DATE: /0/21/2015	Name:	DAVE	DELAP	
Item #/Petition/CUP # or Subject:	Municipality	MA	لمنعنما	
	-	an Court		····
□ Wish to Speak in Support Registering in Support	<ul><li>☐ Wish to Speak in Oppos</li><li>☐ Registering in Oppositio</li></ul>		Available for Information	ation Only
1. On this occasion, are you officiall				
[If you checked "NO," <u>STOP</u> ; you need	not complete the rest of this for	rm. If you che	cked "YES," go on to th	e next question.]
Name, address and telephone number	of each person or organization	you are repres	senting:	
Tillness V - F	in THE PROPUSED	0.5%	OLA FOR TH	PURCHASE
Comments: OF SERVICE MOST POS AG AT ALL POSSIBLE	OR POS AGRAGIE.	A COLA	POUR NOW THE	IF IT IS
2. Are you being paid for your re	presentation or appearing	incidental to	your other paid du	ties for this
person or organization?	n, <u>STOP;</u> you need not comp			5UNO
3. Are you an elected official who				
other governmental body?	on, <u>STOP;</u> you need not con	mplete the res		
this form. If you checked "NO," to the			n ¢E00 on county lo	hhuina aatiuitiaa
4. Has or will the person or organ during the current reporting period (A reporting period is January to Jun	od?			
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count count contacts with the Count			□YES	S□NO
[If you checked "NO," to questions a you do make more than 2 contacts indicating such activity. You must a the next question.]	at a later date, you must the	n contact the	County Clerk's office	to file a form
6. If "YES," do you understand the during the current reporting period	od, you must file a financia	d disclosure	statement with the	county clerk?
[If you checked "NO" please call the County Building, Madison, for more		or go to the C	□YES lerk's office at Room	5□ <b>NO</b> 106A of the City-
Date:	Signature _			
	Print Name			

REGISTRATION BEFORE COUNTY BOARD DATE: 10/21/15 Name: WILLIAM GREEK Item #/Petition/QUP # or Subject: POS COST OF LIVING INCREASE ☐ 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? ......₽YÉS ------ □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: JOURNEY MENTAL HEALTH CENTER Comments:

PLEASE CONSTOER INCREASING THE COUNTY EXECUTIVES

PREPOSED COLA FOR POR 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 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?...... (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? ......□YEŚ------□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.] Signature William GREEN Date: 10/21/15

, R	EGISTRATION BEFOR		
DATE: 10 21/15	Name:	M: Ke	Schoen wetter
Item #/Petition/CUP # or Subject:	Municipal	ity: Done	Schoen Wetter County
☐ Wish to Speak in Support ★Registering in Support	<ul><li>☐ Wish to Speak in Opp</li><li>☐ Registering in Opposi</li></ul>		☐ Available for Information Only
1. On this occasion, are you officially	representing an organiza	ation or a perso	on other than yourself?
[If you checked "NO," <u>STOP;</u> you need n	not complete the rest of this	form. If you ch	ecked "YES," go on to the next question.]
Name, address and telephone number of	f each person or organizati	on you are repr	esenting:
Mike Schuenwetter	4		
515 MEADOW VIEW	Rd.		
Mt. HOREB, WI	53512		
Comments: Please inv	est more in	i huma	n Service S
2. Are you being paid for your repperson or organization?	, <u>STOP;</u> you need not co		
3. Are you an elected official who other governmental body?	on, <u>STOP;</u> you need not o	complete the re	□YES□NO est of this form except that you must sig
4. Has or will the person or organduring the current reporting period (A reporting period is January to June	d?		an \$500 on county lobbying activities □YES□NO
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count			YES NO
you do make more than 2 contacts a	t a later date, you must t	hen contact th	nplete the rest of this form. However, if e County Clerk's office to file a form " to either question at this time, go on to
6. If "YES," do you understand the during the current reporting period	d, you must file a financ	cial disclosur	e statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more i	County Clerk at 266-412	1 or go to the	□YES□NO Clerk's office at Room 106A of the City-
Date: 10 /21 /15	Signatur	e (PUL	e st

Print Name MIKE SCHOENWETTER

DATE: 10 21 15	Name:	Schreby
Item #/Petition/CUP # or Subject: 2016 Budget	Municipality:	NE
	Wish to Speak in Opposition Registering in Opposition	☐ Available for Information Only
On this occasion, are you officially rep [If you checked "NO," <u>STOP</u> ; you need not contain the second state of each state of the second stat	omplete the rest of this form. If you	checked "YES," go on to the next question.]
Comments: please invest mo	tre : n human Serv	rce 4
2. Are you being paid for your represe person or organization?	OP; you need not complete the react question.]	····································
[If you checked "YES," to the question, Somethis form. If you checked "NO," to the question.	STOP; you need not complete the	e rest of this form except that you must sign
4. Has or will the person or organizate during the current reporting period? (A reporting period is January to June or		than \$500 on county lobbying activities □YES□NO
5. Do you anticipate making more that hearings or meetings?(Do not count contacts with the County E		□ YES □ NO
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6. If "YES," do you understand that if during the current reporting period, yo	ou must file a financial disclos	
[If you checked "NO" please call the Cou County Building, Madison, for more infor	inty Clerk at 266-4121 or go to th	ne Clerk's office at Room 106A of the City-
Date: _/8/21   15	_ Signature	on John Schnoby
	Print Name	. , ,

