DATE: 9/15/16  Name: SHAPLIC KARD  Item #/Petition/CUP # or Subject:  Municipality:
Item #/Petition/CUP # or Subject: Municipality:
<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:
Jupport, PAS cola:
Partow Rapia Regional
Comments:
Voluments.
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
Print Name

REGISTRATION BEFORE COUNTY BOARD elissa Sovensen Item #/Petition/CUP # or Subject: Municipality: ☐ Wish to Speak in Opposition ₩ish 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: Mishing 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 [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 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.] 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:	Name: Jin Krueger
Item #/Petition/CUP # or Subject:	Name: Jin Krueger  Municipality: North/Fastside Senior  Coalitin
₩ Wish to Speak in Support  Registering in Support	<ul> <li>☐ Wish to Speak in Opposition</li> <li>☐ Registering in Opposition</li> <li>☐ Available for Information Only</li> </ul>
1. On this occasion, are you officially	representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need I	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of	of each person or organization you are representing:
Comments:	
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 le or from July to December.)
hearings or meetings?	e 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 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
<ol><li>If "YES," do you understand the during the current reporting period</li></ol>	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 Building Madican for more i	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
	Print Name J.in Krueger

DATE: 9/15/16	Name: _	Mylaca	ie Zutter	
Item #/Petition/CUP # or Subject:	Municipalit	yt of Ma	Noul	
		1.1		
	<ul><li>□ Wish to Speak in Oppo</li><li>□ Registering in Opposition</li></ul>		☐ Available for Information	Only
1. On this occasion, are you officially	representing an organizat	ion or a pers	on other than yourself?	
[If you checked "NO," <u>STOP</u> ; you need n	ot complete the rest of this f	orm. If you c	hecked "YES," go on to the nex	· □NO kt question.]
Name, address and telephone number of	each person or organization	n you are rep	resenting:	
· RSVP of Dane Co.	Tu			
57 N SI7 N	· Soção RD.	Swite	300	
(No.	2 In row	3302	-	
Comments:				
2. Are you being paid for your repperson or organization?	esentation or appearing	g incidental	to your other paid duties	for this
[If you checked "NO" to the question,	STOP; you need not com	plete the re	st of this form.	
If you checked "YES," continue to the	enext question.]			
3. Are you an elected official who other governmental body?	s appearing solely on b	ehalf of you	ur office or for your munic	ipality or
[If you checked "YES," to the question	n, <u>STOP;</u> you need not co	mplete the	rest of this form except that	you must sig
this form. If you checked "NO," to the				
4. Has or will the person or organi				
during the current reporting period (A reporting period is January to June			⊔YE5	<del>-</del>
5. Do you anticipate making more	than 2 contacts with Co	unty Board	supervisors other than at	public
hearings or meetings?(Do not count contacts with the Coun	tv Board supervisor who r	represents th	□YES	<del>}</del> NO
[If you checked "NO," to questions 4 you do make more than 2 contacts as	a later date, you must the	en contact th	ne County Clerk's office to file	le a form
indicating such activity. You must als the next question.]	o sign this form. If you ch	hecked "YES	S" to either question at this to	ime, go on to
6. If "YES," do you understand tha	at if the norson or organ	ization vou	rangaant enande mara th	an \$500
during the current reporting period	l, you must file a financi	al disclosu	re statement with the cour	nty clerk?
[If you checked "NO" please call the	County Clerk at 266-4121	or go to the	Clerk's office at Room 106	⊔NO A of the City-
County Building, Madison, for more in	nformation.]			
Date: 911516	Signature	$\mathcal{M}$	Land La	
Dato.	Signature		A Souther	

