Committee Name: Name: GREGAT NYAKLE  DATE: 1/-12-15  Municipality: MAPISON
DATE: // - 12 - 15 Municipality: MPISON  Petition/CUP #/Resolution/Ordinance Amendment/Subject: P+F-C-5
Petition/CUP #/Resolution/Ordinance Amendment/Subject: P+F-C-5
<ul> <li>□ Wish to Speak in Support</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 DO  [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:  OPENATED FRESH START  1725 WENNEBAE 3T, MAD 53104
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: 11 - 12 -13 Signature Signature Print Name Zan Signature

Committee Name: Personnel + Finar  DATE: 11/17/15	ાલ Name:	Morgan F	tten		
DATE: (1/1)/15	Municipality:	Burk	e		
Petition/CUP #/Resolution/Ordinance Amend	lment/Subject:_	4- RES ?	)54 C	perating	Budge
	Speak in Opposering in Opposition		ailable for Ir	nformation Onl	у
1. On this occasion, are you officially represe	nting an organiz ☑ YES	zation or a perso	n other than	n yourself?	
[If you checked "NO," STOP; you need not complet	e the rest of this for	rm. If you checked	"YES," go or	n to the next que	stion.]
Name, address and telephone number of each pe	erson or organizat	ion you are repre	senting:		
Comments:					
2. Are you being paid for your representation other paid duties for this person or organizate [If you checked "NO" to the question, <u>STOP</u> ; you not If you checked "YES," turn over to the next question	tion?eed not complete th	•••••	YES	_	NO
3. Are you an elected official who is appearing or for your municipality or other government [If you checked "YES," to the question, <u>STOP</u> ; you not you checked "NO," to the question, go on to the next	tal body? need not complete t		XI YE		<b>NO</b> s form. If
4. Has or will the person or organization you on county lobbying activities during the curre (A reporting period is January to June or from July to	ent reporting per				NO
5. Do you anticipate making more than 2 consupervisors other than at public hearings or a (Do not count contacts with the County Board super	meetings?	-	☐ YES		NO
[If you checked "NO," to questions 4 and 5 above, $\underline{S}$ more than 2 contacts at a later date, you must then commust also sign this form. If you checked "YES" to express the second of	contact the County	Clerk's office to fil	e a form indic	cating such activ	
6. If "YES," do you understand that if the p spends more than \$500 during the current re	porting period, y	ou must file a			
financial disclosure statement with the county [If you checked "NO" please call the County Clerk a Building, Madison, for more information.]	y <b>clerk?</b> at 266-4121 or go to	o the Clerk's office	at Room 106		NO ounty
Date:	Sign	nature 16	Lan	Utc	
	Print :	in A	43m	Hen	<u> </u>

Committee Name:_	P4F	Naı	me: FS4	her Olson	)	· · · · · · · · · · · · · · · · · · ·
DATE: ////2	195	Mu	nicipality:	nontros	se	
Petition/CUP #/Res	olution/Ordina	ance Amendment/	Subject: /////	2,34/2		
□ Wish to Speak in	Support	☐ Wish to Speak	in Opposition			
Registering in Su	pport	☐ Registering in	Opposition	☐ Available	for Informatio	on Only
[If you checked "NO,"	' <u>STOP</u> ; you need	d not complete the re	YES DE St of this form. If	NO you checked "YES,"	go on to the ne	
Name, address and to	elephone numb	er of each person or	r organization yo	u are representing:		
Comments:						
2. Are you being pa other paid duties fo [If you checked "NO" If you checked "YES,"	or this person to the question,	or organization? . <u>STOP;</u> you need not o		¬	YES	⊠ NO
3. Are you an elect or for your municip [If you checked "YES, you checked "NO," to	pality or other " to the question	<b>governmental bod</b> , <u>STOP</u> ; you need not	y?t complete the rest		YES that you must s	NO No ign this form. If
4. Has or will the pon county lobbying (A reporting period is	activities duri	ing the current rep	orting period?.		YES	Ď NO
5. Do you anticipa supervisors other the (Do not count contacts	han at public h	nearings or meeting	gs?	🗖 `	YES reside.)	NO
[If you checked "NO,' more than 2 contacts a must also sign this for	at a later date, yo	ou must then contact t	the County Clerk's	office to file a form	indicating such	
6. If "YES," do yo spends more than \$ financial disclosure [If you checked "NO" Building, Madison, for	500 during the statement wit please call the C	e current reporting th the county clerk County Clerk at 266-4	g period, you m	ust file a	<b>YES</b> m 106A of the 0	NO City-County
Date:		11/12/15	Signature _	Esta co	1/201_	)
			Print Name	1. 2/176	W/502	/

