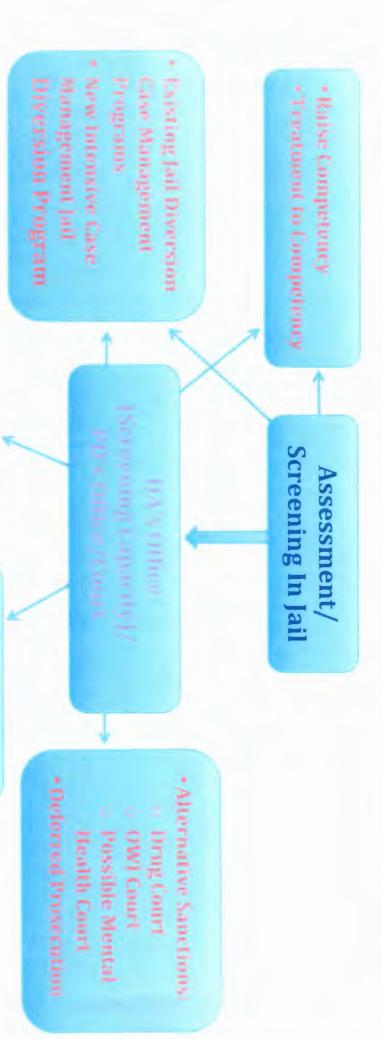
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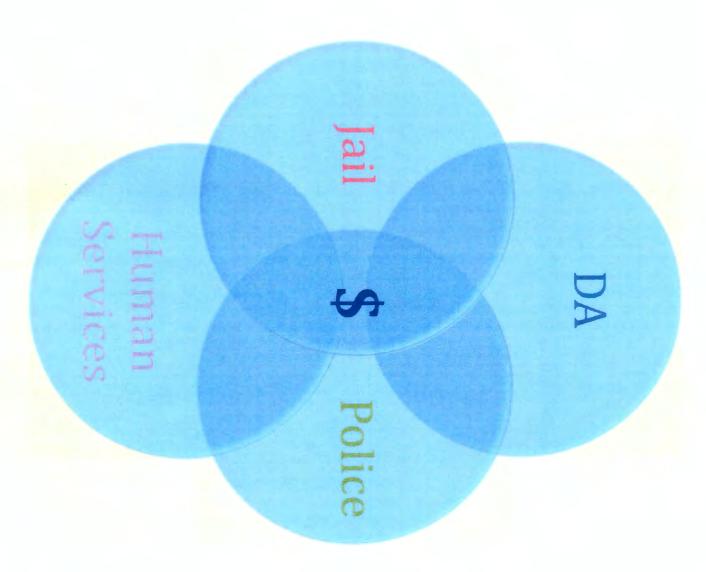
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Committee Name: PPtJ/A+HN Name: Name: Name: Name:	
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LEAGUE OF WOMEN VOTERS® OF DANE COUNTY, INC.

2712 Marshall Court, Suite 2, Madison, WI 53705-2282 ≠ 608.232.9447 office@lwvdanecounty.org ≠ www.lwvdanecounty.org

Testimony to joint meeting of the Public Protection and Judiciary and the Health and Human Needs Committees of the County Board June 6, 2017

The League of Women Voters of Dane County thanks your committees for this joint meeting. We hope that it facilitates a pooling of expertise and resources to divert at-risk individuals from entering the criminal justice system, and ensure the most cost-effective use of taxpayer funds.

The League understands that we cannot continue to incarcerate people in the unsafe, unsanitary, and unhealthy cells in the City-County Building.

We also understand that Dane County has taken some steps to limit the number of our fellow residents who are in the jail. We applaud the expansion of the Community Restorative Court, and we congratulate the county for implementing a public safety assessment at initial court appearance to help determine which individuals could be released before trial.

However, Dane County needs to expand mental health and substance abuse services so people who need treatment don't end up in our jail. The share of county funds directed to mental health services has declined in relation to population growth and the share allocated to the criminal justice budget.

