REGISTRATION BEFORE COUNTY BOARD Item #/Petition/CUP # or Subject: ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? ......□YES ------□NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: Comments: I support funding services for adults and sabilities. Please support a cost of luing adjusting.

2. Are you being paid for your representation or appearing incidental to your other paid duties for this pareon 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 [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? .....□YES-----□NO If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

REGISTRATION BEFORE COUNTY BOARD Item #/Petition/CUP # or Subject: Municipality: DD Services □ 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? .....□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 [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, <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.] Print Name Kenneth Jus

DATE: 9-15-16	Name: Christine Johnson Municipality: Manual Son
Item #/Petition/CUP # or Subject:	Municipality: MOSO
	Wish to Speak in Opposition  Registering in Opposition  Available for Information Only
On this occasion, are you officially re	epresenting an organization or a person other than yourself?  YES
Name, address and telephone number of e	each person or organization you are representing:
Comments:	
person or organization?	esentation or appearing incidental to your other paid duties for this
	STOP; you need not complete the rest of this form except that you must sign question, go on to the next question.]
during the current reporting period?	ation you represent spend more than \$500 on county lobbying activities  YESDNO or from July to December.)
hearings or meetings?	han 2 contacts with County Board supervisors other than at public  YESNO Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts at a	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 a sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period,	if the person or organization you represent spends more than \$500 you must file a financial disclosure statement with the county clerk?
	ounty Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City- formation.]
Date:	Signature Christine Johnson
	Print Name Christine Johnson

DATE: 09-15-16	Name: ASSIATOU RAH
Item #/Petition/CUP # or Subject:	Municipality: MADISON
	_
□ Wish to Speak in Support  ✓ Registering in Support	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
1. On this occasion, are you official	lly 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	r of each person or organization you are representing:
Comments: Please Sup Community Service	gard an increase in funding for DD and de
person or organization?	epresentation or appearing incidental to your other paid duties for this
other governmental body? [If you checked "YES," to the quest	o is appearing solely on behalf of your office or for your municipality or
	inization you represent spend more than \$500 on county lobbying activities od?
hearings or meetings?	re than 2 contacts with County Board supervisors other than at public
you do make more than 2 contacts	4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form also sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting peri	that if the person or organization you represent spends more than \$500 od, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call th County Building, Madison, for more	e County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date: <u>09-75-76</u>	Signature ASSTATON BAH
	Print Name ASSIATON BAH

DATE: Sept 15, 2016  Name: Jeany Apple Raym  Municipality: Madison, W.J.  Municipality: Madison, W.J.
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?  ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing:
comments: 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?
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: 19715 2016 Signature TEANY Apple DAMM  Print Name Jean Apple DAMM
Print Name Jenn Apple porm

DATE: Sept 15, 2016  Item #/Petition/CUP # or Subject:  Municipality: Towns of Burke
□ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?  ———————————————————————————————————
Comments: Please Support an increase infunding 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?
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: Sept 15, 2016 Signature Judy Gutsch Print Name Judy Gutsch

DATE: 9-15-16	Name: Marie Van Someren
Item #/Petition/CUP # or Subject:	Municipality: 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 officiall	y representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number	of each person or organization you are representing:
Comments: In addition to 18	esp. due to living wage increase that is necessary
2. Are you being paid for your reperson 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
	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 PYES
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□NO  County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City- information.]
Date: 9-15-16	Signature // Signature
	Print Name Mane Van Someren

REGISTRATION BEFORE COUNTY BOARD
DATE: 9/15/16 Name: Cathryn A. Smith Wiede
Item #/Petition/CUP # or Subject; Municipality: MG J. SOV
D.D./A.C.J. Services
☐ 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:
No more budget cuts! These services/this
hudget has been cut for many succesive years-it is
extremely difficult to maintain Needed scruids for adults
W disabilities with the present budget!
Comments.
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ————————————————————————————————————
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 9/15/16 Signature Galhryn a Snith Wiedel Print Name Cathryn A Smith Wiedel

