: Class Places	
□ Wish to Speak in Support Wish to Speak in Opposition Registering in Support Registering in Opposition Available for Information Only	
□ Wish to Speak in Support · Wish to Speak in Opposition	
Registering in Support Registering in Opposition	
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.]	l
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?	ign
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activiti during the current reporting period?	es
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, 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 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 Cit County Building, Madison, for more information.]	y -
Date: Signature	

Print Name _____

REGISTRATION BEFORE COUNTY BOARD Municipality: Madeson Item #/Petition/CUP # or Subject: COST OF INTOR TNOREAGE ☐ 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? [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 Ilf you checked "NO" to the question, STOP; 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 [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 (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?......VES--------(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 guestion 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.]

Print Name JOHN W. LEENKOLL

DATE: 10/21/2015	Name: Susay Webb
Item #/Petition/CUP # or Subject:	Municipality: Madison
Cost of Living incuase for	Municipality: Madi'son
☐ Wish to Speak in Support ☐ Registering in Support	
1. On this occasion, are you officiall	y 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:	
person or organization?	presentation or appearing incidental to your other paid duties for this NO No. STOP; you need not complete the rest of this form. The next question.]
other governmental body? [If you checked "YES," to the question	o is appearing solely on behalf of your office or for your municipality or ————————————————————————————————————
	nization you represent spend more than \$500 on county lobbying activities od?□YES⅓NO ne or from July to December.)
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YESNO nty Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form also sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting perio	nat if the person or organization you represent spends more than \$500 pd, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date:	Signature Susay F. Webb
	Print Name Susay F. Webb

DATE: 10/21/15	Name:	Lori Y	Frish	
Item #/Petition/CUP # or Subject:	Municipality:	w	Frisch	
County Russet				
	□ Wish to Speak in Opposit□ Registering in Opposition		☐ Available for Inf	ormation Only
	representing an organization	n or a perso	n other than yours	self?
[If you checked "NO," STOP; you need no	ot complete the rest of this form	n. If you che	ecked "YES," go on	YESto the next question.]
Name, address and telephone number of	each person or organization y	ou are repre	senting:	
Comments: Fooding for	Huma Sunts			
2. Are you being paid for your repr person or organization? [If you checked "NO" to the question, If you checked "YES," continue to the	STOP; you need not compl			d duties for this YES□NO
3. Are you an elected official who i other governmental body?	n, <u>STOP;</u> you need not com	plete the re		YES NO
4. Has or will the person or organized during the current reporting period (A reporting period is January to June	?			
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count				YES NO
[If you checked "NO," to questions 4 a you do make more than 2 contacts at indicating such activity. You must als the next question.]	a later date, you must then	contact the	County Clerk's o	office to file a form
6. If "YES," do you understand tha during the current reporting period	, you must file a financial	disclosure	statement with	the county clerk?
[If you checked "NO" please call the C County Building, Madison, for more in	County Clerk at 266-4121 or	go to the C	Clerk's office at Ro	nom 106A of the City-
Date:	Signature _			
	Print Name			

REGISTRATION BEFORE COUNTY BOARD
DATE: 0/2/15 Name: Sarah Bazurtei all Item #/Petition/CUP # or Subject: Municipality: Madi Son
Item #/Petition/CUP # or Subject: Municipality: Madi Son
Human Support Praider Agencies
☐ 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," 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: HINOLINA IV NUMBER SENTER.
THYOCANG AND NUMBER STANCAN.
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:
Date: 10/2/15 Signature Savah Berzur-Ludy

DATE: 10/21/15	Name:	Fred F	2. Swanso	
Item #/Petition/CUP # or Subject:	Municipality:	Madison		
Dane Cty Budget Hty: Fina	al			
□ Wish to Speak in Support □ Wish	to Speak in Oppositi	ion		
Registering in Support Regis	stering in Opposition	□ A	vailable for Informa	tion Only
1. On this occasion, are you officially represent	nting an organizatior	n or a person o	ther than yourself?	HAID
[If you checked "NO," <u>STOP;</u> you need not comple	ete the rest of this forn	n. If you checke	ed "YES," go on to the	next question.]
Name, address and telephone number of each pe	erson or organization y	ou are represer	ting:	
Comments:				
2. Are you being paid for your representation?	you need not comple		□YES	ies for this
3. Are you an elected official who is appea other governmental body?[If you checked "YES," to the question, STOF this form. If you checked "NO," to the question	; you need not comp	plete the rest o	□YES	DIÓ
4. Has or will the person or organization y during the current reporting period? (A reporting period is January to June or from			□YES	
5. Do you anticipate making more than 2 of hearings or meetings?(Do not count contacts with the County Board	***************************************		□YES	□NO
[If you checked "NO," to questions 4 and 5 at you do make more than 2 contacts at a later indicating such activity. You must also sign to the next question.]	date, you must then	contact the Co	ounty Clerk's office	to file a form
If "YES," do you understand that if the during the current reporting period, you m	nust file a financial	disclosure st	atement with the c	ounty clerk?
[If you checked "NO" please call the County C County Building, Madison, for more information	Clerk at 266-4121 or	go to the Cler	k's office at Room	106A of the City-
Date:	Signature	ho	1 Down	
	Drint None	1001	1 6	04500