Committee Name: PRESOME + FMAR Name	: Margie Zutter
DATE: 11 12 15 Munic	cipality:
Committee Name: PRISONR + FINAL Name  DATE: 1215 Munic  Petition/CUP #/Resolution/Ordinance Amendment/Su	bject: Angranget & HHN-0-11
☐ Wish to Speak in Support ☐ Wish to Speak in Registering in Support ☐ Registering in Op	**
1. On this occasion, are you officially representing an YE	S □ NO
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of	of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or or RS VP of Dare (a) Sic.	
SIT N. Segue RO, Suite	300, Wedison, 53705
Comments:	
2. Are you being paid for your representation or apper other paid duties for this person or organization? [If you checked "NO" to the question, <u>STOP</u> ; you need not configure the you checked "YES," turn over to the next question.]	rearing incidental to your  NO  In plete the rest of this form.  Sec. Die No.
3. Are you an elected official who is appearing solely or for your municipality or other governmental body? [If you checked "YES," to the question, <u>STOP</u> ; you need not convolve you checked "NO," to the question, go on to the next question.	Omplete the rest of this form except that you must sign this form. Is
4. Has or will the person or organization you represent on county lobbying activities during the current report (A reporting period is January to June or from July to December	ting period?
5. Do you anticipate making more than 2 contacts wit supervisors other than at public hearings or meetings? (Do not count contacts with the County Board supervisor who	? □ YES \( \frac{1}{27} \) NO
	need not complete the rest of this form. However, if you do make County Clerk's office to file a form indicating such activity. You tion at this time, go on to the next question.]
6. If "YES," do you understand that if the person or spends more than \$500 during the current reporting p financial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-412 Building, Madison, for more information.]	period, you must file a
Date:	Print Name Morgant S. Zutter
	Print Name Morgan S. Zutter

Committee Name: P&F	Name:Municipal	Marci	a Hendrick	50-
DATE: ////2//5	Municipal	ity: Cify	of Madisor	
Petition/CUP #/Resolution/Ordin		0	0.	
☐ Wish to Speak in Support  Registering in Support	☐ Wish to Speak in Opp ☐ Registering in Oppos	•	☐ Available for Inform	ation Only
1. On this occasion, are you office	cially representing an orga	anization or a		rself?
[If you checked "NO," <u>STOP</u> ; you nee	ed not complete the rest of this			e next question.]
Name, address and telephone number South Madison	per of each person or organic			
Comments:	1804-1904-190-1			
2. Are you being paid for your re other paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the or for your municipality or other [If you checked "YES," to the question you checked "YES," to the question you checked "NO," to the question, go on county lobbying activities dur (A reporting period is January to June 5. Do you anticipate making mo supervisors other than at public [Do not count contacts with the Count	or organization?	ce the rest of the period?	yES is form.  YES his form except that you mu an \$500 YES	NO NO NO NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, y must also sign this form. If you check	ou must then contact the Cou	nty Clerk's offi	ce to file a form indicating	
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Guilding, Madison, for more information of the statement with the	th the county clerk? County Clerk at 266-4121 or §	d, you must i	file a 	□ NO the City-County
Date: 1//3/15	-	Signature	nawa Hene	Lychen
	Pr	rint Name	Naccia Hendi	rickson

Committee Name: P+F Name: Jill bicHow
DATE: 11-12-15 Municipality: Fitch burg
Petition/CUP #/Resolution/Ordinance Amendment/Subject: ### 2, 5, 4/2
<ul> <li>□ Wish to Speak in Support</li> <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 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:
Jill McHone / Filchburg Senier Center Jan Promie 270-4290
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:

REGISTRATION BEFORE COUNTY COMMITTEE **Committee Name:** Municipality: Fitchbuvg Petition/CUP #/Resolution/Ordinance Amendment/Subject: ☐ Wish to Speak in Support ☐ Registering in Support ☐ 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? ..... 