DATE: 9/15/16	Name: _	Deporat	(Raettig) Dove
Item #/Petition/CUP # or Subject:			
<ul><li>☐ Wish to Speak in Support</li><li>☐ Registering in Support</li></ul>	<ul><li>☐ Wish to Speak in Oppo</li><li>☐ Registering in Opposit</li></ul>		☐ Available for Information Only
1. On this occasion, are you officially  Ilf you checked "NO," STOP; you need to			on other than yourself?
Name, address and telephone number of		1 80	NO. 1882
		17.50	
I believe in	what delays	.There	should be an
- Malase in fu	ndj		
Comments:	gond the Livi	rs was	e Marcasa.
2. Are you being paid for your repperson or organization?	, <u>STOP;</u> you need not cor		YESNO
other governmental body?	on, <u>STOP;</u> you need not c	omplete the r	or office or for your municipality or
4. Has or will the person or organ during the current reporting period (A reporting period is January to Jun	d?		nan \$500 on county lobbying activities □YESNO
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count	***************************************		□YESNO
you do make more than 2 contacts a	t a later date, you must th	nen contact th	nplete the rest of this form. However, if he County Clerk's office to file a form "to either question at this time, go on to
	d, you must file a financ County Clerk at 266-412	ial disclosur	represent spends more than \$500 e statement with the county clerk?
Date:	Signature	)	
	Drint Nom		

DATE: 9/15/20	N N	ame:	FL Matt Jal	nnke
Item #/Petition/CUP # or Suk	oject: M	funicipality:	Madison WI	
<ul><li>☐ Wish to Speak in Support</li><li>☐ Registering in Support</li></ul>	<ul><li>☐ Wish to Speal</li><li>☐ Registering in</li></ul>		Available for Inform	nation Only
On this occasion, are you     [If you checked "NO," <u>STOP</u> ; you			□YES	3XNO
Name, address and telephone	number of each person or o	rganization you are re	presenting:	
	20050 1000			
Comments: am	in support of incr	eased funding	For community so	ervices.
2. Are you being paid for y person or organization? [If you checked "NO" to the of the you checked "YES," continued to the continued to th	question, <u>STOP;</u> you need	d not complete the re		
3. Are you an elected office other governmental body? [If you checked "YES," to the this form. If you checked "N	e question, <u>STOP</u> ; you ne	eed not complete the	rest of this form except	S □NO
4. Has or will the person of during the current reporting (A reporting period is Januar	g period?			
5. Do you anticipate making hearings or meetings? (Do not count contacts with the second count contacts)			□YE	S□NO
[If you checked "NO," to que you do make more than 2 co indicating such activity. You the next question.]	ontacts at a later date, you	u must then contact	the County Clerk's office	e to file a form
6. If "YES," do you unders during the current reporting [If you checked "NO" please County Building, Madison, fo	g period, you must file call the County Clerk at 2	a financial disclosu	ure statement with the □YES	county clerk? S□NO
Date:		Signature		
	n	rint Nama		

DATE: 9/15/2016	Name: GEORGE COUCH
DATE: 9/15/2016  Item #/Petition/CUP # or Subject:	Name: STORGE CONCH  Municipality: MT HOREB
☐ 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
[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:	
person or organization?	presentation 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
4. Has or will the person or organ during the current reporting period (A reporting period is January to Jun	d?□YES□NO the or from July to December.)
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public  YESNO  nty Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form lso sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more i	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date:	Signature
	Print Name