DATE: 10/01/15	Name:
Item #/Petition/CUP # or Subject:	Municipality: City y Mudisur
	3 0
□ Wish to Speak in Support □ Registering in Support	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
	ly 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:
W	
Comments:	
Comments.	
person or organization?	presentation or appearing incidental to your other paid duties for this
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?
hearings or meetings?	re than 2 contacts with County Board supervisors other than at public YES
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 €ity-information.]
Date:	Signature July Davis
	Print Name Ville Dauls

DATE: 10121115	Name: Hangaalus
Item #/Petition/CUP # or Subject:	Municipality: City of Mudison
☐ Wish to Speak in Support ☑ Registering in Support	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
	lly representing an organization or a person other than yourself?
[If you checked "NO," STOP; you need	d not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number	r of each person or organization you are representing:
Kerten and the second	
Comments:	
person or organization?	no is appearing solely on behalf of your office or for your municipality or
5. Do you anticipate making mo hearings or meetings?	re than 2 contacts with County Board supervisors other than at public
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 peri	that 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 Cityer information.]
Date:	Signature Hang Davis  Print Name Hang Davis
	Print Name Hong DOVIS

DATE: 10/21/2015	Nam	ne: Whih	NPV15	
Item #/Petition/CUP # or Subject:	Mun	icipality:		
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□ Wish to Speak in Support ☑ Registering in Support	☐ Wish to Speak in ☐ Registering in O	THE RESERVE THE PROPERTY OF TH	□ Available for Informa	ation Only
1. On this occasion, are you officiall				
[If you checked "NO," <u>STOP</u> ; you need	not complete the rest o	of this form. If you	□YES checked "YES," go on to th	
Name, address and telephone number	of each person or orga	nization you are re	presenting:	
- N			ADAMAH KASA CETA-TAN	
			2	
Comments:				
	26			
2. Are you being paid for your re person or organization?				
[If you checked "NO" to the question If you checked "YES," continue to t	n, <u>STOP</u> ; you need n			
,	*	ha an habalf af u		
3. Are you an elected official who other governmental body?			□YES	ON&
[If you checked "YES," to the questi this form. If you checked "NO," to the				that you must sign
4. Has or will the person or organduring the current reporting period	nization you repres	ent spend more	than \$500 on county lo	bbying activities
(A reporting period is January to Jul				
5. Do you anticipate making mor				
hearings or meetings?(Do not count contacts with the Cou				
[If you checked "NO," to questions	and 5 above, <u>STOF</u>	]; you need not c	omplete the rest of this fo	orm. However, if
you do make more than 2 contacts indicating such activity. You must a				
the next question.]		7	· · · · · · · · · · · · · · · · · · ·	10 to
6. If "YES," do you understand the during the current reporting period	od, you must file a f	inancial disclos	ure statement with the	county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266	3-4121 or go to th	e Clerk's office at Room	106A of the City-
Date: 10/21/2015		(1)	2	
Date: 10/21/2015	Sign	nature	1 1	
	Drint	Name /	MI WOULS	

DATE: 10-21-15	Name: fimls	Denen M
Item #/Petition/CUP # or Subject:	Name: fimls Municipality:	
□ Wish to Speak in Support  Registering in Support	<ul><li>☐ Wish to Speak in Opposition</li><li>☐ Registering in Opposition</li></ul>	☐ Available for Information Only
	y representing an organization or a p	erson other than yourself?  USESVNO  U 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?	n, <u>STOP;</u> you need not complete the	tal to your other paid duties for this □YES□NO rest of this form.
other governmental body?[If you checked "YES," to the questi		your office or for your municipality or YES NO ne rest of this form except that you must sign on.]
	od?	e than \$500 on county lobbying activities □YES□NO
hearings or meetings?		ard supervisors other than at public □YES□NO s the district in which you reside.)
you do make more than 2 contacts	at a later date, you must then contact	complete the rest of this form. However, if the County Clerk's office to file a form 'ES" to either question at this time, go on to
during the current reporting period	od, you must file a financial disclo	ou represent spends more than \$500 sure 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 t	□YES□NO the Clerk's office at Room 106A of the City-
Date:	Signature	
	Print Name	

DATE: 10-21-15	Name: Teg OISEN
Item #/Petition/CUP # or Subject:	Municipality: Dane, - medison
□ Wish to Speak in Support ጃ,Registering in Support	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
	ly 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:
person or organizations	who creasing to Colk, Options we was how not the don  It sould be gears, That goes for thouse evere but it needs to a treat professional surpevising stoles well as the ment processing day-get schely through the day. Thank presentation or appearing incidental to your other paid duties for this  "YES
other governmental body?[If you checked "YES," to the questi	o is appearing solely on behalf of your office or for your municipality or□YES □NO ion, <u>STOP</u> ; you need not complete the rest of this form except that you must sign the question, go on to the next question.]
	nization you represent spend more than \$500 on county lobbying activities od?□YES
hearings or meetings?	re than 2 contacts with County Board supervisors other than at public ☐YES
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 perio	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	PES□NO  County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City- information.]
Date: _ 10 - 21 - 15	Signature Margaret & Olsen Peg
	Print Nama MACGALET GOISEN PCG

