REGISTRATION BEFORE COUNTY BOARD
DATE: 9/15/16 Name: AMY TURNER Item #/Petition/CUP # or Subject: Municipality: DANE COUNTY
Item #/Petition/CUP # or Subject: Municipality: DANE COUNTY
 □ Wish to Speak in Support □ Registering in Support □ Wish to Speak in Opposition □ Registering in Support □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing: $ \textit{CREATE-ABILITY, FNC.} $
127 E. OLIN AJE, STE. 255 MADISON WI 53713
MAD(30N WI 53713
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?□YES□NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature

Print Name _____

DATE: 9-15-16	Name: Sheila Kuhn
Item #/Petition/CUP # or Subject:	Municipality: Dane
☐ Wish to Speak in Support ☐ Registering in Support	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
	y representing an organization or a person other than yourself? ———————————————————————————————————
	of each person or organization you are representing:
Sloder Kuhn	925 Tramore Trail Madison WC. 608-333-5992
	408-333-5992
Comments:	
person or organization?	presentation or appearing incidental to your other paid duties for this
other governmental body?	o is appearing solely on behalf of your office or for your municipality or
during the current reporting period	nization you represent spend more than \$500 on county lobbying activities od?□YES□NO ne or from July to December.)
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YES
you do make more than 2 contacts	A and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form also sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	nat if the person or organization you represent spends more than \$500 od, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	PYES
Date:	Signature
	Print Name

REGISTRATION BEFORE COUNTY BOARD Name: Im TTazier
Municipality: Middle tor Item #/Petition/CUP # or Subject: Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.) Name, address and telephone number of each person or organization you are representing: Comments: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this .

If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," continue to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?...... ☐ YES ----------ZNO [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?......DYES --------------NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to guestions 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.1 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.1 Date: 9/15/16

Co Testify with Tom Frazier

DATE: 9/15/16 Name: Esther d/sm
Item #/Petition/CUP # or Subject: Name: £sthen d/sm Municipality: Belleville
Wish to Speak in Support □ Wish to Speak in Opposition
Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: Alea Aging of an Aging of an Co
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: 9/15/16 Signature Esthy Older

DATE: 9/15/16 Name: Casancha Seinerd
Item #/Petition/CUP # or Subject: Municipality: Mad IS
Item #/Petition/CUP # or Subject: Municipality: Madisen 2017 Budget for people u/ Disabilities
□ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>\$10P;</u> you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing: Please add Funds Ex DD 3 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?
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?□YES□NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature
Print Name

DATE: 9/15/16	Name:
Item #/Petition/CUP # or Subject:	Municipality:
☐ Wish to Speak in Support ☐ Registering in Support	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
	y representing an organization or a person other than yourself?□YES
	of each person or organization you are representing:
2620 Newich	57
Madison Wit 5	-3711
	tan increase in fanding for pland 4 Services presentation or appearing incidental to your other paid duties for this
	, <u>STOP</u> ; you need not complete the rest of this form.
other governmental body?[If you checked "YES," to the question	is appearing solely on behalf of your office or for your municipality or YES
	d?YESNO ne or from July to December.)
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YES
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form lso sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting perio	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 9/15/16	Signature Gold Cabes Print Name (au/or Cabes
71714	Print Name Caulor Cales

DATE: 9/15/16	Name:	
Item #/Petition/CUP # or Subject:		
☐ Wish to Speak in Support☐ Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition	☐ Available for Information Only
1. On this occasion, are you officially [If you checked "NO," STOP; you need		oerson other than yourself? □YES ₽NO ou checked "YES," go on to the next question.]
Name, address and telephone number of PRIVA MOORTI	ty	representing:
921 Hatbor Ho	DUSE Drf5	
Madison WI		
Comments: Please SI	apport an increa	SE IN Funding For DD
and other	community	
2. Are you being paid for your rep	oresentation or appearing incider a, <u>STOP</u> ; you need not complete the	ntal to your other paid duties for this □YES
other governmental body?	on, <u>STOP;</u> you need not complete to	your office or for your municipality or PYES□NO he rest of this form except that you must sign ion.]
	d?	re than \$500 on county lobbying activities □YES□NO
		ard supervisors other than at public YES □NO ts the district in which you reside.)
you do make more than 2 contacts a	at a later date, you must then contac	complete the rest of this form. However, if ct the County Clerk's office to file a form YES" to either question at this time, go on to
during the current reporting perio	d, you must file a financial disclo	ou represent spends more than \$500 sure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to	□YES□NO the Clerk's office at Room 106A of the City-
Date: 9/13 / 2016	Signature \sum	ya Moorthy
	Print Name PBI	YA MOURTHY