DATE: 4-15-16	Name: Daniel J hemiel
Item #/Petition/CUP # or Subject:	Municipality: "Dan"
7	
Wish to Speak in Support	sh to Speak in Opposition
	gistering in Opposition    Available for Information Only
	senting an organization or a person other than yourself?
[If you checked "NO," STOP; you need not com	pplete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each	
Please Suppo	ort an werease in Funding
For DD ar	rd other community Services
	)
Comments:	
person or organization?	tation or appearing incidental to your other paid duties for this  YES NO  you need not complete the rest of this form. question.]
other governmental body?	bearing solely on behalf of your office or for your municipality or  YES□NO  OP; you need not complete the rest of this form except that you must sign stion, go on to the next question.]
	n you represent spend more than \$500 on county lobbying activities
hearings or meetings?	2 contacts with County Board supervisors other than at public  ———————————————————————————————————
you do make more than 2 contacts at a late	above, <u>STOP</u> ; you need not complete the rest of this form. However, if er date, you must then contact the County Clerk's office to file a form this form. If you checked "YES" to either question at this time, go on to
	ne person or organization you represent spends more than \$500 must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County County Building, Madison, for more informa	y Clerk at 266-4121 or go to the Clerk's office at Room 106A of the Cityation.]
Date: 9-15-16	Signature Markell ) Frankle
	Signature <u>Markell ) Remircle</u> Print Name <u>Daniell</u> Remicle

	c 1 1	REGISTRATIO	ON BEFORE CO	UNTY BOA	RD ,	V
DATE:	9/15/16		Name:	She	retin	WI Kraus-yao
Item #/Petition	n/CUP # or Subject:		Municipality:	made	Son	WI
Wish to Spe	eak in Support	Uish to Sr	oeak in Oppositio	n		
Registering		The second secon	g in Opposition		Available for	r Information Only
	asion, are you officiall I "NO," <u>STOP;</u> you need			******************		ourself?XYES □NO o on to the next question.]
Name, address	and telephone number	of each person	or organization you	u are represe	enting:	
NAM.	I Dane (	ounty	2 wis	consi'n		
ти уби спеске	please allow morey intended "NO" to the question and "YES," continue to the property of the state of the stat	i, <u>510P</u> , you i	пева поссотрівс	offortal to	your other	paid duties for this
other govern [If you checke	mental body?	on, <u>STOP</u> ; you	ı need not compl	ete the rest		your municipality or □YES□NO except that you must sig
during the cu		d?				ounty lobbying activitie □YES□NO
hearings or n	nticipate making more neetings? contacts with the Cou					□YES□NO
you do make	more than 2 contacts of the activity. You must a	at a later date,	you must then co	ontact the C	County Clerk	of this form. However, if is office to file a form stion at this time, go on to
during the cu		d, you must	file a financial di	isclosure s	tatement w	ith the county clerk?
[If you checke		County Clerk				□YES□NO t Room 106A of the City-
Date:	1/5/116		Signature	56	1 Kra	traus-yao
			Print Name	heret	Ling &	craus-yao

DATE: 9/15/16	Name: PETE	R ROSSMEISSL
Item #/Petition/CUP # or Subject:	Municipality: 1	ROSSMEISSL DISON
<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></ul>	☐ 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 t	not complete the rest of this form. If yo	u checked "YES," go on to the next question.]
Name, address and telephone number of	The state of the s	
PETER ROSSNEISSL 755 BRAXTON PL. #13	XXH)	F. GORHAM ST.
755 BRAKTON PL. #15	207 802	E. GORHAM ST.
MADISON 53715	MA	DISON, W/
Comments:		
2. Are you being paid for your repperson or organization?	, <u>STOP;</u> you need not complete the	tal to your other paid duties for this□YES
other governmental body?	on, <u>STOP;</u> you need not complete th	your office or for your municipality or YESXNO he rest of this form except that you must sign ion.]
	d?	e than \$500 on county lobbying activities □YESXNO
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count	than 2 contacts with County Boards supervisor who represent	ard supervisors other than at public YESNO s the district in which you reside.)
you do make more than 2 contacts a	at a later date, you must then contact	complete the rest of this form. However, if of 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	the Clerk's office at Room 106A of the City-
Date: 9/5/16	Signature Pet	or J. Rossmeill ER J. Rossmeils
′ (	Print Name	OR J. ROSSMEISSL