DATE: 10-21-15	Name: <u>Jennifer Streator</u> Municipality: <u>Sun Prairie</u>
Item #/Petition/CUP # or Subject:	Municipality: Sun Prairie
☐ Wish to Speak in Support ☑ Registering in Support	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
	representing an organization or a person other than yourself?  ———————————————————————————————————
	f each person or organization you are representing:
TIEASU WOUND CONSTALT	increasing the COLA
Comments:	
person or organization?	resentation or appearing incidental to your other paid duties for this YES
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 on, <u>STOP</u> ; you need not complete the rest of this form except that you must sign e question, go on to the next question.]
during the current reporting period	ization you represent spend more than \$500 on county lobbying activities d?
hearings or meetings?	than 2 contacts with County Board supervisors other than at public  YESNO  Ny 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 t a later date, you must then contact the County Clerk's office to file a form so 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 Citynformation.]
Date:	Print Name Durnifer Streator

DATE: 10/21 15 Name: GEOFF STREATOR
DATE: 10/21 IS  Name: GEOFF STREATER  Municipality: Sun Prairie W
•
<ul> <li>□ Wish to Speak in Support</li> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
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: Please Consider increasing the 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?□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: 10/2/15 Signature
Print Name GOOFF STREATOR

DATE: 10/21/15	Name: Michel Patrial Slup
Item #/Petition/CUP # or Subject:	Municipality: Medison, WI, Done Centy
□ Wish to Speak in Support  ☐ Registering in Support	<ul> <li>☐ Wish to Speak in Opposition</li> <li>☐ Registering in Opposition</li> <li>☐ Available for Information Only</li> </ul>
1. On this occasion, are you officially	y representing an organization or a person other than yourself?
***************************************	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:
Please Consites i	incrasy the COLA
	j
Community	
Comments:	
2. Are you being paid for your rep	presentation or appearing incidental to your other paid duties for this
person or organization?	□YES□NO
It you cnecked "NO" to the question If you checked "YES," continue to th	n, <u>STOP;</u> you need not complete the rest of this form. he next question.]
3 Are you an elected official who	is appearing solely on behalf of your office or for your municipality or
other governmental body?	□YES□NO
[If you checked "YES," to the questic this form.  If you checked "NO," to th	on, <u>STOP</u> ; you need not complete the rest of this form except that you must sign ne question, go on to the next question.]
	nization you represent spend more than \$500 on county lobbying activities
during the current reporting perio	d?PYESDNO
(A reporting period is January to Jun	ie or from July to December.)
	than 2 contacts with County Board supervisors other than at public
(Do not count contacts with the Cou	nty 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 a	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.]	Iso sign this form. If you checked "YES" to either question at this time, go on to
6. If "VES " 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: 10/1/15	Signature M. Phyly
1 1	Signature M. M. Slyv  Print Name Matrich Slyv

REGISTRATION BEFORE COUNTY BOARD Name: Michael Shurp Municipality: Dano Item #/Petition/CUP # or Subject: ☐ Wish to Speak in Opposition ☐ 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," 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: Please in crosse togely 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 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 (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 Ilf 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:

, REGISTRATION BEFORE COUNTY BOARD
DATE: 10/21/15  Name: Andrew Shea  Item #/Petition/CUP # or Subject: Municipality: Dee Fre 10
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:
I'm registering in support of the 2016 Budget
Budget )
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: 10 / 21 1 15 Signature Andrew Shea
Print Name Andrew Shea

DATE: 10 21115 Na	me: Sarah Cutter
Item #/Petition/CUP # or Subject: Mu	me: Scerah Cutter inicipality: Brooklyn-Dane
2016 Budget	
☐ Wish to Speak in Support ☐ Wish to Speak	in Opposition
Registering in Support	
1. On this occasion, are you officially representing an o	rganization or a person other than yourself?
Name, address and telephone number of each person or or	ganization you are representing:
I'm in support of the a	LONG BUDGET.
	8
Comments:	
2. Are you being paid for your representation or apperson or organization?	pearing incidental to your other paid duties for this  YESNO not complete the rest of this form.
other governmental body?[If you checked "YES," to the question, <u>STOP;</u> you nee	ely on behalf of your office or for your municipality or
this form. If you checked "NO," to the question, go on  4. Has or will the person or organization you repreduring the current reporting period?	sent spend more than \$500 on county lobbying activities
5. Do you anticipate making more than 2 contacts hearings or meetings?	with County Board supervisors other than at public  YES
you do make more than 2 contacts at a later date, you	P; you need not complete the rest of this form. However, if must then contact the County Clerk's office to file a form If you checked "YES" to either question at this time, go on to
during the current reporting period, you must file a	r organization you represent spends more than \$500 financial disclosure statement with the county clerk?
If you checked "NO" please call the County Clerk at 26 County Building, Madison, for more information.]	□YES□NO 66-4121 or go to the Clerk's office at Room 106A of the City-
Date: 10   31   15   Si	gnature AMAN CUTIEV  nt Name _Sarah CUTIEV
Pri	nt Name_Sarah CUFIEV

DATE: 10 21 2015  Name: Ona Shea  Item #/Petition/CUP # or Subject:  Municipality: December of
Item #/Petition/CUP # or Subject: Municipality: Decreed
2016 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?  [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:
I'm in support of the 2016 Budget
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□YES□NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[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 Grashea  Print Name
Print Name Sina Shea

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/21/2015  Name: Madeline Granther  Municipality: Madison
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?
[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?□YES
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□YES
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?□YES
[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

Print Name Madeline Guenthe

REGISTRATION BEFORE COUNTY BOARD Item #/Petition/CUP # or Subject: ☐ Wish to Speak in Opposition ☐ Wish to Speak in Support Registering in Support ☐ Registering in Opposition ☐ Available for Information Only SUPPORT INCREASED COLA For Human Service Agencies

1. On this occasion, are you officially representing an organization or a person other than yourself? ......□YES ------□NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: Comments: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ...... 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 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 (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-

Signature

Print Name

County Building, Madison, for more information.]