We hear very disturbing reports of gaps in our community-based services for mentally ill people at risk of incarceration. A volunteer with the Hoover Foundation reported to the Criminal Justice Council last month that this spring she was able to enroll a recently released inmate into Badger Care, but he needed psychiatric medications to stay stable. The first appointment she could arrange was six weeks away.

We also hear that finding mental health treatment for individuals with no insurance, or whose insurance is fee-for-service Medicaid, is extraordinarily difficult.

The December Mead & Hunt report noted that some individuals with mental health issues could be diverted from the jail.

In September, 2015, the Workgroup that examined Mental Health, Solitary Confinement, and Incarceration in our criminal justice system recommended that Dane County "Develop a culturally relevant community-based crisis, assessment and resource center." It also recommended more community-based services.

The August, 2016, Diversion Work Group report to your committees similarly recommended "Development of a short-term crisis/stabilization program that includes the capacity for short-term (up to 7 days) residential placement, crisis assessment, linking individuals to other community resources, etc. This type of program has commonly been referred to as a "restoration center"."

Other counties around the country report success with such restoration centers. Bexar County in Texas reports that its full program, which includes a restoration center as a central component, saves more than \$10 million annually on averted jail and emergency room costs.

There are similar facilities in Arizona and Tennessee.

Texas: http://www.naco.org/resources/mental-health-and-criminal-justice-case-study-bexar-county

Arizona: http://www.naco.org/resources/mental-health-and-criminal-justice-case-study-pima-county

Tennessee: http://wkrn.com/2017/01/04/nashville-builds-first-of-its-kind-health-center-for-mentally-ill-arrestees/

If we don't spend time and resources on approaches that offer a chance to save money and better serve our citizens, we will surely spend extra millions of dollars building extra cells and incarcerating people who should be getting treatment instead. And we know that is bad for the inmates and bad for public safety and bad for Dane County taxpayers.

Thank you for your attention to the perspective of the Dane County League of Women Voters.

Committee Name: 77+5/H	+W Name: _	Tom GIL	BERT	
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STATEMENT OF THOMAS GILBERT, MEMBER OF WISDOM/MOSES, BEFORE THE PUBLIC PROTECTION AND JUDICIARY COMMITTEE AND THE HEALTH AND HUMAN NEEDS COMMITTEE, JUNE 6, 2017

Hello. My name is Tom Gilbert. I have been a resident of Middleton for 27 years. One of my sons with mental health challenges has spent time in the Dane County Jail on multiple occasions.

I appreciate the opportunity appear before you as a representative of MOSES, the Dane County Chapter of WISDOM, to speak in support of better and more humane options for those with mental health challenges who come in contact with criminal justice authorities. And we would like to thank the League of Women Voters for their help in bringing these two committees together to discuss this issue and to hear from the community.

In 2014, a Dane County Sheriff's Office report on the condition of its jail facilities, along with proposals for new facilities, triggered a community conversation about what needs to be done regarding the jail and our criminal justice system. I remember attending a community meeting in August 2014.

MOSES and other organizations called for "no new jail" until underlying issues affecting how many people are incarcerated in the jail were addressed. These voices were heard and members of the County Board proposed a resolution to establish a structured process to gather input from citizens and organizations concerned about the jail facilities and the criminal justice systems that funnel people into the jail. Members of MOSES worked very closely with members of the County Board of Supervisors in crafting the final language of Resolution 556, which was adopted by the Board on May 21, 2015.

Two of the Guiding Principles in Resolution 556 bear mention here:

- 3. Solitary confinement will be eliminated or greatly reduced.
- 4. Arrests and incarceration will be reduced by having a coordinated system of community treatment for substance abuse, mental health treatment and for people with developmental disabilities.