DATE: 9/15/16 Name: Lindson Wallace
Item #/Petition/CUP # or Subject: Municipality: Municipality:
<del></del>
Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Lindsay Wallace - NAMI Dane Country
2059 Atwood Are
madison, WI S3764
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 Linds Olymond Olymond
Print Name Lindsay Wallace

DATE: 9/15/16 Name: Journey Meway Health
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," <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 Sadot Abiri
Print Name_Sadat Abiri

REGISTRATION BEFORE COUNTY BOARD 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? .....□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 [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.] Signature\_

Print Name

### REGISTRATION BEFORE COUNTY BOARD Municipality: Madison / Dane Co Item #/Petition/CUP # or Subject: WWish to Speak in Support ☐ Wish to Speak in Opposition ☐ Available for Information Only ☐ Registering in Opposition ☐ Registering in Support 1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," 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: Madison Community Restorative Court 2. Are you being paid for your representation or appearing incidental to your other paid duties for this [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," continue to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public (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?

Date: \_\_\_\_\_\_ Signature \_\_\_\_\_ Print Name John Patterson

......□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-

REGISTRATION BEFORE COUNTY BOARD
DATE: 9/15/16 Name: Jinde Hoster 2
Item #/Petition/CUP # or Subject: Municipality:
Recording Cost
Wish to Speak in Support
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: 9/15/14 Signature Signature Frint Name Wind HOSKINS

REGISTRATION BEFORE COUNTY BOARD
DATE: Name: DETRIA LIASSE/  Item #/Petition/CUP # or Subject: Municipality:
Item #/Petition/CUP # or Subject: Municipality:
William Control with a Control of the Control of th
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:
Restorative COUT
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: 9/13/16 Signature ALESSULA COASU  Print Name DETRIA NASSE

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," <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?
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[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.]
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[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 9/15/1/ Signature
Print Name KOM/ O/4NSDN/

REGISTRATION BEFORE COUNTY BOARD
DATE: 9/15/16 Name: Joe 15alles
DATE: 9/15/16  Name: Joe Balles  Item #/Petition/CUP # or Subject: Municipality: Madison  One Cosnty Bestorctive Court
Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
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[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 9/15/16 Signature J. J. J. Belle (
Print Name Joe Balles

DATE: 9.15.16	Name: Declar Watson
Item #/Petition/CUP # or Subject:	Name: Dec Dec Walson  Municipality: Mardi son
Wish to Speak in Support  Registering in Support	<ul> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
1. On this occasion, are you officiall	y representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number	of each person or organization you are representing:
Comments:	
person or organization?	presentation or appearing incidental to your other paid duties for this
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  ———————————————————————————————————
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	hat if the person or organization you represent spends more than \$500 od, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	e County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date:	Signature
	Print Name

DATE: 9-15-16	Name: Jonatham Scharel
Item #/Petition/CUP # or Subject:	Municipality: Madison
CRC	=
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:
<u> </u>	
Comments:	
person or organization?	presentation or appearing incidental to your other paid duties for this
other governmental body?	ion, <u>STOP</u> ; you need not complete the rest of this form except that you must sign the question, go on to the next question.]
	nization you represent spend more than \$500 on county lobbying activities od?
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YES
you do make more than 2 contacts	4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form also sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	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□NO  County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City- information.]
Date:	Signature
	Print Name

DATE: Sept/15/16	Name: Talib Akb	ar
Item #/Petition/CUP # or Subject:	Municipality:	
	-	
Wish to Speak in Support Registering in Support		e for Information Only
	y representing an organization or a person other that not complete the rest of this form. If you checked "YES,	
Name, address and telephone number of	of each person or organization you are representing:	
Talib Alabar, 319	1-505-7031 Moses	
	, , , ,	
Comments:		
person or organization?	presentation or appearing incidental to your oth n, <u>STOP;</u> you need not complete the rest of this for the next question.]	□YES□NO
other governmental body?	o is appearing solely on behalf of your office or on, <u>STOP</u> ; you need not complete the rest of this for the question, go on to the next question.]	□YES□NO
during the current reporting perio	nization you represent spend more than \$500 or od? ne or from July to December.)	
hearings or meetings?	e than 2 contacts with County Board supervisor	□YES□NO
you do make more than 2 contacts a	A and 5 above, <u>STOP</u> ; you need not complete the real at a later date, you must then contact the County College is a later date, you checked "YES" to either college is a later to either the either to either the either to either the either to either the eithe	lerk's office to file a form
during the current reporting perio	nat if the person or organization you represent s od, you must file a financial disclosure statemer	nt 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 information.]	ce at Room 106A of the City-
Date: Stp4/15/10	Signature Jalib Albane Talib A	Khir
	THE TAINS	