DATE: 9 15)10 Name: Veri Murray Municipality:
□ Wish to Speak in Support □ Wish to Speak in Opposition
1. On this occasion, are you officially representing an organization or a person other than yourself? ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing:
DD 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?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? ———————————————————————————————————
Date: 9/15/16 Signature Sell Muray Print Name Levi Muray
Print Name Jeri Muray

DATE: 9/15/16 Name: Branden thin/2
Item #/Petition/CUP # or Subject: Municipality: Municipality: Municipality:
Item #/Petition/CUP # or Subject: Municipality: Madison Abilt Community Scrvices budget Increase
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ————————————————————————————————————
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?□YES□NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 9/15/16 Signature 3 - / 2 Print Name Branch Hin 12

REGISTRATION BEFORE COUNTY BOARD
DATE: 9/15/16 Name: Dimitar Spasoc
Item #/Petition/CUP # or Subject: Municipality: Coty of Madifor
Adult community services
□ Wish to Speak in Support □ Wish to Speak in Opposition
Begistering in Support Registering in Opposition Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing:
Community fiving Cornections
608-661-7960
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature

Print Name

F	REGISTRATION BEFORE COUNT	Y BOARD
DATE: 9/15/16	Name: 3	lean Rad!
Item #/Petition/CUP # or Subject:	Municipality:	ty of madison
□ Wish to Speak in Support Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition	☐ Available for Information Only
1. On this occasion, are you officially	/ representing an organization or a រុ	oerson other than yourself? □YES
[If you checked "NO," <u>STOP;</u> you need i	not complete the rest of this form. If yo	ou checked "YES," go on to the next question.]
Name, address and telephone number of		
- bu aget	ncrease	
Comments:		
person or organization?	n, <u>STOP</u> ; you need not complete the next question.] is appearing solely on behalf of on, <u>STOP</u> ; you need not complete t	your office or for your municipality or □YES□NO he rest of this form except that you must sign
	nization you represent spend mon	e than \$500 on county lobbying activities □YES□NO
		ard supervisors other than at public YES□NO ts the district in which you reside.)
you do make more than 2 contacts a	at a later date, you must then conta	complete the rest of this form. However, if ct the County Clerk's office to file a form YES" to either question at this time, go on to
during the current reporting perio	d, you must file a financial disclo	ou represent spends more than \$500 osure statement with the county clerk?□YES□NO
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to	the Clerk's office at Room 106A of the City-
Date:	Signature	

Print Name _____

HEGISTRATION BEFORE COUNTY BOARD	
DATE: 9/0 / Chame: Scinior Wilson Name: Scinior Wilson Name: Scinior Wilson Municipality: City of Maddson	
Hem#/Petition/CUP# or Subject: Municipality: City of Madison Adult community Services budget nicrease	_
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only	
1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]	
Name, address and telephone number of each person or organization you are representing: Comman / ty Living Connection	1
* x ·	
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?	gn
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activitie during the current reporting period?□YES□NO	es
(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, it you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]	
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?	
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City County Building, Madison, for more information.]	-
Date: Signature	

Print Name ____

REGISTRATION BEFORE COUNTY BOARD
DATE: 9/15 Name: Lowell Wendler
Item #/Petition/CUP # or Subject: Municipality: City of Madison Ale 18 Community Jervius budget Increase.
☐ 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? ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ————————————————————————————————————
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature
Print Name