Date:

DATE: 10/21/15	_ Name:	Rachel	Itaho	
Item #/Petition/CUP #nor Subject:	Municipa	ality: Madi	SCAN	
2014 Budget		, , ,		
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Op ☐ Registering in Oppos		☐ Available for Information Only	
On this occasion, are you officially  [If you checked "NO," <u>STOP;</u> you need not have a second representation.  [If you checked "NO," <u>STOP;</u> you need not have a second representation.			on other than yourself? □YES ☑NO necked "YES," go on to the next question.]	_
Name, address and telephone number o	f each person or organiza	tion you are repr	esenting:	
				_
Comments: SwpcA 4	e cela			
2. Are you being paid for your rep person or organization?	STOP; you need not c	ing incidental omplete the res	to your other paid duties for this	
other governmental body?	n, <u>STOP;</u> you need not	complete the re	est of this form except that you must sig	ηr
<ol> <li>Has or will the person or organi during the current reporting period (A reporting period is January to June</li> </ol>	l?		an \$500 on county lobbying activitie □YES□NO	S
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Coun			□YES□NO	
you do make more than 2 contacts at	a later date, you must	then contact the	aplete the rest of this form. However, if e County Clerk's office to file a form " to either question at this time, go on to	
6. If "YES," do you understand that during the current reporting period [If you checked "NO" please call the Control of the co	, you must file a finan	cial disclosure	epresent spends more than \$500 e statement with the county clerk?	
County Building, Madison, for more ir	nformation.]			
Date: 10/21/15				
	Drint No.	mo		

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/21/2015 Name: Mark Barber
Item #/Petition/CUP # or Subject: Municipality: Mad 15e9
☐ 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: Please consider in creasing 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?
[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 Mark Builey  Print Name Mark Builey

DATE: 10 (21)15	Name: Heidi Brodersun
Item #/Petition/CUP # or Subject:	Name: Heidi Brodersin Municipality: Madison Dave
My CUE 2105	
= W'-1-1-01-1-01	1.0.1.0
	sh to Speak in Opposition gistering in Opposition
1. On this occasion, are you officially repre	senting an organization or a person other than yourself?
	nplete 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: Please Consider	r viaising COLA.
person or organization?	ntation or appearing incidental to your other paid duties for this
other governmental body?	pearing solely on behalf of your office or for your municipality or
4. Has or will the person or organization during the current reporting period? (A reporting period is January to June or from the current	n you represent spend more than \$500 on county lobbying activities □YES□NO om July to December.)
hearings or meetings?	2 contacts with County Board supervisors other than at public YES
you do make more than 2 contacts at a late	above, <u>STOP</u> ; you need not complete the rest of this form. However, if er date, you must then contact the County Clerk's office to file a form n this form. If you checked "YES" to either question at this time, go on to
during the current reporting period, you	ne person or organization you represent spends more than \$500 must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County County Building, Madison, for more informations of the county Building, Madison, for more information of the county Building, Madison, for more information of the county Building in the	y Clerk at 266-4121 or go to the Clerk's office at Room 106A of the Cityation.]
10/21/15	
Date:	Signature Print Name Leidi Braderson

DATE: 10/21/15	Name: Erin Brodersen  Municipality: Madison
Item #/Petition/CUP # or Subject:	Municipality: Man Ison
2016 Budget	
☐ Wish to Speak in Support Registering in Support	<ul><li>☐ Wish to Speak in Opposition</li><li>☐ Registering in Opposition</li><li>☐ Available for Information Only</li></ul>
1 On this occasion, are you officially	representing an organization or a person other than yourself?
The state of the s	not complete the rest of this form. If you checked "YES," go on to the next question.]
[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:
Comments: Please Consid	er raising C.O.L.A
2. Are you being paid for your rep	presentation or appearing incidental to your other paid duties for this
flf you checked "NO" to the guestion	, <u>STOP;</u> you need not complete the rest of this form.
If you checked "YES," continue to the	
3 Are you an elected official who	is appearing solely on behalf of your office or for your municipality or
other governmental body?	PES
[If you checked "YES," to the questic	on, <u>STOP</u> ; you need not complete the rest of this form except that you must sign
this form. If you checked "NO," to th	e 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 period	d?YESVO
(A reporting period is January to Jun	e or from July to December.)
	than 2 contacts with County Board supervisors other than at public
hearings or meetings?(Do not count contacts with the Court	nty Board supervisor who represents the district in which you reside.)
	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
	Iso sign this form. If you checked "YES" to either question at this time, go on to
the next question.]	or eight and terms in you encoured 1,20 to enther queedler, at time time, go en to
6. If "VFS." do you understand the	at if the person or organization you represent spends more than \$500
during the current reporting period	d, you must file a financial disclosure statement with the county clerk?
Ilf 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 i	
Date: 10/21/15	Signature C
	Print Name Fron Prolesses
	FILL MARINE