DATE: 10/21/15	Name:	brian	Doering	
Item #/Petition/CUP # or Subject:	Municipa	lity:	Deering	
Item #/Petition/CUP # or Subject: Support of Human Cou	Dudget Budget		/	
□ Wish to Speak in Support X Registering in Support	☐ Wish to Speak in Opp☐ Registering in Opposit		☐ Available for Information Only	
1. On this occasion, are you officially	representing an organiza	ation or a pers	son other than yourself?	^
[If you checked "NO," <u>STOP;</u> you need r	not complete the rest of this	form. If you ci	hecked "YES," go on to the next quest	ion.]
Name, address and telephone number of	of each person or organizati	ion you are rep	resenting:	
Comments:				
2. Are you being paid for your rep person or organization?	, <u>STOP;</u> you need not co		YES •	10 3
3. Are you an elected official who other governmental body?	on, <u>STOP;</u> you need not d	complete the i	□YES□N rest of this form except that you mu	10
4. Has or will the person or organic during the current reporting period (A reporting period is January to June	d?			
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Cour				
[If you checked "NO," to questions 4 you do make more than 2 contacts a indicating such activity. You must althe next question.]	t a later date, you must t	hen contact th	ne County Clerk's office to file a for	m
6. If "YES," do you understand the during the current reporting period	d, you must file a financ	cial disclosu	re statement with the county cler	rk?
[If you checked "NO" please call the County Building, Madison, for more i	County Clerk at 266-412	?1 or go to the	Clerk's office at Room 106A of the	City-
Date:	Signatur	e		ē.
	Print Nan	ne		

DATE: 10/21) 15	Name: Kathy Nissley Municipality: Dane
Item #/Petition/CUP # or Subject:	Municipality: <u>Vane</u>
	o Speak in Opposition ering in Opposition Available for Information Only
	ting an organization or a person other than yourself? □YES\/\(\in\)NO
[If you checked "NO," <u>STOP;</u> you need not complete	te the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each pers	son or organization you are representing:
Comments: Resistering in SU	opport of .5% increase in DD Budge
other governmental body?	ring solely on behalf of your office or for your municipality or
	ou represent spend more than \$500 on county lobbying activities
hearings or meetings?	ontacts with County Board supervisors other than at public
you do make more than 2 contacts at a later da	ove, <u>STOP</u> ; you need not complete the rest of this form. However, if ate, you must then contact the County Clerk's office to file a form is form. If you checked "YES" to either question at this time, go on to
during the current reporting period, you mu	erson or organization you represent spends more than \$500 ust file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Cle County Building, Madison, for more information	lerk at 266-4121 or go to the Clerk's office at Room 106A of the Cityn.]
Date: 10 (27/15	Signature Lathleen Nissley
	Print Name (Not 1)

DATE: 10/21/15	Name: Amy Melton - White
Item #/Petition/CUP # or Subject:	Name: Amy Melton-White Municipality: Cottage from WI
2016 COLA increase	
☐ Wish to Speak in Support ☐ Wish to	Speak in Opposition
X Registering in Support ☐ Register	ering in Opposition
On this occasion, are you officially represent	ting an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need not complete	e the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each pers	son or organization you are representing:
Comments: Please add add	detronal Aunds to Human Saviges weave The Cold to account for years of cuts on or appearing incidental to your other paid duties for this
2. Are you being paid for your representation person or organization?	on or appearing incidental to your other paid dúties for this □YES□NO
[If you checked "NO" to the question, <u>STOP;</u> you checked "YES," continue to the next que	ou need not complete the rest of this form.
other governmental body?	ring solely on behalf of your office or for your municipality or YESNO you need not complete the rest of this form except that you must sign
4. Has or will the person or organization yo	ou represent spend more than \$500 on county lobbying activities
hearings or meetings?	ontacts with County Board supervisors other than at public YESNO supervisor who represents the district in which you reside.)
you do make more than 2 contacts at a later da	ove, <u>STOP</u> ; you need not complete the rest of this form. However, if ate, you must then contact the County Clerk's office to file a form is form. If you checked "YES" to either question at this time, go on to
during the current reporting period, you mu	erson or organization you represent spends more than \$500 st file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Cle County Building, Madison, for more information	erk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date: 10/21/15	Signature Muy Cofe Colub
	Print Name Amy Mestor-White