DATE: 09/15/2016	Name: GARY Johnson
Item #/Petition/CUP # or Subject:	Municipality: Fitch burg
☐ Wish to Speak in Support Registering in Support	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
1. On this occasion, are you officially [If you checked "NO," <u>STOP;</u> you need n	representing an organization or a person other than yourself?  YES
Name, address and telephone number o	of each person or organization you are representing:
MARC, Inc. 901 Post	TROAD MADISON, 61. 53713 608-223-9110 #15
Comments:	
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  YES  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.]
4. Has or will the person or organic during the current reporting period (A reporting period is January to June	ization you represent spend more than \$500 on county lobbying activities d?□YES□N⊠ e or from July to December.)
hearings or meetings?	than 2 contacts with County Board supervisors other than at public NO nty Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if 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 Citynformation.]
Date:	Signature Say 7 John
	128 12 1 1 20 2)

REGISTRATION BEFORE COUNTY BOARD DATE: 9/15/1/2 Municipality: Item #/Petition/CUP # or Subject: ☐ Wish to Speak in Opposition ☐ Wish to Speak in Support Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," <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? ...... 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?...... (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?...... (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Print Name Courtney Johnson

REGISTRATION BEFORE COUNTY BOARD
DATE: Name: Name:
Item #/Petition/CUP # or Subject: Municipality:
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
901 Post Rd
madison W 53711
Comments:
<ul> <li>2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?</li></ul>
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 & A. J. M. Signature

Print Name

DATE: 155EP16	Name: KEVIT KOCINSKI	
Item #/Petition/CUP # or Subject:	Municipality:	
<ul><li>☐ Wish to Speak in Support</li><li>☐ Registering in Support</li></ul>	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>	
	representing an organization or a person other than yourself?  ———————————————————————————————————	n.]
	f each person or organization you are representing:	
I believe in order to p developmental delays a	raise in more than minimum wage is required	
Comments:		
person or organization?	resentation or appearing incidental to your other paid duties for this  STOP; you need not complete the rest of this form.  e next question.]  is appearing solely on behalf of your office or for your municipality or	
other governmental body?[If you checked "YES," to the question	n, <u>STOP</u> ; you need not complete the rest of this form except that you must e question, go on to the next question.]	)
	zation you represent spend more than \$500 on county lobbying activides:  YESDNO e or from July to December.)	
hearings or meetings?	than 2 contacts with County Board supervisors other than at public  YES□NO  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 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 or	
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 Cnformation.]	ity-
Date: 155E/6	Signature	
	Print Name KEVIN KOCINSKI	

DATE: 9114116	Name: Sarah Cutler
Item #/Petition/CUP # or Subject:	Municipality: 10 Brooklyn
□ Wish to Speak in Support Registering in Support	<ul> <li>☐ Wish to Speak in Opposition</li> <li>☐ Registering in Opposition</li> <li>☐ Available for Information Only</li> </ul>
	y representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need	not complete the rest of this form. If you checked "YES," go on to the next question.]
	of each person or organization you are representing:
please Support	community Services
and other	community Services
Comments:	
person or organization?	presentation or appearing incidental to your other paid duties for this \( \text{YES} \) NO in, \( \text{STOP}; \) you need not complete the rest of this form. The next question.]
other governmental body? [If you checked "YES," to the question	o is appearing solely on behalf of your office or for your municipality or
	nization you represent spend more than \$500 on county lobbying activities od?
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	nat if the person or organization you represent spends more than \$500 pd, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date:9 14 \0	Signature Sarah Cultw
	Print Name Sarah Cult W