The resolution created three county workgroups and an aggressive timeframe to do their work. They were tasked with developing innovative recommendations for the following areas:

- length of stay
- alternatives to arrest and incarceration
- mental illness, solitary confinement and incarceration

Members of MOSES were appointed to each of these workgroups. In addition, MOSES internally formed a support team related to each workgroup. Members of these support teams attended each workgroup meeting and held their own meetings to develop input to assist the workgroups. The workgroups completed their work by mid-September 2015. Together, the three workgroups produced 31 recommendations.

Subsequently, the county established another workgroup focused on Diversions. A member of MOSES, Paul Saeman, served on that group.

As a follow-up to their work, the county invited the public to join a "community conversation" held at the Alliant Energy Center on October 12, 2015. After summary reports from each of the workgroups were presented, participants were asked to pick their top three priorities among the 31 recommendations. By a wide margin, the top priority was the recommendation from the "Mental Health, Solitary Confinement, and Incarceration" Workgroup to "Develop a culturally relevant community-based crisis, assessment and resource center."

Perhaps this community consensus was formed from the easy consensus that jail is not the best place for mental health treatment. Currently, 38.4% of inmates are on psychotropic medications.

MOSES members are committed to not letting you—our representative—or the community at large forget the compelling clarity of this recommendation for reducing the jail population and having a direct and lasting impact on the needed capacity of any new jail facilities. It will also serve to extricate the Sheriff's Department and Dane County Jail from being the largest mental health facility in the county.

We urge you to move forward with implementation of this recommendation so that mental health urgent care services are available 24 hours a day in lieu of booking people having a mental health crisis into the Dane County Jail.

Print Name Paul Sale May

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Committee Name: PP&J HHN	Name: <u>Barbara Benson</u> Municipality: <u>Madison</u>
DATE: <u>4/4/17</u>	Municipality: Madison
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Date: <u>4/4/17</u>	Signature Barbara J Benson

Committee Name: PT+5/HHN Name: Jan GILBERT
Committee Name: PP+5/HHN Name: Jan GILBERT DATE: 6617 Municipality: MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
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1. On this occasion, are you officially representing an organization or a person other than yourself? YES DNO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
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6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
Date: 6/15/17 Signature Janes d'Sulbert Print Name Janes L. Gilbert
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Committee Name: PP+J/HMN Name: EVIC HOWLAND
DATE: 6667 Municipality: Madesan
Petition/CUP #/Resolution/Ordinance Amendment/Subject: \(\square \alpha \)
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Committee Name: TP+3/HHN Name: Jeanie Vershay
DATE: 666(7 Municipality: Madeson
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Committee Name: PP + J	// // Name:	Karen Jo	lesberg	
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Committee Name: FP47/HHN Name:	Lindsay Wallace
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	Print Name LINGSON Walace

GISTRATION BEFORE COUNTY COMMITTEE Committee Name: Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: Wish to Speak in Support ☐ Wish to Speak in Opposition Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? [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 [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," turn over to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?...... YES [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 NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?...... [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.] Signature Date: Print Name

GISTRATION BEFORE COUNTY COMMITTEE Committee Name: **Municipality:** Petition/CUP #/Resolution/Ordinance Amendment/Subject: Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Registering in Support ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? YES [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: **Comments:** 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," turn over to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?...... YES [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?..... NO YES (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?..... NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?..... [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.] Print Name

Committee Name: LINDA ELLEN
DATE: 667 BH 55 Municipality: Nad SOV
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Jail discussion
 □ 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 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: 6-06-17 Signature Anda Ellan Print Name LINDA ELLEN

