

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PP 4 J Name: Ronald Langert
DATE: 6-6-17 Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Jail

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

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

..... ☒ YES ☐ NO

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

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

Journey MHC President & CEO
37 Kessel Ct Madison WI

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

☐ NO

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4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES

☐ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES

☐ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 6-6-17

Signature

Ronald A. Langert

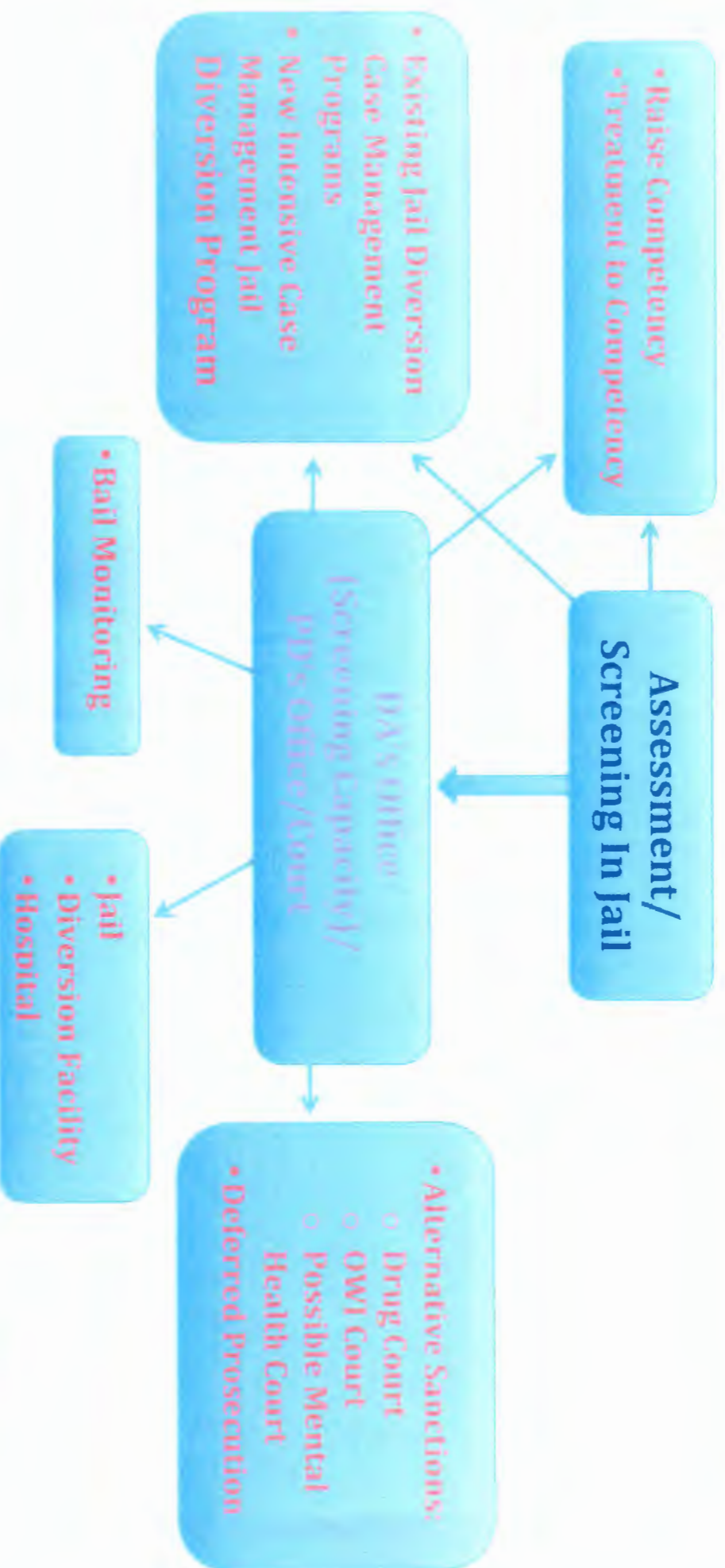
Print Name

Ronald A. Langert

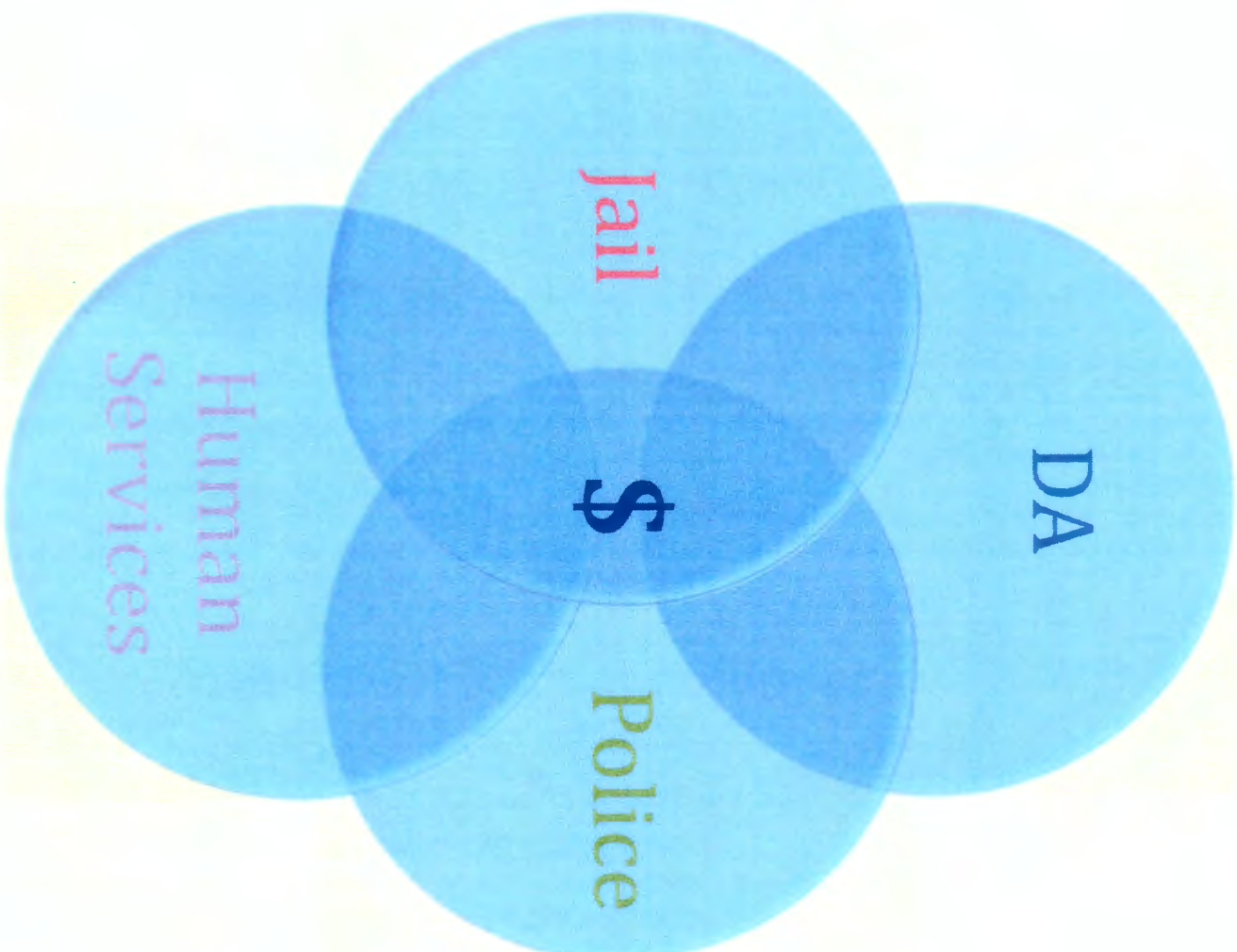
PRE-BOOKING



POST BOOKING/ PRE-ADJUDICATION



Journey



REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PP&J / H + HN Name: Kathleen Fullin
DATE: 6/6/17 Municipality: M. J. S.
Petition/CUP #/Resolution/Ordinance Amendment/Subject: D - Jail Diversion

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

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..... ☒ 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:

League of Women Voters of Dane County
232-9447 2712 Marshall Ct, Madison 53705

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.]

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☐ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 6/6/17 Signature: Kathleen C. Fullin
Print Name: Kathleen C. Fullin



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://wkrr.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.

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PP+S/HAN Name: TOM GILBERT
DATE: 6/6/17 Municipality: MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: JAIL DIVERSION

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

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..... ☒ YES ☐ NO
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Name, address and telephone number of each person or organization you are representing:
MOSES

Comments:

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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: 6/6/17 Signature: Thomas L. Gilbert
Print Name: Thomas L. Gilbert

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.

2

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PP&J / HHN Name: Paul Saeman
DATE: 6/6/17 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Tail / Mental Health

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

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

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

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?..... ☐ YES ☐ NO
(A reporting period is January to June or from July to December.)