DATE: 9-15-16	Name:	Joan Callan
Item #/Petition/CUP # or Subject:	Municipality:	modison
Human Services budget		
	<ul><li>□ Wish to Speak in Oppositi</li><li>□ Registering in Opposition</li></ul>	
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 n	ot complete the rest of this form	□YES ₽NÓ n. If you checked "YES," go on to the next question.]
Name, address and telephone number of	each person or organization yo	ou are representing:
2. Are you being paid for your rep	resentation or appearing in <u>STOP</u> ; you need not comple	proposal and living wage, but high quality services. Incidental to your other paid duties for this was the rest of this form.
other governmental body?	n, <u>STOP;</u> you need not comp	alf of your office or for your municipality or□YES□NO olete the rest of this form except that you must sign question.]
	l?	d more than \$500 on county lobbying activities □YES□NO
hearings or meetings?		ty Board supervisors other than at public □YES□NO resents the district in which you reside.)
you do make more than 2 contacts at	t a later date, you must then	ed not complete the rest of this form. However, if contact the County Clerk's office to file a form cked "YES" to either question at this time, go on to
during the current reporting period	l, you must file a financial o	tion you represent spends more than \$500 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	□YES□NO go to the Clerk's office at Room 106A of the City-
Date: 9-15-16	Signature	Jan Callan
	Print Name _	Jan Callan

DATE: 9115116	Name: Rick Mohrhauser
Item #/Petition/CUP # or Subject:	Municipality: Maclison
	<del>-</del> 7
<ul> <li>□ Wish to Speak in Support</li> <li>➡Registering in Support</li> </ul>	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
	y representing an organization or a person other than yourself?□YES
Name, address and telephone number	of each person or organization you are representing:
Please support an inc	reaso in funding for DD and other community
Services	
Comments:	
person or organization?	presentation or appearing incidental to your other paid duties for this  YES
	od?
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public
you do make more than 2 contacts a	A and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form also sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting perio	nat if the person or organization you represent spends more than \$500 od, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date:G   15116	Signature RICK MM
	Print Name Rick Mohchause

DATE: 9/19/10	Name: KYNVA VOLOVS		
Item #/Petition/CUP # or Subject:	Municipality: WaduSan		
□ 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 officiall	y representing an organization or a person other than yourself?		
[If you checked "NO," <u>STOP;</u> you need	not complete the rest of this form. If you checked "YES," go on to the next question.]		
Name, address and telephone number	of each person or organization you are representing:		
Comments: PUCKL SUPPORT	services in funding for 100 & other		
Community	SIMOS		
person or organization?	n, <u>STOP</u> ; you need not complete the rest of this form.		
other governmental body?	o is appearing solely on behalf of your office or for your municipality or□YES□NO ion, <u>STOP</u> ; you need not complete the rest of this form except that you must sign		
this form. If you checked "NO," to the	he question, go on to the next question.]		
	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 NO inty Board supervisor who represents the district in which you reside.)		
you do make more than 2 contacts	A and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form also sign this form. If you checked "YES" to either question at this time, go on to		
during the current reporting period	nat if the person or organization you represent spends more than \$500 od, you must file a financial disclosure statement with the county clerk?		
[If you checked "NO" please call the County Building, Madison, for more	PES		
Date: 9/14/14	Signature Am 1		
	Print Name Aprox POFOS		

DATE: 9-1526814 Name: PITMUMP h
Item #/Petition/CUP # or Subject: Municipality: \( \sqrt{adiso} \)
2017 Human Services Budget - DD Services
☐ 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:
Please support an increase in
Please support an increase in Funding for DD somies to other Community services
Comminité 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?
this form. If you checked "NO," to the question, go on to the next question.]
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature
Print Name

DATE: 9/15/16	Name: Marlys Pearson
Item #/Petition/CUP # or Subject:	Name: <u>Markys Pearson</u> Municipality: <u>Madison</u>
<ul><li>□ Wish to Speak in Support</li><li>✓ Registering in Support</li></ul>	☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
<ol> <li>On this occasion, are you officially</li> </ol>	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:	
person or organization?	presentation 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
	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 TYES
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if a later date, you must then contact the County Clerk's office to file a form lso sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?□YES□NO
[If you checked "NO" please call the County Building, Madison, for more i	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date: 9/15/16	Print Name Marlys Pearson
	Print Name Marlys Pearson