DATE: 0//5//6	Name: SOSHUA RAMIREZ
Item #/Petition/CUP # or Subject:	Municipality: Mad Son
□ Wish to Speak in Support XRegistering in Support	☐ Wish to Speak in Opposition ☐ Available for Information Only
1. On this occasion, are you officially	representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need r	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of	of each person or organization you are representing:
Madison 5371	2714 Sailt Paul Ale 712 Madison W1 53703 (608) 234-28
Comments: Plant Supply	of an increase in funding for DD and other vices.
Are you being paid for your rep person or organization?	oresentation or appearing incidental to your other paid duties for this□YES□NO□YES□NO□YES□NO
other governmental body?[If you checked "YES," to the question	is appearing solely on behalf of your office or for your municipality or
	ization you represent spend more than \$500 on county lobbying activities d?□YESNO e or from July to December.)
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YESNO
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form lso sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 4/15/16	Signature JOSHUA RAMIREZ

1 1		
DATE: 9 15 14	Name: Law	Legler
Item #/Petition/CUP # or Subject:	Municipality:	
20 Ft Dare Cty Human Secu	nias opposed DD bodgt	
	☐ Wish to Speak in Opposition☐ Registering in Opposition	☐ Available for Information Only
1. On this occasion, are you officially	representing an organization or a p	erson other than yourself?
[If you checked "NO," <u>STOP;</u> you need n	ot complete the rest of this form. If yo	u checked "YES," go on to the next question.]
Name, address and telephone number of	f each person or organization you are	representing:
Comments:		
Please inclease find	ing for DD sciences	
2. Are you being paid for your repperson or organization?	STOP; you need not complete the	tal to your other paid duties for this□YES□NO rest of this form.
other governmental body?	n, <u>STOP;</u> you need not complete th	your office or for your municipality or YES NO ne rest of this form except that you must sign fon.]
	1?	e than \$500 on county lobbying activities □YES□NO
		ard supervisors other than at public□YES□NO s the district in which you reside.)
you do make more than 2 contacts at	t a later date, you must then contact	complete the rest of this form. However, if the County Clerk's office to file a form YES" to either question at this time, go on to
during the current reporting period	l, you must file a financial disclo	ou represent spends more than \$500 sure statement with the county clerk?
[If you checked "NO" please call the c County Building, Madison, for more in	County Clerk at 266-4121 or go to	the Clerk's office at Room 106A of the City-
Date: 9/15/16	Signature	
	Print Name	0

DATE: 9/15/16 Name: Alison Higgins
DATE: 9/15/16 Name: Hison Higgins Item #/Petition/CUP # or Subject: Municipality: Monon a 2017 Dane Co. Human Services proposed DD budget
Them #/Petition/COP # or Subject: Municipality: // O/ O/ O/ O
SCIT DATE (O. HAMMEN DEVICES Proposed DD DOUGHT
 □ Wish to Speak in Support □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing:
comments: Please in class funding for Dave (o. DD Pervices
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature

Print Name _____

REGISTRATION BEFORE COUNTY BOARD Name: _ 5 recton Silvin Item #/Petition/CUP # or Subject: Municipality: ☐ Wish to Speak in Opposition ☐ Wish to Speak 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 Ilf 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 an increase inturbing for DD and other community service 2. Are you being paid for your representation or appearing incidental to your other paid duties for this [If you checked "NO" to the guestion, STOP; you need not complete the rest of this form. If you checked "YES," continue to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?......

YES -----NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 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: 9/15/16

DATE: 9/15/16	Name: Jennifer Streator Municipality: Sun Prairie
Item #/Petition/CUP # or Subject:	Municipality: Sun Prairie
□ Wish to Speak in Support Registering in Support	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially	representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need r	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of	of each person or organization you are representing:
Comments: PILASE SUPPORT.	the increased funding for DD services.
person or organization?	is appearing solely on behalf of your office or for your municipality or YES
hearings or meetings?	than 2 contacts with County Board supervisors other than at public
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if it a later date, you must then contact the County Clerk's office to file a form so sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date: 9/15/16	Signature College Streator Print Name Leventer S. Streator

