

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16
 Item #/Petition/CUP # or Subject: _____

Name: AMY TURNER
 Municipality: DANE COUNTY

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input checked="" type="checkbox"/> Registering in Opposition	

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:

CREATE-ABILITY, INC.
122 E. OLIN AVE, STE. 255
MADISON WI 53713

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 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 ☐ 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 _____

REGISTRATION BEFORE COUNTY BOARD

DATE: 9-15-16

Name: Sheila Kuhn

Item #/Petition/CUP # or Subject:

Municipality: Dane

☒ Wish to Speak in Support

☐ Wish to Speak in Opposition

☐ Registering in Support

☐ Registering in Opposition

☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

☒ YES ☐ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Slader Kuhn 925 Traamore Trail Madison WI
608-333-5992

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.]

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(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.)

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6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? ☐ 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

Co Testify w/
Esther Olson

DATE: 9/15/16
Item #/Petition/CUP # or Subject:

Name: Tom Frazier
Municipality: Middleton

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

Area Agency on Aging of Dane Co.

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.]

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(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.)

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6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? ☐ 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: 9/15/16

Signature: Tom Frazier
Print Name: Tom Frazier

Co Testify with
- Tom Frazier

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16
Item #/Petition/CUP # or Subject:

Name: Esther Olson
Municipality: Belleville

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:
Alec Agency on Aging of Dane Co

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.]

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(A reporting period is January to June or from July to December.)

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(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

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6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? ☐ 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: 9/15/16

Signature Esther Olson
Print Name Esther Olson

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: Cassandra Seiner

Item #/Petition/CUP # or Subject:

Municipality: Madison

2017 Budget for people w/ Disabilities

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

Please add funds for DD & other
community services

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 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 ☐ NO
 (Do not count contacts with the County Board supervisor who represents the district in which you reside.)

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6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? ☐ 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: 9/15/16
Item #/Petition/CUP # or Subject: _____

Name: _____
Municipality: _____

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

Laura Gates
2620 Norwick St
Madison, WI 53711

Comments: Please support an increase in funding for DP and other community services

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 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 ☒ NO
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

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6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
..... ☐ 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: 9/15/16

Signature: Laura Gates
Print Name: Laura Gates

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: _____

Item #/Petition/CUP # or Subject:

Municipality: _____

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

PRIVA MOORTHY
921 Harbor House Dr #5
Madison WI 53719

Comments: Please support an increase in funding for DD and other community

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.]

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[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: 9/15/2016

Signature Priva Moorthy

Print Name PRIVA MOORTHY

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: Jeri Murray

Item #/Petition/CUP # or Subject:

Municipality: _____

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

Please support an increase in funding for
DD and other community services

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.]

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 (Do not count contacts with the County Board supervisor who represents the district in which you reside.)

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 [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: 9/15/16

Signature: Jeri Murray

Print Name: Jeri Murray

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: Branden Hinz

Item #/Petition/CUP # or Subject:

Municipality: Madison

Adult Community Services budget 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?

☐ 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.]

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(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

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☐ 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: 9/15/16

Signature: [Signature]

Print Name: Branden Hinz

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: Dimitar Spasov

Item #/Petition/CUP # or Subject:

Municipality: City of Madison

Adult community services
budget increase

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

Community Living Connections
65-15 Watrous Rd, Madison, WI 53719
608-661-7962

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.]

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(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

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Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16
 Item #/Petition/CUP # or Subject: _____

Name: Glen Radl
 Municipality: City of Madison

☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
☒ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself? ☐ YES ☒ NO
 [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:
Community Living Connection
Adult community services
budget increase

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.]

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 [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: 9/15/06

Name: Junior Wilson

Item #/Petition/CUP # or Subject:

Municipality: City of Madison

Adult community services budget increase

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

Community Living Connection

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.]

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[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: 9/15

Name: Loell Wendler

Item #/Petition/CUP # or Subject:

Municipality: City of Madison

Adult Community Services Budget Increase

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:
Community Living Connection, Inc.

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 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 ☐ 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 _____

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16
 Item #/Petition/CUP # or Subject:

Name: JOSHUA RAMIREZ
 Municipality: Madison

☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
☒ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?
 ☐ YES ☐ NO
 [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

~~Partners of Wisconsin~~ JOSHUA RAMIREZ
~~14 W Mifflin St~~ 2714 Saint Paul Ave #12
~~Madison 5371~~ Madison WI 53703 (608) 234-2378

Comments: Please Support an increase in funding for DD and other community services.