DATE: 4-15-2016	Name: Kyss Penyson
Item #/Petition/CUP # or Subject:	Municipality: Madison
	÷
□ Wish to Speak in Support  Registering in Support	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
	y representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number	of each person or organization you are representing:
Comments:	
person or organization?	,
other governmental body?	o is appearing solely on behalf of your office or for your municipality or
	nization you represent spend more than \$500 on county lobbying activities ad?
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public
you do make more than 2 contacts	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	nat if the person or organization you represent spends more than \$500 kd, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date:	Signature Rvss Peirson
	Print Name Rvss Penison

DATE: 9-16-16	Name: Teresa Phodes
Item #/Petition/CUP # or Subject:	Name: Teresa Rhodes  Municipality: Madison
□ Wish to Speak in Support  ✓ Registering in Support	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
1. On this occasion, are you officially	y representing an organization or a person other than yourself?
[If you checked "NO," STOP; you need	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of	of each person or organization you are representing:
Disabilities + a CO	of high Quality Support of People with
2. Are you being paid for your rep	presentation or appearing incidental to your other paid duties for this
	n, <u>STOP;</u> you need not complete the rest of this form.
If you checked "YES," continue to the	he next question.]
other governmental body? [If you checked "YES," to the question	o is appearing solely on behalf of your office or for your municipality or
4. Has or will the person or organ during the current reporting perio (A reporting period is January to Jun	nization you represent spend more than \$500 on county lobbying activities od?□YES
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public  YES
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form lso sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting perio	nat if the person or organization you represent spends more than \$500 od, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date:9-15-16	Signature Truesa Rhodes
	Print Nama Takesa Rhodes

DATE: 9-15-16	Name: _	L#3	Saily	Schief4+
Item #/Petition/CUP # or Subject:	Municipalit	y:/	Madiso	n
☐ Wish to Speak in Support	☐ Wish to Speak in Oppo			
Registering in Support	☐ Registering in Oppositi	on	☐ Available fo	r Information Only
1. On this occasion, are you officially	representing an organizat	ion or a per	son other than y	ourșelf?
[If you checked "NO," <u>STOP;</u> you need r	not complete the rest of this f	orm. If you o	checked "YES," g	$$ [YES $\square$ NO o on to the rext question.]
Name, address and telephone number of	of each person or organizatio	n you are rep	presenting:	
50	uly Schie	thors		
	102 W/	an	n Ave	Unit 1A
	Madiso	n	153	709
Comments: Please	support as	niver	ease in	tunding in
2. Are you being paid for your repperson or organization?	STOP; you need not com			paid dutie <mark>s</mark> for this □YESXNO
3. Are you an elected official who other governmental body?	n, <u>STOP;</u> you need not co	mplete the	rest of this form	TVES VAIO
4. Has or will the person or organ during the current reporting period (A reporting period is January to June	37			ounty lobb <b>y</b> ing activities □YESXNO
5. Do you anticipate making more hearings or meetings? (Do not count contacts with the Count				TYES VINO
[If you checked "NO," to questions 4 you do make more than 2 contacts a indicating such activity. You must als the next question.]	t a later date. vou must the	en contact t	he County Clerk	's office to file a form
6. If "YES," do you understand the during the current reporting period	t, vou must file a financia	al disclosu	re statement w	ith the county clorks
[If you checked "NO" please call the County Building, Madison, for more in	County Clerk at 266-4121			TYFS
Date:	Signature			
	Print Name	0 1 1		

DATE: 9-15-16 Name: Julie Nichols-Younes
Item #/Petition/CUP # or Subject: Municipality: Marking on a
2017 Human Services Budget - DD Services.
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
Registering in Support   Registering in Opposition   Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
Name, address and telephone number of each person or organization you are representing:
comments: Please support an increase in funding for PD services and other community services.
services 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?
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?  ———————————————————————————————————
Date: Signature
Drint Nama

REGISTRATION BEFORE COUNTY BOARD Name: Amy Anderson
Municipality: Mad Ison 9-15-16 Item #/Petition/CUP # or Subject: 2017 Human Services Budget - DD Services ☐ 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 ------ 🕅 [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next guestion.] Name, address and telephone number of each person or organization you are representing: Comments: Please support an increase infunding for DD services 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 (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.]