DATE: 10-21-15	Name:	James	Abor
Item #/Petition/CUP # or Subject:	Municipal	lity: Mada's	W
2016 Brigget	_	**	
□ Wish to Speak in Support   Registering in Support	<ul><li>☐ Wish to Speak in Opp</li><li>☐ Registering in Opposi</li></ul>		Available for Information Only
1. On this occasion, are you officiall	y representing an organiza	ation or a person	other than yourself?
			□YES\%NO
Name, address and telephone number	of each person or organizati	on you are represe	enting:
Comments: Funding of	on humane?	Service	•
2. Are you being paid for your reperson or organization?	n, <u>STOP;</u> you need not co		□ YES □ NO
3. Are you an elected official who other governmental body?			□YES□NO
this form. If you checked "NO," to the			of this form except that you must sign
4. Has or will the person or organ during the current reporting period (A reporting period is January to Jun	od?	·	\$500 on county lobbying activities□YES□NO
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Cou			□YES□NO
you do make more than 2 contacts a	at a later date, you must tl	hen contact the C	ete the rest of this form. However, if County Clerk's office to file a form o either question at this time, go on to
6. If "YES," do you understand the during the current reporting period	d, you must file a financ	cial disclosure s	tatement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-412	1 or go to the Cle	Prk's office at Room 106A of the City-
Date:	Signature	9	
	Print Nam	ne	

DATE: NO -21-15	Name: $20$	hn canter
Item #/Petition/CUP # or Subject:	Municipality:	hn canter Madison
2016 Bugget		
□ Wish to Speak in Support	☐ Wish to Speak in Opposition	on .
Registering in Support	☐ Registering in Opposition	☐ Available for Information Only
1. On this occasion, are you officially	/ representing an organization c	or a person other than yourself?
Name, address and telephone number of	or each person or organization you	u are representing.
Comments: Funching of	or human ser	ruies
) \		
2. Are you being paid for your reparted or or organization?	presentation or appearing inc	cidental to your other paid duties for this □YES□NO
[If you checked "NO" to the question		
If you checked "YES," continue to the	ne next question.]	
		alf of your office or for your municipality or
		□YES□NO lete the rest of this form except that you must sign
this form. If you checked "NO," to th		
4. Has or will the person or organ	ization you represent spend	I more than \$500 on county lobbying activities
during the current reporting perio (A reporting period is January to Jur		PYESDNO
		y Board supervisors other than at public □YES□NO
		esents the district in which you reside.)
[If you checked "NO," to questions 4	and 5 above, STOP; you need	d not complete the rest of this form. However, if
		contact the County Clerk's office to file a form ked "YES" to either question at this time, go on to
the next question.]	iso sign this form. If you check	ted TES to entrier question at this time, go on to
6. If "YES." do you understand th	at if the person or organizati	ion you represent spends more than \$500
during the current reporting perio	d, you must file a financial di	lisclosure statement with the county clerk?
[If you checked "NO" please call the	County Clerk at 266-4121 or g	□YES□NO go to the Clerk's office at Room 106A of the City-
County Building, Madison, for more		
Doto	Cianatura	
Date:		
	Print Name	

DATE: 10-21-15	Name:	Harron	Benfred	
Item #/Petition/CUP # or Subject:	Municipa	ality:	Benhud	
2016 Bugget			(5.2)	
☐ Wish to Speak in Support	☐ Wish to Speak in Op☐ Registering in Oppos	•	☐ Available for Inform	nation Only
1. On this occasion, are you officially r	representing an organiz	ation or a perso	on other than yourself	?
[If you checked "NO," <u>STOP;</u> you need no			🗆 YES	3 ₹NO
Name, address and telephone number of	each person or organiza	tion you are repre	esenting:	
Comments: Funding for	minan Se	vnice		
2. Are you being paid for your representation?	STOP; you need not co		YES	
3. Are you an elected official who is other governmental body?	, <u>STOP;</u> you need not	complete the re	est of this form except	S□NO
<ol> <li>Has or will the person or organiz during the current reporting period' (A reporting period is January to June</li> </ol>	?		an \$500 on county lo □YES	obbying activities S□NO
5. Do you anticipate making more thearings or meetings?(Do not count contacts with the County			□YE	S□NO
[If you checked "NO," to questions 4 a you do make more than 2 contacts at indicating such activity. You must also the next question.]	a later date, you must	then contact the	e County Clerk's office	e to file a form
<ol><li>If "YES," do you understand that during the current reporting period,</li></ol>	you must file a finan	icial disclosure	statement with the	county clerk?
[If you checked "NO" please call the C County Building, Madison, for more in	County Clerk at 266-412	21 or go to the C	Clerk's office at Room	106A of the City-
Date:	Signatu	re		