DIALL PROFICE CIST	RATION BEFORE COUNTY COMMITTEE	
Committee Name: 8H95	Name: Motercie Mills	
DATE: (0-6-17	Municipality: WMM1500	
Petition/CUP #/Resolution/Ordina		
☐ Wish to Speak in Support Registering in Support	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Informa 	tion Only
	tally representing an organization or a person other than your NO NO d not complete the rest of this form. If you checked "YES," go on to the	
Name, address and telephone number	er of each person or organization you are representing:	
Comments:		
other paid duties for this person	presentation or appearing incidental to your or organization?	₩ NO
or for your municipality or other	o is appearing solely on behalf of your office governmental body?	NO NO st sign this form.
<u> </u>	nization you represent spend more than \$500 ang the current reporting period?	NO NO
supervisors other than at public h	re than 2 contacts with County Board nearings or meetings?	M NO
more than 2 contacts at a later date, yo	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. Howevou must then contact the County Clerk's office to file a form indicating sed "YES" to either question at this time, go on to the next question.]	
spends more than \$500 during the financial disclosure statement wit	that if the person or organization you represent e current reporting period, you must file a th the county clerk?	NO ne City County
Date: 17	Signature Collicution	nthr-
	Print Name MM CUMILLY	Mism

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name Municipality: **DATE:** Petition/CUP #/Resolution/Ordinance Amendment/Subject: ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition Registering in Support ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? Ď 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 [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," turn over to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?...... YES [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?..... (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?...... [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Committee Name: DHS / P	Name: Lucy Gibson	
DATE: 6/6/2017	Municipality: Madison	
Petition/CUP #/Resolution/Ord	linance Amendment/Subject: Item D Jail Diversion	
☐ Wish to Speak in Support Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition☐ Available for Information Only	
[If you checked "NO," <u>STOP</u> ; you r	ficially representing an organization or a person other than yourself? YES NO need not complete the rest of this form. If you checked "YES," go on to the next question mber of each person or organization you are representing:	$\cdot J$
Comments:		_
other paid duties for this perso	representation or appearing incidental to your on or organization? ————————————————————————————————————	
or for your municipality or oth	who is appearing solely on behalf of your office ter governmental body?	m. Ij
_	rganization you represent spend more than \$500 uring the current reporting period?	
supervisors other than at publi	nore than 2 contacts with County Board ic hearings or meetings?	
more than 2 contacts at a later date	4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do not, you must then contact the County Clerk's office to file a form indicating such activity. cked "YES" to either question at this time, go on to the next question.]	
spends more than \$500 during financial disclosure statement	the current reporting period, you must file a with the county clerk?	у
Date:	Signature	
	Print Name	

Committee	Name: Public Protect	tion + Just Name:	Sara (Sully)	Gleas	30M
DATE:	6/6/17	Municip	ality: Mo	nond		
Petition/C	UP #/Resolution/Ordin	ance Amendment/Subj	ect: Itev		upport di	version
Wish to	Speak in Support	Wish to Speak in O		119 130	eo	
V V .	ing in Support	☐ Registering in Opp		☐ Available	for Information	on Only
[If you check	ked "NO," <u>STOP</u> ; you nee	ially representing an or YES and not complete the rest of the person or organization.	his form. If you	checked "YES,	" go on to the ne	
Comments	:					
other paid [If you check	duties for this person	epresentation or appear or organization?			YES	⊠ NO
or for your [If you check	municipality or other	o is appearing solely on governmental body? a, <u>STOP</u> ; you need not compone to the next question.]				NO No ign this form. I
on county	lobbying activities dur	inization you represent ing the current reporting or from July to December.)	g period?		YES	NO NO
supervisor	s other than at public l	re than 2 contacts with nearings or meetings? y Board supervisor who rep		🔯	YES 1 reside.)	NO
more than 2	contacts at a later date, ye	and 5 above, <u>STOP</u> ; you ne ou must then contact the Co ed "YES" to either question	ounty Clerk's offi	ice to file a form	n indicating suc	
spends mo financial d [If you check	re than \$500 during th isclosure statement wit	that if the person or orge current reporting per th the county clerk? County Clerk at 266-4121 or ion.]	iod, you must	file a	YES om 106A of the 0	□ NO City-County
Date:	16/17		Signature Signature Print Name	ora t	Gleon	<u>m</u>
			rini Name)ara	0109	200

Committee Name: Public Protectsmand Justice Name: Daniel Hast
DATE: 2017-06-06 Municipality: Dane
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Item D (jail diversion)
☐ 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:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ☐ YES ☐ NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. Yo must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
Date: Signature
Print Name