Signature \_\_\_\_\_

Print Name

Date: \_\_\_\_\_

DATE: Name: EMMA Czarapola  Name: Municipality: Madi son  Do Budger		
□ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Support □ Registering in Opposition □ Available for Information Only		
1. On this occasion, are you officially representing an organization or a person other than yourself?  [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]  Name, address and telephone number of each person or organization you are representing:		
Comments: Please support an 'Include in the buget of the 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: Signature		
Print Name		

REGISTRATION BEFORE COUNTY BOARD Municipality: \ ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: Comments: Please Support An increw 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 ----- 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 (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.] Signature Date: \_\_\_\_\_ Print Name \_\_\_\_\_

REGISTRATION BEFORE COUNTY BOARD Brenda Arnett Item #/Petition/CUP # or Subject: Municipality: ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition Registering in Support ☐ Available for Information Only of adding COLA for POS 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 Ilf you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," continue to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities 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 (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.]

Signature Brint Name Brint Name Brint Arnell

DATE: 9 15 6	Name: Cejae Boggess
Item #/Petition/CUP # or Subject:	Name: <u>Cejae Boggess</u> Municipality: MADISON
☐ Wish to Speak in Support ☐ Wish to Sp ★Registering in Support ☐ Registering	peak in Opposition
OF COLATOR PO	5
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	e rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person of	or organization you are representing:
Comments:	
	or appearing incidental to your other paid duties for this
[If you checked "NO" to the question, <u>STOP</u> ; you n	□YES□NO
If you checked "YES," continue to the next question	
	solely on behalf of your office or for your municipality or
	□YES□NO I need not complete the rest of this form except that you must sign
this form. If you checked "NO," to the question, go	
	epresent 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 conta	acts with County Board supervisors other than at public
hearings or meetings?	ervisor who represents the district in which you reside.)
	<u>STOP</u> ; you need not complete the rest of this form. However, if you must then contact the County Clerk's office to file a form
indicating such activity. You must also sign this fo	rm. If you checked "YES" to either question at this time, go on to
the next question.]	
	on or organization you represent spends more than \$500 ille a financial disclosure statement with 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.]	at 200-4121 of go to the Clerk's office at hooff 100A of the City-
0111111	
Date: 9/15/16	Signature Signature
	Print Name CEUAE BOGGESS

DATE: 9-15 - 16	Name:	ROBZ	EN	WILLTAM	500	WITT		
Item #/Petition/CUP # or Subject:				DSON				
2017 HUMANE SERVICES BUDG	KT							
	peak in Op ng in Oppo	position sition		☐ Available for	Informa	tion Only		
WITH ADDITIONAL TN CREASE TO P.O. 1. On this occasion, are you officially representing	ું a an organi	zation or a	perso	n other than vo	urself?			
[If you checked "NO," <u>STOP</u> ; you need not complete to					. TYES -	⊁NO next question.]		
Name, address and telephone number of each person or organization you are representing:								
Comments:								
2. Are you being paid for your representation person or organization?	need not d				aid duti .□YES -	es for this NO		
3. Are you an elected official who is appearin other governmental body?	u need no	t complete	the re		. TYES -	XNO		
4. Has or will the person or organization you during the current reporting period?(A reporting period is January to June or from Jul								
5. Do you anticipate making more than 2 conthearings or meetings?(Do not count contacts with the County Board supplies.)					. YES -	□NO		
[If you checked "NO," to questions 4 and 5 above you do make more than 2 contacts at a later date indicating such activity. You must also sign this the next question.]	, you must	then conta	act the	County Clerk's	s office t	o file a form		
6. If "YES," do you understand that if the perduring the current reporting period, you must	file a fina	ncial discl	losure	statement wit	th the c	ounty clerk?		
[If you checked "NO" please call the County Clerk County Building, Madison, for more information.]	k at 266-41	21 or go to	o the (	Clerk's office at	Room 1	06A of the City-		
Date:9-15-16	Signatu	ıre Me	12	MTUTAMSON	M.	tt		
	Print Na	me ROBT	(N)	NTUTAMSO	$\omega$	FTT		