Print Name

DATE: 10-21-15	Name: Modowie Drammeh	
Item #/Petition/CUP # or Subject:	Municipality: Madison	
2016 Bugget	_	
	- W( )	
□ Wish to Speak in Support <b>‰</b> Registering in Support	<ul> <li>☐ Wish to Speak in Opposition</li> <li>☐ Registering in Opposition</li> <li>☐ Available for Information Only</li> </ul>	
	y representing an organization or a person other than yourself? 	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 ques	tion.]
Name, address and telephone number	of each person or organization you are representing:	
Comments: Funding for	human Service.	
person or organization?	presentation or appearing incidental to your other paid duties for thing the presentation or appearing incidental to your other paid duties for this form.  If STOP; you need not complete the rest of this form. the next question.]	s NO
other governmental body? [If you checked "YES," to the questi	o is appearing solely on behalf of your office or for your municipality  on, <u>STOP;</u> you need not complete the rest of this form except that you must be question, go on to the next question.]	NO
	nization you represent spend more than \$500 on county lobbying actors of?	
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YES	c NO
you do make more than 2 contacts	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. Howe at a later date, you must then contact the County Clerk's office to file a for lso sign this form. If you checked "YES" to either question at this time, go	rm
during the current reporting period	nat if the person or organization you represent spends more than \$50 d, you must file a financial disclosure statement with the county cle	rk?
[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 information.]	Gity-
Date:	Signature	_
	Print Name	_

DATE: 10/21/15 Name: LAUREN Thomas
Item #/Petition/CUP # or Subject: Municipality: SUP POUCE
2016 Budget
<ul> <li>□ Wish to Speak in Opposition</li> <li>☑ Registering in Support</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
1. On this occasion, are you officially representing an organization or a person other than yourself? □YES
[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: I'm in support of the 2016 budget
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, <u>STOP</u> ; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.]
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□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?
□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

REGISTRATION BEFORE COUNTY BOARD
DATE: Name: Sheem Chm C  Item #/Petition/CUP # or Subject: Municipality: Mudison
Item #/Petition/CUP # or Subject: Municipality:
2016 Buget
☐ 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:
I'm in support of the 2016 Dunget
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?
County Building, Madison, for more information.]
Date: Signature

Print Name \_\_\_\_

REGISTRATION BEFORE COUNTY BOARD Name: Julie Nichols-Younes

em #/Petition/CUP # or Subject:

Support of COLA for POS agencies in 2014 Budget DATE: 10-21-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 -------λ⁄ΝΟ [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 (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.] Date: Signature \_\_\_\_

Print Name

DATE: 10/21/15	Name: Edidiong Ukænin in
DATE: 10/21/15  Item #/Petition/CUP # or Subject:	Name: Edidiong Ukænin in  Municipality:
	-
□ Wish to Speak in Support ☑ Registering in Support	<ul> <li>☐ Wish to Speak in Opposition</li> <li>☒ Registering in Opposition</li> <li>☐ Available for Information Only</li> </ul>
	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 □YES
other governmental body?	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?□YES
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public  YES  NO  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 lso 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 kd, 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 Eddie Ukoen inn
/	Print Name_ £ddie Ukoen inn

DATE: 10-21-20015	Name: Pati	Madiso
Item #/Petition/CUP # or Subject:	Municipality:	Madiso M
20016 Budget		,
☐ 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		□YESDNO
[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:
Comments: The budget in	ncrease is good.	Thank you.
	, <u>STOP;</u> you need not complete	dental to your other paid duties for thisNO the rest of this form.
other governmental body?	on, <u>STOP</u> ; you need not comple	of your office or for your municipality or
	d?	more than \$500 on county lobbying activities □YES□NO
hearings or meetings?		Board supervisors other than at public
you do make more than 2 contacts a	at a later date, you must then co	not complete the rest of this form. However, if ntact the County Clerk's office to file a form ed "YES" to either question at this time, go on to
during the current reporting period	d, you must file a financial dis	on you represent spends more than \$500 sclosure 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	

REGISTRATION BEFORE COUNTY BOARD
DATE: 10 22/15 Name: Tanxa-Lettman-Shue
Item #/Petition/CUP # or Subject: Municipality:
County Board Tracreasing COLA Ofor Pos Agencies
☐ 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:
Tanya hettman-Shere 50 70 Polwarth St.
Madison WI 5371
Comments: I believe our Pos Agencies are deserving at least a 1 COLA. They are being asked to do more every year and do so. Those employees deserve a raise, as well as, the country employees.
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 22 15  Signature  Print Name Tunya Lettman - Shee