Committee Name: HHN +	APS Name:	MARTINA	- RIPPON	
DATE: 94/06/2011	Municipa	ality: Tow V	* MADISON	
Petition/CUP #/Resolution/Ord	inance Amendment/Subje	ect: <u>JA11 11</u>	IERSIDN	
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Op ☐ Registering in Oppo		☐ Available for Infor	mation Only
1. On this occasion, are you off [If you checked "NO," STOP; you r Name, address and telephone nur	need not complete the rest of the	his form. If you	Checked "YES," go on to	
Comments:			<u>.</u>	
2. Are you being paid for your other paid duties for this perso [If you checked "NO" to the question If you checked "YES," turn over to	on or organization? on, <u>STOP</u> ; you need not comple	•••••	□ YES	≥ NO
3. Are you an elected official vor for your municipality or oth [If you checked "YES," to the question, you checked "NO," to the question,	er governmental body? ion, <u>STOP</u> ; you need not comp		□ YES	NO nust sign this form.
4. Has or will the person or or on county lobbying activities du (A reporting period is January to Jun	iring the current reporting	g period?		NO NO
5. Do you anticipate making n supervisors other than at publi (Do not count contacts with the Cou	c hearings or meetings?	•••••	D YES	≥ NO
[If you checked "NO," to questions more than 2 contacts at a later date, must also sign this form. If you check	you must then contact the Co	unty Clerk's off	îce to file a form indicatin	
6. If "YES," do you understant spends more than \$500 during financial disclosure statement valued [If you checked "NO" please call the Building, Madison, for more inform	the current reporting perivith the county clerk?e County Clerk at 266-4121 or	iod, you must	file a	□ NO of the City-County
Date: 20170606		Signature	Marten Pepin MARTNA RIPPO	
	I	Print Name/	MARTNA RIPPO,	N

REGISTRATION BEFORE COUNTY COMMIT Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject:__ ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself?□ YES [If you checked "NO," STOP; you need not complete the rest of this forth. 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 [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," turn over to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?...... YES [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?......

YES (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.] Signature Date:

Print Name

Committee Name: PPG J & HHN Name: Patricia Kippert, RN	
DATE: 6/6/2017 Municipality: San Prairie, W	
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Isupport Liversian from jail to Persons w AOOA & Montal Health issues -	
□ 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 quest Name, address and telephone number of each person or organization you are representing:	ion.]
Comments:	
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?	Ю
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?	O form. L
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ☐ YES ☐ N (A reporting period is January to June or from July to December.)	Ю
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?	Ю
[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 demore than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]	
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?	
Date: Signature	
Print Name	

Committee Name: Health sk	kuman Sero Name: <u>Ua</u>	e Mcar	dle	
DATE: $Q - Q - 17$ Petition/CUP #/Pesolution/Ordin	Municipality: _	madison	<i></i>	
Petition/CUP #/Resolution/Ordina	ance Amendment/Subject:	ail Diver	Seon_	
☐ Wish to Speak in Support ☑ Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition		lable for Inform	ation Only
1. On this occasion, are you officially outlined the second of the secon	YES d not complete the rest of this form.	NO If you checked "	YES," go on to th	
Comments:				
2. Are you being paid for your re other paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization? STOP; you need not complete the r	• • • • • • • • • • • • • • • • • • • •	□ YES	□ NO
3. Are you an elected official who or for your municipality or other [If you checked "YES," to the question you checked "NO," to the question, go	governmental body?, <u>STOP</u> ; you need not complete the	•••••		□ NO ust sign this form. I
4. Has or will the person or orga on county lobbying activities duri (A reporting period is January to June	ng the current reporting perio		□ YES	□ NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County)	earings or meetings?		☐ YES ch you reside.)	□ NO
[If you checked "NO," to questions 4 a more than 2 contacts at a later date, yo must also sign this form. If you checked	ou must then contact the County Cl	erk's office to file	a form indicating	
6. If "YES," do you understand spends more than \$500 during th financial disclosure statement wit [If you checked "NO" please call the O Building, Madison, for more information	e current reporting period, you h the county clerk? County Clerk at 266-4121 or go to t	u must file a	□ YES	□ NO the City-County
Date:	Signat	ure		
	Print Na	me		