REGISTRATION BEFORE COUNTY BOARD
DATE: 9/15/16 Name: Lauric Jorgensen
DATE: 9 15 16  Name: Laurie Jongensen  Name: Laurie Jongensen  Municipality: 14 Modisov
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?  VES
Name, address and telephone number of each person or organization you are representing:
Community Services (Safe Haven)
Community Services (Safe Haven)
17/6 Firdem Ave, Madish 608-221-3511
(08-221-351)
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 Laurice Jorganson Print Name Laurice Jorganson
Print Name (auric Jorgan

DATE: 9/15/16	Name: Measher Huismann
Item #/Petition/CUP # or Subject:	Municipality:
	e e e e e e e e e e e e e e e e e e e
<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?
Name, address and telephone number of	of each person or organization you are representing:
The state of the s	508 N. miduale blud 202
manison wisc 537	05
608-233-7079	
Comments:	
person or organization?	is appearing solely on behalf of your office or for your municipality or
[If you checked "YES," to the question	on, <u>STOP</u> ; you need not complete the rest of this form except that you must sign the question, go on to the next question.]
4. Has or will the person or organ during the current reporting perio (A reporting period is January to Jun	d?□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	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	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date: 0/15/16	Signature <u>Heather Kuismann</u> Print Name <u>Heather Kuismann</u>
	Print Name Heatner Kyismann

DATE: Sept 15, 2016	Name:	Chris Witt
Item #/Petition/CUP # or Subject:	Municipality:	Windsor
2017 Budget	a (	
I wa for	to Speak in Oppositi	tion
☐ Registering in Support ☐ Regist	tering in Opposition	
1. On this occasion, are you officially represen	iting an organization	n or a person other than yourself? □YES □NO
[If you checked "NO," <u>STOP</u> ; you need not comple	te the rest of this forn	m. If you checked "YES," go on to the next question.]
Name, address and telephone number of each per	rson or organization y	you are representing:
Dane County DD (	?calibian	
ZZ W. Zud St		
Madya 57704		
Comments:		
2. Are you being paid for your representat	ion or appearing ir	incidental to your other paid duties for this
[If you checked "NO" to the question, <u>STOP;</u> y If you checked "YES," continue to the next qu	you need not comple	
		half of your office or for your municipality or YES□NO
[If you checked "YES," to the question, STOP	; you need not com	plete the rest of this form except that you must sign
this form. If you checked "NO," to the question	n, go on to the next	t question.]
		nd more than \$500 on county lobbying activities □YES□NO )
5. Do you anticipate making more than 2 chearings or meetings?(Do not count contacts with the County Board		□YES□NO
you do make more than 2 contacts at a later of	date, you must then	eed not complete the rest of this form. However, if a contact the County Clerk's office to file a form ecked "YES" to either question at this time, go on to
during the current reporting period, you m	ust file a financial	ation you represent spends more than \$500 disclosure statement with the county clerk?
[If you checked "NO" please call the County C County Building, Madison, for more information	Clerk at 266-4121 or	r go to the Clerk's office at Room 106A of the City-
Date:9-15-16	Signature	Elel With
	Print Name _	Christine With

REGISTRATION BEFORE COUNTY BOARD
DATE: 9/15/16 Name: KIMTURNER
Item #/Petition/CUP # or Subject: Municipality: City of Madison
DATE: 9/15/16 Name: Kim TURNER  Item #/Petition/CUP # or Subject: Municipality: City of Madian  2017 Human Services Bulget
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:
DD Coalition
22 N. 200 Madison W1 5 3704
Madison W1 5 3704
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: 91516 Signature Frint Name KIM TURNOR