DATE: 10/20/15 Name: Tim Radelet
Item #/Petition/CUP # or Subject: Municipality: Maple Bluff 2016 Cowdy Budget
☐ 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? ———————————————————————————————————
comments: In support of cost of living adjustment for POS.
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?
[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: 10-21-15	Name: MARY K. KOHLMAN Municipality: OREGON	
Item #/Petition/CUP # or Subject:	Municipality: OREGON	
2016 BUDGET - COUNT	У	
	Wish to Speak in Opposition	
Registering in Support	Registering in Opposition Available for Information Only	_
	epresenting an organization or a person other than yourself?	
[If you checked "NO," <u>STOP;</u> you need no	Test 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:	
244 E NETHERWOOD S		
DREGON, WI 53575		
608-835-5042		
Comments: SUPPORTING SERVICES I	THE INCREASE IN FUNDING FOR HUMAN 2016	
person or organization?	esentation or appearing incidental to your other paid duties for this	
other governmental body? [If you checked "YES," to the question	s appearing solely on behalf of your office or for your municipality or□YES	חו
during the current reporting period	ation you represent spend more than \$500 on county lobbying activitie?□YESNO or from July to December.)	s
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count	han 2 contacts with County Board supervisors other than at public YES NO Board supervisor who represents the district in which you reside.)	
you do make more than 2 contacts at	nd 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if a later date, you must then contact the County Clerk's office to file a form a sign this form. If you checked "YES" to either question at this time, go on to	
during the current reporting period	if the person or organization you represent spends more than \$500 you must file a financial disclosure statement with the county clerk?	
	ounty Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-	
Date: 10-2L15	Signature Mary K. Kollman Print Name Mary K. Kollman	
	Print Name MARY K. KOULMAN	

DATE: 10-21-2015	Name: Kathleen A. Kohlman
Item #/Petition/CUP # or Subject:	Municipality: Oregon
2016 BUDGET - COUNTY	
☐ Wish to Speak in Support ☐ V	Vish to Speak in Opposition Registering in Opposition □ Available for Information Only
On this occasion, are you officially rep	resenting an organization or a person other than yourself?
[If you checked "NO," STOP; you need not c	omplete the rest of this form. If you checked "YES," go on to the next question.]
	ch person or organization you are representing:
Comments: SUPPORT IN CRES	AST IN FUNDING FIR HUMAN
person or organization?	entation or appearing incidental to your other paid duties for this ———————————————————————————————————
other governmental body?	ppearing solely on behalf of your office or for your municipality or
	ion you represent spend more than \$500 on county lobbying activities □YES□NO from July to December.)
hearings or meetings?	an 2 contacts with County Board supervisors other than at public YESNO Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts at a l	5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if ater 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
during the current reporting period, ye	the person or organization you represent spends more than \$500 ou must file a financial disclosure statement with the county clerk?
	mation.] □ YES□ NO or the Clerk's office at Room 106A of the Citymation.
Date: 10-21-15	Signature
	Print Name KATHLEEN A. KOHLMAN

DATE: 10-21-2015	Name: Charles W Kohlman
Item #/Petition/CUP # or Subject:	Municipality:
2016 County Budget	
The state of the s	o Speak in Opposition ering in Opposition Available for Information Only
On this occasion, are you officially represen	ting an organization or a person other than yourself?
[If you checked "NO," STOP; you need not complete	te the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each per-	son or organization you are representing:
Comments: Support increase in f	unding for human Scruius in 2016
person or organization?	ring solely on behalf of your office or for your municipality or YESNO you need not complete the rest of this form except that you must sign
4. Has or will the person or organization yo	ou represent spend more than \$500 on county lobbying activities
hearings or meetings?	ontacts with County Board supervisors other than at public
you do make more than 2 contacts at a later d	ove, <u>STOP</u> ; you need not complete the rest of this form. However, if late, you must then contact the County Clerk's office to file a form is form. If you checked "YES" to either question at this time, go on to
during the current reporting period, you mu	erson or organization you represent spends more than \$500 ust file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Co County Building, Madison, for more information	lerk at 266-4121 or go to the Clerk's office at Room 106A of the City- n.]
Date:	Signature Charles W Kohlman
	Print Name Charles W Kohlman

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/2/15 Name: Charlee larson Name: Municipality: Madison
2016 County Budget for
☐ 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: Funding for human Servises - COLA
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