DATE: 9/15/16	Name: GEOFF STREATURE Municipality: Sun Prairie
Item #/Petition/CUP # or Subject:	Municipality: Sun Prairie
	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
	representing an organization or a person other than yourself? NO
	each person or organization you are representing:
Comments: Please Support	the increased funding for DD services.
person or organization?	esentation or appearing incidental to your other paid duties for this YES
other governmental body?	s appearing solely on behalf of your office or for your municipality or
during the current reporting period	eation you represent spend more than \$500 on county lobbying activities?□YES□NO or from July to December.)
hearings or meetings?	than 2 contacts with County Board supervisors other than at public YES
you do make more than 2 contacts at	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if a later date, you must then contact the County Clerk's office to file a form o sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	t if the person or organization you represent spends more than \$500, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the C County Building, Madison, for more in	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date: 9/15/16	Signature
	Print Name GEDFF STREATOR

DATE: 9/5/10	Name: haty Polacek Municipality: Dane County
Item #/Petition/CUP # or Subject:	Municipality: Dane County
☐ Wish to Speak in Support☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially	representing an organization or a person other than yourself? ———————————————————————————————————
	of each person or organization you are representing:
9.52	Svite 300 Madison, WI 53713 United Cerebral Pal
	of Dune County
Comments: ISupport increa	used founding for disability services.
person or organization?	presentation or appearing incidental to your other paid duties for this YES
other governmental body?	is appearing solely on behalf of your office or for your municipality or
	ization you represent spend more than \$500 on county lobbying activities d?□YES□NO e or from July to December.)
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YESNO
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if a later date, you must then contact the County Clerk's office to file a form so sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 9-15-16	Signature Kay Polarek Print Name Kay Polarek
	riiit ivaine Naja volace

DATE: 9/15/2016	Name: Meagan Sulikowski
Item #/Petition/CUP # or Subject:	Name: Meagan Sulikowski Municipality: Dane County
□ Wish to Speak in Support □ Registering in Support	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
On this occasion, are you officially [If you checked "NO," <u>STOP</u> ; you need not start to the start to t	representing an organization or a person other than yourself? VESVO oot complete the rest of this form. If you checked "YES," go on to the next question.]
	f each person or organization you are representing:
United Cerebral Palsy	2801 Coho Street Madison, Wi 53713
services.	in increase in funding for community
person or organization?	resentation or appearing incidental to your other paid duties for this
other governmental body?[If you checked "YES," to the question	is appearing solely on behalf of your office or for your municipality or ———————————————————————————————————
during the current reporting period	ization you represent spend more than \$500 on county lobbying activities d?□YESNO e or from July to December.)
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count	than 2 contacts with County Board supervisors other than at public YES Ity Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if t a later date, you must then contact the County Clerk's office to file a form so sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more in	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date: 9/15/2016	Signature Moagan Sulikowski
	Print Name Meagan Sulikowski

DATE: 09-15-2016 Name: Scarlett Russell
Item #/Petition/CUP # or Subject: Municipality: MadiSon / Dane. County
Item #/Petition/CUP # or Subject: Developmental Disability Budget Municipality: Madison / Dane. County
 □ Wish to Speak in Support □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
Name, address and telephone number of each person or organization you are representing:
I am here as an advocate for 25 consumers with developments with developments with development with developments.
disabilities in Dang Country. I am an advocate with
United Constral Palsy and a Sibling of Someone with
Comments: I Support increased funding for community services for people with isabilities, the eldery functies, 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? [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?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
□YES□NO [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature
Print Name

DATE: 9 15 16 Name: Kristyn Chlebousti Item #/Petition/CUP # or Subject: Municipality: Madison
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
comments: Please support increase in funding for DD +
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?□YES□NO [If you checked "YES," to the question, <u>STOP</u> ; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.]
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□YES□NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
Date: 9/15/16 Signature Kristyn Chlebowski
J = = = = = = = = = = = = = = = = = = =

DATE: 9/16/16	Name: RICHARD CZERWAN
Item #/Petition/CUP # or Subject:	Municipality: ALBION
☐ Wish to Speak in Support ☐ Registering in Support	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
	y representing an organization or a person other than yourself?
	of each person or organization you are representing: See and energy of COLA as well.
Comments:	
person or organization?	presentation or appearing incidental to your other paid duties for this \(\text{YES} \cdots \) \(\text{NO}\), \(\text{STOP};\) you need not complete the rest of this form. he next question.]
other governmental body?	o is appearing solely on behalf of your office or for your municipality or
during the current reporting period	nization you represent spend more than \$500 on county lobbying activities od?
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YES
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form also sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	nat if the person or organization you represent spends more than \$500 pd, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	•
Date: 9/15/15	Print Name Richard R Czerwan
	Print Name Archard K Czervan