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 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 ☒ 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: 9/15/16

Signature: [Signature]
 Print Name: JOSHUA RAMIREZ

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: Lami Legler

Item #/Petition/CUP # or Subject:

Municipality:

2017 Dare City Human Services opposed DD budget

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

Please increase funding for DD services

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 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 ☐ 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: 9/15/16

Signature: [Signature]
Print Name: _____

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: Alison Higgins

Item #/Petition/CUP # or Subject:

Municipality: Monona

2017 Dane Co. Human Services proposed DD budget

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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: Please increase funding for Dane Co. DD services

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 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 ☐ 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: 9/15/16

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: Sharon Schmid

Item #/Petition/CUP # or Subject:

Municipality: _____

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

Sharon Schmid

Comments: Please support an increase in funding for DD and other community service

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 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 ☒ 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: 9/15/16

Signature Sharon Schmid

Print Name Sharon Schmid

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: Jennifer Streater

Item #/Petition/CUP # or Subject:

Municipality: Sun Prairie

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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: Please support the increased funding for DIS services.

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 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 ----- ☐ 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: 9/15/16

Signature: Jennifer Streater

Print Name: Jennifer S. Streater

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: GEOFF STREATOR

Item #/Petition/CUP # or Subject:

Municipality: Sun Prairie

☐ Wish to Speak in Support

☐ Wish to Speak in Opposition

☒ Registering in Support

☐ Registering in Opposition

☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments: Please support the increased funding for DD services.

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 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 ☐ 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: 9/15/16

Signature: [Signature]

Print Name: GEOFF STREATOR

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16
 Item #/Petition/CUP # or Subject: _____

Name: Katy Polacek
 Municipality: Dane County

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

2801 Koho Street Suite 300 Madison, WI 53713 United Cerebral Palsy
of Dane County!

Comments: I support increased funding for disability services.

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 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 ☒ 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: 9-15-16

Signature Katy Polacek
 Print Name Katy Polacek

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/2016

Name: Meagan Sulikowski

Item #/Petition/CUP # or Subject:

Municipality: Dane County

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

1. On this occasion, are you officially representing an organization or a person other than yourself?
XYES~~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:

United Cerebral Palsy 2801 Coho Street Madison, WI 53713

Comments: I support an increase in funding for community services.

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?☐ YESXNO
 [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?☐ YESXNO
 [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?☐ YESXNO
 (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?☐ YESXNO
 (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?
XYES☐ 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.]

↑ ignore

Date: 9/15/2016

Signature Meagan Sulikowski

Print Name Meagan Sulikowski

REGISTRATION BEFORE COUNTY BOARD

DATE: 09-15-2016

Name: Scarlett Russell

Item #/Petition/CUP # or Subject:

Municipality: Madison / Dane County

Developmental Disability Budget

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

I am here as an advocate for 25 consumers with developmental disabilities in Dane County. I am an advocate with United Cerebral Palsy and a sibling of someone with disabilities.

Comments:
I support increased funding for community services for people with disabilities, the elderly, families, and others in Dane County.

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 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 ☒ 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 _____

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: Kristyn Chlebowski

Item #/Petition/CUP # or Subject:

Municipality: Madison

☐ Wish to Speak in Support

☐ Wish to Speak in Opposition

☒ Registering in Support

☐ Registering in Opposition

☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

Please support increase in funding for DD & other community services

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 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 ☐ 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: 9/15/16

Signature: [Signature]

Print Name: Kristyn Chlebowski

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: RICHARD CZERWAN

Item #/Petition/CUP # or Subject:

Municipality: ALBION

☐ Wish to Speak in Support

☐ Wish to Speak in Opposition

☒ Registering in Support

☐ Registering in Opposition

☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

I support the budget and encourage a COLA as well.

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 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 ☒ 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: 9/15/16

Signature: Richard R Czerwan

Print Name: Richard R Czerwan

REGISTRATION BEFORE COUNTY BOARD

DATE: 9-15-16

Name: LARESE JORDAN

Item #/Petition/CUP # or Subject:

Municipality: MADISON WISCONSIN

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

LARESE JORDAN
4424 MILWAUKEE ST Apt C
608-381-5832 MADISON, WI 53714

Comments: PLEASE SUPPORT AN INCREASE IN FUNDING FOR DD & OTHER COMMUNITY SERVICES.

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 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 ☒ 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: 9-15-16

Signature Larese Jordan

Print Name LARESE JORDAN

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/14

Name: Barbara Kelly

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?

☐ 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:

Barb Kelly
1117 Hamilton #102
Shoughton, WI

Comments: Please support an increase in funding for
DD & other community services

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 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 ☒ 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: 9/15/14

Signature: Barb Kelly

Print Name: Barb Kelly

REGISTRATION BEFORE COUNTY BOARD

DATE: 9/15/16

Name: Andrew Ber

Item #/Petition/CUP # or Subject:

Municipality:

<input type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input checked="" type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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:

Pathways of Wisconsin, Inc.
14 W. Mifflin St Ste 316
Madison, WI 53703

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 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 ----- ☒ 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: 9/15/16

Signature: [Signature]
Print Name: Andrew Ber