EGISTRATION BEFORE COUNTY COMMITTEE Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: Jack ☐ 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? TYES AD 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 [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," turn over to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?...... YES [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?...... (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?..... YES [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Committee Name: PAJA HAN Name: 5. Frances Hoffman
DATE: 6/6/17 Municipality: Town of Barker
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Supporting Mental Itea
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ VISE Restoration ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Regis
1. On this occasion, are you officially representing an organization or a person other than yourself? I Compare of Model Street
Name, address and telephone number of each person or organization you are representing: Stranges Hoffman 6136 Portage Rd Deforest WI 53533
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?
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6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? YES NO [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Jane 6, 2017 Signature S. Frances Hoffman Print Name S. Frances Hoffman

	TRATION BEFORE COUNT	Y COMMITTEE
Committee Name:	Name: KATHE	Lu Mulcian
DATE: Juil,	Municipality: M	alija
Petition/CUP #/Resolution/Ordi		
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition	☐ Available for Information Only
	cially representing an organization of the complete the rest of this form. If y	
Name, address and telephone num The Supp	ber of each person or organization you with of fail time.	are representing: Son for people Luess
Comments:		
other paid duties for this person	representation or appearing inciden or organization?	YES □ NO
or for your municipality or othe		
	canization you represent spend more ring the current reporting period? e or from July to December.)	
supervisors other than at public	ore than 2 contacts with County Board hearings or meetings?	□ YES □ NO
more than 2 contacts at a later date,		ete the rest of this form. However, if you do make office to file a form indicating such activity. You go on to the next question.]
spends more than \$500 during t financial disclosure statement w		ist file a
Date:	Signature Print Name	LATHONN X
		MULLIGAN

Committee Name: PAJ & H	HN Name:	Julie Si	chush			
DATE: 6/6	Municipality	y: Middl	ector			
Petition/CUP #/Resolution/Ordin	ance Amendment/Subject:					
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Oppo		Available	for Informa	ation On	ly
1. On this occasion, are you offic				er than you	rself?	
[If you checked "NO," <u>STOP</u> ; you nee	ed not complete the rest of this j	form. If you c	hecked "YES,	" go on to the	e next que	estion.]
Name, address and telephone numb	per of each person or organiz	ation you are	representing	g:		
Comments:						
2. Are you being paid for your roother paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization?	• • • • • • • • • • • • • • • • • • • •	□	YES	Þ	NO
3. Are you an elected official wh or for your municipality or other [If you checked "YES," to the question you checked "NO," to the question, go	governmental body?		□		— ·	NO is form. Ij
4. Has or will the person or orga on county lobbying activities dur (A reporting period is January to June	ing the current reporting p			YES	ÞÞ	NO
5. Do you anticipate making mo supervisors other than at public le (Do not count contacts with the Count	hearings or meetings?			YES u reside.)		NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, y must also sign this form. If you checked	ou must then contact the Count	y Clerk's offic	e to file a for	m indicating .		
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement will [If you checked "NO" please call the Building, Madison, for more information of the statement will be used to be understand to the statement will be used to be used	te current reporting period the the county clerk?	, you must fi	ile a	YES om 106A of t		NO County
Date:	Si	gnature				
	Prir	nt Name				

REGISTRATION BEFORE COUNTY COMMITTEE Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition Available for Information Only ☐ Registering in Support ☐ Registering in Opposition 1. On this occasion, are you officially representing an organization or a person other than yourself? YES NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: **Comments:** 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," turn over to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?...... YES [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?......

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

Date: 6/6/17

Print Name SUSAN HEREST