REGISTRATION BEFORE COUNTY BOARD DATE: 10/21/15 Item #/Petition/CUP # or Subject: Board COLA ingeane ☐ 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: 3. Telper son Comments: 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 question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?...... [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.] 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: 10/22/15	Name:	Kathaw Rings
Item #/Petition/CUP # or Subject:	Municipality: _	Kathgw Ring
□ Wish to Speak in Support  > Registering in Support of ↑	☐ Wish to Speak in Opposition	on
COLA ST POS GSC	☐ 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 no	ot complete the rest of this form.	. If you checked "YES," go on to the next question.]
Name, address and telephone number of		u are representing:
JAHE 625	to Washington	
	\$	
		*
Comments:		
2. Are you being paid for your repr	esentation or appearing in	cidental to your other paid duties for this
[If you checked "NO" to the question,	STOP; you need not comple	te the rest of this form. □YESTÑO
If you checked "YES," continue to the		
		alf of your office or for your municipality or
		Iete the rest of this form except that you must sign
this form. If you checked "NO," to the		
4. Has or will the person or organiz	ation you represent spend	more than \$500 on county lobbying activities
(A reporting period is January to June		□YESNO
5. Do you anticipate making more t	than 2 contacts with Count	y Board supervisors other than at public
hearings or meetings?		
(Do not count contacts with the Count	y Board supervisor who repr	esents the district in which you reside.)
[If you checked "NO," to questions 4 a	and 5 above, <u>STOP;</u> you need	d not complete the rest of this form. However, if
indicating such activity. You must also	a later date, you must then d o sign this form. If you check	contact the County Clerk's office to file a form ked "YES" to either question at this time, go on to
the next question.]		
		ion you represent spends more than \$500
	***************************************	isclosure statement with the county clerk? □YES□NO
[If you checked "NO" please call the C County Building, Madison, for more in	County Clerk at 266-4121 or g	go to the Clerk's office at Room 106A of the City-
Date:	Signature	

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/21/15 Name: ABOM VAASSEN
Item #/Petition/CUP # or Subject: Municipality: Municipality:
2015 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:
I'M in Support of the 2016 Budget
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 activitie 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: 10/21/15 Signature April Vaasser Print Name May Jaasser

	REGISTRATION BEFORE COUNTY BOARD
DATE: 10/21/15	Name: Danie Dreckschnidt Municipality: Madison
Item #/Petition/CUP # or Subject:	Municipality: Madison
□ Wish to Speak in Support ☐ Registering in Support	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
1. On this occasion, are you officiall [If you checked "NO," STOP; you need	ly representing an organization or a person other than yourself?  ———————————————————————————————————
Name, address and telephone number	of each person or organization you are representing:
Comments: Dont cut disabilité.	Funding For supports for people with
person or organization?	presentation or appearing incidental to your other paid duties for this
other governmental body?	o is appearing solely on behalf of your office or for your municipality or ☐ YES
4. Has or will the person or organduring the current reporting period (A reporting period is January to Jun	nization you represent spend more than \$500 on county lobbying activities od?□YES
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public  YES  Inty 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 period	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	P County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 10/21/15	Signature
	Print Name Janiel Dreckschnidt

REGISTRATION BEFORE COUNTY BOARD DATE: 10 21 15 Name: Rosanna Fischer Municipality: 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? [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: Thank you for not culting support founding for individuals with disabilities. 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 (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-

Date: 10/01/15

County Building, Madison, for more information.]

Signature <u>Kosanna</u> Fische

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/21/15 Name: Name: Natt Allison
Item #/Petition/CUP # or Subject: Municipality: Madison
Item #/Petition/CUP # or Subject: Municipality: Machison HUMAH SUPPA Provider Agency
☐ 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:
Ruhalman Russes
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?□YES□NO [If you checked "YES," to the question, <u>STOP</u> ; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.]
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[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: 0/21/15  Name: Bon Nebster  Item #/Petition/CUP # or Subject: Municipality: Modison
Item #/Petition/CUP # or Subject: Municipality:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Human Support Provider Agencis
☐ 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:
Funding for human sences
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 \_\_\_

DATE: O/S//S Name: Brian Mulholland  Item #/Petition/CUP # or Subject: Municipality: Many Son
Item #/Petition/CUP # or Subject: Municipality: Municipality:
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
Registering in Support
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments: Thank you for not cutting system to a living Sabilition of Are you being paid for your representation or appearing incidental to your other paid duties for this or paragraphical or a contract of the paid duties for this or paragraphical or organization?
2. Are you being paid for your representation or appearing incidental to your other paid duties for this
If you checked "NO" to the augstion, STOP: you need not complete the rost of this form
If you checked "YES," continue to the next question.] [ that is at all fossible
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?□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: 10/21/15 Signature Brian Mulhollary
Print Name Brian Mulhollaury

DATE: 10 21 15 Name:	Arlyn Sandow Madiser
Item #/Petition/CUP # or Subject: Municipality: _	Madiser
2016 County Bulget for Human Servius	
Wight to Speak in Support	
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition	
On this occasion, are you officially representing an organization	□YES□N\Ó
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form	n. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization yo	ou are representing:
Please don't Forget : 2	
Comments: Funding for Human Service.  Please remember disadvantaged	so COLIT is important.
2. Are you being paid for your representation or appearing in	
person or organization?	□YES□NO
[If you checked "NO" to the question, <u>STOP</u> ; you need not comple If you checked "YES," continue to the next question.]	te the rest of this form.
3. Are you an elected official who is appearing solely on beha other governmental body?	
[If you checked "YES," to the question, STOP; you need not comp	lete 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	
during the current reporting period?(A reporting period is January to June or from July to December.)	
5. Do you anticipate making more than 2 contacts with Count hearings or meetings?	ty Board supervisors other than at public
(Do not count contacts with the County Board supervisor who repr	resents the district in which you reside.)
[If you checked "NO," to questions 4 and 5 above, <u>STOP;</u> you nee	ed not complete the rest of this form. However, if
you do make more than 2 contacts at a later date, you must then c	contact the County Clerk's office to file a form
indicating such activity. You must also sign this form. If you check the next question.]	ked "YES" to either question at this time, go on to
· · · · · · · · · · · · · · · · · · ·	
<ol><li>If "YES," do you understand that if the person or organizat during the current reporting period, you must file a financial d</li></ol>	lisclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or County Building, Madison, for more information.]	go to the Clerk's office at Room 106A of the City-
Date: Signature	