DATE: 1-15-2016 Name: Laurine Luck
Item #/Petition/CUP # or Subject: Municipality:
□ 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?  ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing:
autism Ning + working in Dane County.
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: Sept 15,2016 Signature Jawas All Just

DATE: 4-15-16 Name: SUE KRUEGER
Item #/Petition/CUP # or Subject: Municipality: Dane Courty DCHS Community Services
- The s
<ul> <li>□ Wish to Speak in Support</li> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Support</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
1. On this occasion, are you officially representing an organization or a person other than yourself?
[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:
Clients with disabilities through
United Cerebrae Palsy of Greater Dure Cty
Accista: a la Cuport un lachere
comments: Resisteing in Support in Vicreased funding fox Community Services.
2. Are you being paid for your representation or appearing incidental to your other paid duties for this
person or organization?
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
[If you checked "YES," to the question, <u>STOP</u> ; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.]
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities
during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public
hearings or meetings?  YESVINO
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)
[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if
you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to
the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature
Print Name

REGISTRATION BEFORE COUNTY BOARD						
DATE: 9/15/16  Name: Timothy Gifes  Item #/Petition/CUP # or Subject: Municipality: Fitch by						
Item #/Petition/CUP # or Subject: Municipality: Fitch by						
manuspanity.						
<ul> <li>☐ Wish to Speak in Support</li> <li>☐ Registering in Support</li> <li>☐ Registering in Opposition</li> <li>☐ Available for Information Only</li> </ul>						
1. On this occasion, are you officially representing an organization or a person other than yourself?  ———————————————————————————————————						
Name, address and telephone number of each person or organization you are representing:  Please support as thereast in funding for DD and other						
community services Tuesthe Cates						
2620 Menseh St.						
Please support an increase in funding for DD and other community services Thusthy Gates  2620 Merwich St.  Comments: Pleas  Fitzhby, W1 53711						
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 Sall Stop Print Name (mothy Cctcs)						
Print Name / mothy Gates						

DATE: 4/15/2014	Name:	Kuin	Kisting
Item #/Petition/CUP # or Subject:	Municipal	ity: Orego	Misting m
2017 Human Servin Budget	-	v	
[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	Wish to Speak in Opp Registering in Opposi		☐ Available for Information Only
1. On this occasion, are you officially re [If you checked "NO," <u>STOP</u> ; you need not			□YES ₽NO
Name, address and telephone number of e	each person or organizati	on you are repr	esenting:
Please support increaser	I Fundy for DD	and ofter h	ruman services
Comments:			E .
2. Are you being paid for your representation?	STOP; you need not co		□YES□NO
3. Are you an elected official who is other governmental body?	STOP; you need not d	complete the r	□YES□NO est of this form except that you must sign
4. Has or will the person or organized during the current reporting period? (A reporting period is January to June 6)	)		an \$500 on county lobbying activities □YES□NO
5. Do you anticipate making more the hearings or meetings?			□YES□NO
you do make more than 2 contacts at a	a later date, you must to	hen contact th	nplete the rest of this form. However, if e County Clerk's office to file a form " to either question at this time, go on to
6. If "YES," do you understand that during the current reporting period,	you must file a financ	cial disclosur	e statement with the county clerk?
[If you checked "NO" please call the Co County Building, Madison, for more info	ounty Clerk at 266-412	1 or go to the	
Date:	Signature	э	