✓ YES  $\square$  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: 350 Madison **Comments:** 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ...... YES [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," turn over to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office [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 (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?...... [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: 11/12/15

Print Name Paul J. Fieber

Committee Name: Persone   a Finance Name:	Les Wessel
DATE: U(12/15 Municipal	ity: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subjec	1: CAPBOK ZLR-O-Z
☐ Wish to Speak in Support ☐ Wish to Speak in Oppose ☐ Registering in Oppose	
1. On this occasion, are you officially representing an organization of the YES  [If you checked "NO," STOP; you need not complete the rest of this Name address and talenhams number of each person or around	□ NO s form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization four lakes Croup Sterra Club	zation you are representing.
Comments:	
2. Are you being paid for your representation or appearin other paid duties for this person or organization?	
3. Are you an elected official who is appearing solely on b or for your municipality or other governmental body? [If you checked "YES," to the question, <u>STOP</u> ; you need not comple you checked "NO," to the question, go on to the next question.]	YES X NO
4. Has or will the person or organization you represent sp on county lobbying activities during the current reporting (A reporting period is January to June or from July to December.)	
5. Do you anticipate making more than 2 contacts with Co supervisors other than at public hearings or meetings? (Do not count contacts with the County Board supervisor who repre	□ YES □ NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need more than 2 contacts at a later date, you must then contact the Coumust also sign this form. If you checked "YES" to either question a	nty Clerk's office to file a form indicating such activity. You
6. If "YES," do you understand that if the person or organspends more than \$500 during the current reporting period financial disclosure statement with the county clerk?	d, you must file a
•	Signature Elizabeth
Pr	int Name

Committee Name: Lers, & Fin.	an a Name:	Karen	Carlso	~	
DATE: 11/17/15	Municipa	lity: <i>ii</i>	haclison	Chuck	٤,
Committee Name: \( \langle \la	ce Amendment/Subjec	et:	AP 501C	ZLY	2-0-2
	☐ Wish to Speak in Op ☐ Registering in Oppos	•	☐ Availab	le for Informa	tion Only
1. On this occasion, are you officially [If you checked "NO," STOP; you need not	ot complete the rest of thi	is form. If y	<b>NO</b> ou checked "YES	S," go on to the	
Comments:					
2. Are you being paid for your reprotence other paid duties for this person or [If you checked "NO" to the question, STO If you checked "YES," turn over to the new characteristics.	organization?	• • • • • • • • • • • • • • • • • • • •		YES	□⁄ NO
3. Are you an elected official who is or for your municipality or other go [If you checked "YES," to the question, So on you checked "NO," to the question, go on	vernmental body? TOP; you need not compl		E		
4. Has or will the person or organize on county lobbying activities during (A reporting period is January to June or f	the current reporting			YES	□⁄ NO
5. Do you anticipate making more to supervisors other than at public hea (Do not count contacts with the County Bo	rings or meetings?	• • • • • • • • • • • • • • • • • • • •	🗖	YES ou reside.)	∕ NO
[If you checked "NO," to questions 4 and more than 2 contacts at a later date, you n must also sign this form. If you checked "	must then contact the Cou	inty Clerk's	office to file a for	rm indicating s	
6. If "YES," do you understand that spends more than \$500 during the confinancial disclosure statement with to [If you checked "NO" please call the Country Building, Madison, for more information.	urrent reporting period the county clerk?nty Clerk at 266-4121 or	d, you mu	st file a □		□ NO ne City-County
Date:		Signature _	Karent) Karen	Carla	
	Pı	rint Name	Karen		

Committee Name: PFC Name: JON BREKES
DATE: 12 NOV 2015 Municipality: C. MADISON / C. DANE
Petition/CUP #/Resolution/Ordinance Amendment/Subject: SUPEL-AMNDT - ZLR-(AP \$50 ZLR-0-2
□ Wish to Speak in Support       □ Wish to Speak in Opposition         □ Registering in Support       □ Registering in Opposition       □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?  YES DNO  [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:  CRANES POB 3413 MADISON 53704
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ☐ YES ☐ NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
Date: Signature
Print Name

Committee Name: <u>Personell &amp; Fizad</u> Name: <u>Kate Schilte</u>
DATE: 11/12/2015 Municipality: Madison (City of)
Petition/CUP #/Resolution/Ordinance Amendment/Subject: CAP 50 t ZLR-0-2
<ul> <li>□ Wish to Speak in Support</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?
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 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. 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?
Date: November 12 2015 Signature Kate Schulte