/ REGISTRATION BEFORE COUNTY BOARD
DATE: 10 21 15  Name: YULE R. FITE  Item #/Petition/CUP # or Subject:  Municipality: MAD ISON . W
Item #/Petition/CUP # or Subject: Municipality: MAD 150ん・い
2016 Pos Buget
☐ 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: SUPPORTING THE INCREASE IN FUNDING FOR HUMAN SERYICES.
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: 10/21/15 Signature  Print Name Kyus R. F175

DATE: 10-21-02 Name: Barb Priem
Item #/Petition/CUP # or Subject: Municipality: // adison
2016 Pos 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:
Name, address and telephone number of each person of organization you are representing.
comments: Supporting increase of funding for 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?□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?□YES
[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: 1021-4015 Signature Barb Priem  Print Name Barb Priem
Print Name Barb Priam

	REGISTRATION BEFORE COUNTY BOARD
DATE: 10-21-15	Name: Ann M. Siedsch lag Municipality: Madison
Item #/Petition/CUP # or Subject:	Municipality: Madison
☐ Wish to Speak in Support ☐ Registering in Support	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
	lly representing an organization or a person other than yourself?
[If you checked "NO," STOP; you need	☐ YES 从NO d not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone numbe	r of each person or organization you are representing:
Comments: Supporting the	increase in funding for Human Services
person or organization?	epresentation or appearing incidental to your other paid duties for this
other governmental body? [If you checked "YES," to the ques	no is appearing solely on behalf of your office or for your municipality or
	anization you represent spend more than \$500 on county lobbying activities iod?□YESXNO une or from July to December.)
hearings or meetings?	re than 2 contacts with County Board supervisors other than at public \\ \text{VESXNO}\\ \text{unty 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 per	that if the person or organization you represent spends more than \$500 iod, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call th County Building, Madison, for more	2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
Date: 10-21-15	Signature ann M. Siedschlag Print Name Ann M. Siedschlag
	Print Name ANN M. Siedschlag

DATE: 10-10021-15	Name: AMU Anderson
Item #/Petition/CUP # or Subject:	Name: AMM Anderson Municipality: Madism
	-
□ Wish to Speak in Support	<ul> <li>☐ Wish to Speak in Opposition</li> <li>☐ Registering in Opposition</li> <li>☐ Available for Information Only</li> </ul>
1. On this occasion, are you officially	y representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need t	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:
Comments:   Support +	ne proposed increase in How funding for
Human	Services
person or organization?	oresentation or appearing incidental to your other paid duties for this□YESXNO
If you checked "YES," continue to the	
other governmental body?[If you checked "YES," to the question	o is appearing solely on behalf of your office or for your municipality or □ YES  On, <u>STOP;</u> you need not complete the rest of this form except that you must sign the question, go on to the next question.]
	nization you represent spend more than \$500 on county lobbying activities ad?□YESXNO 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 lso sign this form. If you checked "YES" to either question at this time, go on to
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-information.]
Date: 10-21-15	Signature anderson
	Signature Amy Amerson  Print Name Amy Amerson

DATE: 10/21/2015	Name:	Kun	Keisling	
Item #/Petition/CUP # or Subject:	Municipa	lity:	Keisling	
COLA For Human Services				
<ul><li>☐ Wish to Speak in Support</li><li>☑ Registering in Support</li></ul>	<ul><li>☐ Wish to Speak in Opp</li><li>☐ Registering in Opposit</li></ul>		☐ Available for In	formation Only
1. On this occasion, are you officially				
[If you checked "NO," <u>STOP;</u> you need r	not complete the rest of this	form. If you	u checked "YES," go or	]YES ⊡NO n to the next question.]
Name, address and telephone number of	of each person or organizati	on you are	representing:	
Comments:				
<ol> <li>Are you being paid for your repperson or organization?</li></ol>	, <u>STOP;</u> you need not cone next question.]  is appearing solely on on, <u>STOP;</u> you need not cone	mplete the	rest of this form.  your office or for your office or for your office or for your office rest of this form ex	YES□NO  our municipality or  ☐YES
4. Has or will the person or organ during the current reporting period (A reporting period is January to Jun	d?			
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Cour				YES□NO
[If you checked "NO," to questions 4 you do make more than 2 contacts a indicating such activity. You must al the next question.]	at a later date, you must t	hen contac	ct the County Clerk's o	office to file a form
6. If "YES," do you understand the during the current reporting period	d, you must file a financ	cial disclo	sure statement with	the county clerk?
[If you checked "NO" please call the County Building, Madison, for more i	County Clerk at 266-412	1 or go to t	he Clerk's office at R	oom 106A of the City-
Date:	Signatur	e		
	Print Nan	ne		

REGISTRATION BEFORE COUNTY BOARD
DATE: Oct, 21,2015  Name: Emma Czarapata  Municipality: Madison
Item #/Petition/CUP # or Subject: Municipality: Municipality: Municipality: 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?  [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: Support the cola and increase funding
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 \_\_\_\_\_