DATE:	9-15-16	Name: LARESE JORDAN
Item #/Petition/0	CUP # or Subject:	Municipality: MADISON WISGONSIN
	Total Control	
□ Wish to Spea ★Registering in	k in Support Support	 ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
		representing an organization or a person other than yourself?
[If you checked "I	NO," <u>STOP;</u> you need i	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address ar	nd telephone number o	of each person or organization you are representing:
LA RESE	Joephin	
		ST Apt C
608	-381-5837	MADISON, WI 53714
		UPPORT AN INCREASE IN FUNDING FOR DD & OTHER
,	Community	
2. Are you bein	ng paid for your rep	presentation or appearing incidental to your other paid duties for this
person or orga [If you checked	nization? "NO" to the question	, <u>STOP</u> ; you need not complete the rest of this form.
If you checked	"YES," continue to the	ne next question.]
3. Are you and	elected official who	is appearing solely on behalf of your office or for your municipality or
		on, <u>STOP</u> ; you need not complete the rest of this form except that you must sign
		e question, go on to the next question.]
		ization you represent spend more than \$500 on county lobbying activities
		d?
		than 2 contacts with County Board supervisors other than at public
hearings or me	etings?	□YES□NO
(Do not count co	ontacts with the Cou	nty Board supervisor who represents the district in which you reside.)
		and 5 above, STOP; you need not complete the rest of this form. However, if
		at a later date, you must then contact the County Clerk's office to file a form lso sign this form. If you checked "YES" to either question at this time, go on to
the next question		to digit time form. If you direction 120 to office quotien at time time, go on to
6. If "YES," do	you understand th	at if the person or organization you represent spends more than \$500
during the curr		d, you must file a financial disclosure statement with the county clerk? □YES□NO
	"NO" please call the , Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
	Cl	\bigvee
Date:	9-15-16	Print Name LARESE JORDAN
		Print Name LARESE JORDAN

DATE: 9/15/16 Name: Barbara Celly
Item #/Petition/CUP # or Subject: Municipality:
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing:
1117 Hamilton #182
Shughtan, WY
comments: Plage support on increase intending for DD is other community servicer
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
□YES□NO [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date:
Print Name 13 (17)

DATE: 9 15 16	Name: _√	Rudra per	
Item #/Petition/CUP # or Subject:	Municipality	y:	
	☐ Wish to Speak in Oppos ☐ Registering in Opposition		Only
1. On this occasion, are you officially realify you checked "NO," <u>STOP;</u> you need no		tion or a person other than yourself? YES form. If you checked "YES," go on to the next of	□NO question.]
Name, address and telephone number of	each person or organization	n you are representing:	
Pathways of Wis	consin be		
14 W. Milling	st Ste 316		
Mudisin, ut	53703		
Comments:			
	STOP; you need not com	g incidental to your other paid duties fo VES applete the rest of this form.	
other governmental body?	, <u>STOP;</u> you need not co	pehalf of your office or for your municip	\ √NO
	?	end more than \$500 on county lobbying □YES er.)	
5. Do you anticipate making more thearings or meetings?	han 2 contacts with Cou	ounty Board supervisors other than at p □YESrepresents the district in which you reside.	ublic NO
[If you checked "NO," to questions 4 as you do make more than 2 contacts at a	nd 5 above, <u>STOP;</u> you n a later date, you must the	need not complete the rest of this form. Hen contact the County Clerk's office to file hecked "YES" to either question at this time	lowever, if a form
during the current reporting period,	you must file a financia	ization you represent spends more that ial disclosure statement with the county □YES□	y clerk?
[If you checked "NO" please call the C County Building, Madison, for more int	ounty Clerk at 266-4121	or go to the Clerk's office at Room 106A	of the City-
Date: 9/5/4	Signature _	Q D	
	Drint Nama	a Middle Dul	