DATE: 09.15,16 Name: John E. Fons
Item #/Petition/CUP # or Subject: Municipality:
DATE: 09.15.16  Name: John E. Fons  Item #/Petition/CUP # or Subject:  Municipality: Machison  2017 Human Services 3rdg Ell
☐ 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?  ———————————————————————————————————
The Anc-Done County 6602 Grand Tetan Plaza Madisan WI 53719
6602 Grand Tetan Plaza
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?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?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□YESNO (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

# FRANCES BICKNELL (VOLUNTEER) REGISTRATION BEFORE COUNTY BOARD DATE: Sept 15,2016 Name:

DATE. 13, 2018	Name. Transces brekere
Item #/Petition/CUP # or Subject:	Municipality: DANE Co.
₩ 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," <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:
MARC INC. 901	POSTROAD MADISON WI 53713
SELF	
MY SON BRA	
0	
Comments:	
person or organization?	is appearing solely on behalf of your office or for your municipality or  YES  NO  on, <u>STOP;</u> you need not complete the rest of this form except that you must sign
this form. If you checked "NO," to the	e question, go on to the next question.]
	ization you represent spend more than \$500 on county lobbying activitied?□YESXNO e or from July to December.)
hearings or meetings?	e 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, it 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 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	<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?
	not complete the rest of this form. If you checked "YES," go on to the next question.]
	f each person or organization you are representing:
Slader Kuhn	925 Tramore Trail Madison Wi
	925 Transore Trail, Madison WC.
Comments:	
2. Are you being paid for your rep	resentation or appearing incidental to your other paid duties for this□YES□NO
	STOP; you need not complete the rest of this form.
other governmental body?	is appearing solely on behalf of your office or for your municipality or □YES
	n, <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 organi	ization you represent spend more than \$500 on county lobbying activities
during the current reporting period (A reporting period is January to June	d?
	than 2 contacts with County Board supervisors other than at public
hearings or meetings?	TYES⊅NO Ity 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
	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
the next question.]	
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-nformation.]
Date:	Signature
	Print Name

Co testify W/ EGISTRATION BEFORE COUNTY BOARD Esther 01501

N I	REGISTRATION BEFORE COUNTY BOARD
DATE: 9/15/16	Name: Tom Frazier
Item #/Petition/CUP # or Subject:	Name: Tom Trazier Municipality: Middle ton
al and a second	=
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?  ———————————————————————————————————
Name, address and telephone number of Alex Atensor on A	of each person or organization you are representing:
Art of the state o	
Comments:	
person or organization?	presentation or appearing incidental to your other paid duties for thisUNOUNOUNO
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 ad?□YES
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public  WES
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 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	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 9/15/16	Signature Thyun
,	Print Name Jom Trazier

Co Testify with Tom Frazier

DATE: 9/15/16	Name: £s/h	Selleville
Item #/Petition/CUP # or Subject:	Municipality:	Belleville
	-	
Wish to Speak in Support  Registering in Support	<ul><li>☐ Wish to Speak in Opposition</li><li>☐ Registering in Opposition</li></ul>	☐ Available for Information Only
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 y	ou checked "YES," go on to the next question.]
Name, address and telephone number	of each person or organization you ar	e representing:
Ajec Benyon	Aging of Dane Co	
		*
Comments:		
	n, <u>STOP;</u> you need not complete th	ental to your other paid duties for this □YES
other governmental body?	on, <u>STOP;</u> you need not complete	f your office or for your municipality or YES
	d?	ore than \$500 on county lobbying activities □YES1/NO
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Cou		oard supervisors other than at public □NO nts the district in which you reside.)
you do make more than 2 contacts a	at a later date, you must then conta	ot complete the rest of this form. However, if act the County Clerk's office to file a form "YES" to either question at this time, go on to
during the current reporting period	d, you must file a financial disc	you represent spends more than \$500 losure 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	the Olson
		7/ 10/10