Committee Name: Personal	Name:	Kathle	en Cour	ns		
DATE: 11-12-15	Municipal	lity: Madi	500		- <del></del>	
Petition/CUP #/Resolution/Ordinand	ce Amendment/Subjec	t: Super a	mend men	nt CAP	\$150	K
			ZLX	2-0-2		
Wash to Speak in Support	<ul><li>□ Wish to Speak in Op</li><li>□ Registering in Oppos</li></ul>	position		le for Informa		
1. On this occasion, are you officiall  [If you checked "NO," <u>STOP</u> ; you need n	<b>□</b> YES	□/ NO	)			estion.]
Name, address and telephone number of the Name of the	of each person or organ	ization you ar	re representi	ng:		
Comments:						
2. Are you being paid for your reprother paid duties for this person or [If you checked "NO" to the question, ST If you checked "YES," turn over to the new terms of the paid the statement of the statement of the statement of the paid the statement of the st	organization?			YES		NO
3. Are you an elected official who is or for your municipality or other go [If you checked "YES," to the question, So on you checked "NO," to the question, go on	vernmental body? TOP; you need not compl	-				<b>NO</b> is form. I
4. Has or will the person or organize on county lobbying activities during (A reporting period is January to June or the second	the current reporting			1 YES		NO
5. Do you anticipate making more supervisors other than at public hea (Do not count contacts with the County B	rings or meetings?				_	NO
[If you checked "NO," to questions 4 and more than 2 contacts at a later date, you must also sign this form. If you checked "	must then contact the Cou	inty Clerk's off	ice to file a fo	orm indicating		
6. If "YES," do you understand the spends more than \$500 during the c financial disclosure statement with t [If you checked "NO" please call the Cou Building, Madison, for more information.	urrent reporting period the county clerk? unty Clerk at 266-4121 or	od, you must	file a [			<b>NO</b> County
Date: 11-12 - 15	P	Signature	athle	en Coi	erns	

REGISTRATION BEFORE COUNTY COMMITTEE Name: PFC Name: P **Committee Name:** Petition/CUP #/Resolution/Ordinance Amendment/Subject:\_\_\_ ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? YES YES [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: West Wantesa Preservation Coalition **Comments:** 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ...... YES [If you checked "NO" to the question, <u>STOP</u>; you need not complete the rest of this form. If you checked "YES," turn over 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  $\square$  NO If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?...... 

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?.....  $\square$  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, <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.]

Committee Name:	Name:	Seth	NowaK	
DATE: (1/12/15	Municipali		Madison	
Petition/CUP #/Resolution/Ord	_	•	-AMNDT-ZLR ZLR-0-	-CAP \$SOK
☐ Wish to Speak in Support	☐ Wish to Speak in Opp			
Registering in Support	☐ Registering in Opposi	tion	☐ Available for Inf	ormation Only
1. On this occasion, are you off	icially representing an orga YES	nization or		yourself?
[If you checked "NO," STOP; you n	eed not complete the rest of this	form. If you	checked "YES," go on	to the next question.]
Name, address and telephone nun	nber of each person or organiz	zation you a	re representing:	11.1411-197
Comments:				h-
2. Are you being paid for your other paid duties for this perso [If you checked "NO" to the question If you checked "YES," turn over to a	<b>n or organization?</b> n, <u>STOP</u> ; you need not complete	-	<b>□</b> YES	NO NO
3. Are you an elected official wor for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question, it	er governmental body? on, <u>STOP</u> ; you need not complet		YES	□ NO u must sign this form. If
4. Has or will the person or orgon county lobbying activities du (A reporting period is January to Jun	ring the current reporting p			□ NO
5. Do you anticipate making m supervisors other than at public (Do not count contacts with the Count	hearings or meetings?	•••••	<b>T</b> YES	<b>□ NO</b>
[If you checked "NO," to questions a more than 2 contacts at a later date, must also sign this form. If you chec	you must then contact the Coun	ty Clerk's off	fice to file a form indica	ting such activity. You
6. If "YES," do you understand spends more than \$500 during to financial disclosure statement we [If you checked "NO" please call the Building, Madison, for more information of the statement was a supplied to the statement with the statement was a supplied to the statement with the statement was a supplied to the statement with the statement was a supplied to the statement with the statement was a supplied to the statement was a supplied to the statement with the statement was a supplied to the statement with the statement was a supplied to the statement was a supplie	he current reporting period with the county clerk?	l, you must	file a YES	□ NO  To of the City-County
Date:				
	Pri	nt Name		