Print Name _____

DATE: 0-21-15	Name: D-Enic Schecuter
Item #/Petition/CUP # or Subject:	Municipality: Madison
[Wish to Speak in Opposition Registering in Opposition □ Available for Information Only
	epresenting an organization or a person other than yourself? ———————————————————————————————————
	each person or organization you are representing:
I'M a Social Worker	- not in it for the movey. I do want to want to want that reflected in
be valued in my	work of have that reflected in
The City's 'Comity	is involvenat.
Comments:	
person or organization?	appearing solely on behalf of your office or for your municipality or
	ntion you represent spend more than \$500 on county lobbying activities
hearings or meetings?	an 2 contacts with County Board supervisors other than at public ———————————————————————————————————
you do make more than 2 contacts at a	nd 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if a later date, you must then contact the County Clerk's office to file a form sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period,	if the person or organization you represent spends more than \$500 you must file a financial disclosure statement with the county clerk?
	ounty Clerk at 266-4121 or go to the Clerk's office at Room 106A of the Cityormation.]
Date:	Signature D. En Schecker Print Name D. En Schecker
	Print Name D. Enz Schechel

DATE: Name: Brends Arnett Item #/Petition/CUP # or Subject: Municipality: Staystan
Item #/Petition/CUP # or Subject: Municipality:
☐ 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? ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing:
Comments: Prace consider increasing the cold for 705 Agracius.
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?
[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: 10 /21 (15	Name:		Y	
Item #/Petition/CUP # or Subject:	Municipa	ility: Madison		
2016 Carry Budget				
,	Wish to Speak in On	agaitian		
,	□ Wish to Speak in Opp □ Registering in Oppos		vailable for Information	Only
On this occasion, are you officially [If you checked "NO," STOP; you need no]			TYES	······ NO
				xt question.j
Name, address and telephone number of	each person or organizat	ion you are represen	ting:	
Comments: Please Crusis +	n Court On a	old for 14	man Serious	
2. Are you being paid for your represent or organization?	<u>STOP;</u> you need not co e next question.]	omplete the rest of	□YESthis form.	□NO
other governmental body?	n, <u>STOP;</u> you need not	complete the rest o	□YES	□NO
4. Has or will the person or organia during the current reporting period (A reporting period is January to June	?			
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count			YES	□NO
[If you checked "NO," to questions 4 a you do make more than 2 contacts at indicating such activity. You must als the next question.]	a later date, you must t	then contact the Co	ounty Clerk's office to fi	ile a form
If "YES," do you understand tha during the current reporting period	, you must file a finan	cial disclosure sta	atement with the cou	nty clerk?
[If you checked "NO" please call the C County Building, Madison, for more in	County Clerk at 266-412	?1 or go to the Cler	k's office at Room 106.	A of the City-
Date:	Signatur	·e		
	Print Nar	ne		

DATE: 10/21/15	_ Name:	Ariel	Shafe	R
Item #/Petition/CUP # or Subject:	Municipality:	M	adisen	
2016 County Bulger				
	☐ Wish to Speak in Opposition☐ Registering in Opposition		vailable for Info	rmation Only
1. On this occasion, are you officially [If you checked "NO," STOP; you need n			ther than yourse \textsylvestyle Y ed "YES," go on to	elf? ES DNO o the next question.]
Name, address and telephone number o	f each person or organization y	ou are represer	iting:	
Comments: in support	of funding for	, the so	envios D	Set
 Are you being paid for your rep person or organization?	STOP; you need not complete next question.] is appearing solely on bel	ete the rest of	this form. fice or for your	r municipality or ESNO
4. Has or will the person or organic during the current reporting period(A reporting period is January to June	zation you represent sper	d more than	□Ý	
5. Do you anticipate making more hearings or meetings? (Do not count contacts with the Count			□Υ	ES□NO
[If you checked "NO," to questions 4 you do make more than 2 contacts a indicating such activity. You must als the next question.]	t a later date, you must then	contact the Co	ounty Clerk's off	fice to file a form
6. If "YES," do you understand the during the current reporting period	l, you must file a financial	disclosure st	atement with th	ne county clerk?
[If you checked "NO" please call the County Building, Madison, for more in	County Clerk at 266-4121 oi	go to the Cler	k's office at Roc	om 106A of the City-
Date:	Signature			
	Print Name _			

DATE: 10-91-15	Name: William Szmanda
Item #/Petition/CUP # or Subject:	Municipality: Dane County
□ Wish to Speak in Support Registering in Support	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
	y 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: Pease Consid	er increasing the COLA!
person or organization?	presentation or appearing incidental to your other paid duties for this \(\text{YES} \) NO n, \(\text{STOP}; \) you need not complete the rest of this form. The next question.]
other governmental body?[If you checked "YES," to the questi	o is appearing solely on behalf of your office or for your municipality or
	nization you represent spend more than \$500 on county lobbying activities od?□YES□NO ne or from July to December.)
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public \(\text{YES} \(\text{NO} \) inty Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts	4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form also sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	hat if the person or organization you represent spends more than \$500 od, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	e County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date:	Signature William Szmanda
	Print Name William Szmanda