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?..... ☐ YES ☐ NO
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)
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6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?..... ☐ YES ☐ NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 6/6/17 Signature: Paul Saeman
Print Name: Paul Saeman

REGISTRATION BEFORE COUNTY COMMITTEE

#3

Committee Name: PP&J HAN Name: Barbara Benson

DATE: 6/6/17 Municipality: Madison

Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

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

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.....☒ YES ☒ NO

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

MOSES

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ YES ☒ NO

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If you checked "YES," turn over to the next question.]

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☐ YES ☐ NO

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Date: 6/6/17

Signature Barbara J Benson

Print Name Barbara J Benson

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PP+S/H+N Name: JAN GILBERT
DATE: 6/6/17 Municipality: MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: JAIL

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

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Comments:

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Date: 6/5/17 Signature: Janis L. Gilbert
Print Name: Janis L. Gilbert

#5

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PP+J/HAN Name: Eric Howland
DATE: 6/6/17 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Tax

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

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Comments:

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Date: 6/6/2017 Signature: Eric Howland
Print Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: 7P+J+HAN Name: LISA MUNRO
DATE: 6/6/17 Municipality: SANE - MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: SAIV

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Wish to Speak in Support | <input type="checkbox"/> Wish to Speak in Opposition | <input type="checkbox"/> Available for Information Only |
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Date: 6/6/17 Signature Lisa Munro
Print Name LISA MUNRO

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: TP+S/H+H Name: Jeanie Vershay
DATE: 10/6/17 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Sael

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

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

6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?..... ☐ YES ☐ NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____ Signature _____
Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PP+J H4N Name: Karen Julesberg
DATE: 6/6/17 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

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

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

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

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?..... ☐ YES ☒ NO
(A reporting period is January to June or from July to December.)

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?..... ☐ YES ☐ NO
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?..... ☐ YES ☐ NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 6/6/17 Signature: Karen Julesberg
Print Name: Karen Julesberg

PP and Hand HN

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: _____ Name: Ruth DeFos

DATE: June 6 2017 Municipality: Maucha

Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

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

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

..... ☐ YES ☒ NO

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

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

Comments:

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 ☐ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES ☐ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES ☐ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____ Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: FP13/HNN Name: Lindsay Wallace
DATE: 6/6/17 Municipality: Dane
Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

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

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

..... ☒ YES ☐ NO

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

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

Lindsay Wallace (NANI Dane) 2059 Atwood Ave Madison
WI 53704 608-249-7188

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

☒ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES

☒ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES

☒ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 6/6/17

Signature

Print Name

Lindsay Wallace
Lindsay Wallace

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PPJ / HTU Name: Connie Wake
DATE: 6/6/17 Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: JAIL

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

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

..... ☐ YES ☐ NO

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

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

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

☐ YES

☒ NO

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

If you checked "YES," 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

☐ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES

☐ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES

☐ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____ Signature: _____

Print Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PPJ / H+H Name: Yogesh Chauhan

DATE: 6/6/17 Municipality: _____

Petition/CUP #/Resolution/Ordinance Amendment/Subject: Sal

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

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

..... ☐ YES ☒ NO

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

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

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

☐ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES

☐ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES

☐ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Public Protection Name: LINDA ELLEN
DATE: 6-6-17 BH55 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Jail diversion

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

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

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

Comments:

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ☐ YES ☒ NO
(A reporting period is January to June or from July to December.)

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings? ☐ YES ☒ NO
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? ☐ YES ☐ NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 6-06-17 Signature: Linda Ellen
Print Name: LINDA ELLEN

REGISTRATION BEFORE COUNTY COMMITTEE

Public Protection
Committee Name: BHSS Name: Patricia Miles

DATE: 6-6-17 Municipality: Madison

Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

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

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

..... ☐ YES ☒ NO

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

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

Comments:

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

☒ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES

☒ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES

☒ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES

☒ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 6-6-17

Signature

Patricia Miles Patterson

Print Name

Patricia Miles Patterson

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Public Protection / BASS Name: Bruce Kahn
DATE: 6/6/17 Municipality: Madison
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 ☒ 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

☒ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES

☒ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES

☒ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES

☒ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 6/6/17

Signature

Print Name

Bruce W. Kahn

Bruce W. Kahn

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: DHS / PPS Name: Lucy Gibson
DATE: 6/6/2017 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Item D Jail Diversion

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

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

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

Comments:

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?..... ☐ YES ☐ NO
(A reporting period is January to June or from July to December.)

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?..... ☐ YES ☐ NO
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?..... ☐ YES ☐ NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____ Signature _____
Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Public Protection + Justice IDHS Name: Sara (Sully) Gleason
DATE: 6/6/17 Municipality: Monona
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Item D - Support diversion from jail for mental health issues

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

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

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

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

Comments:

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

..... ☐ YES ☒ NO
(A reporting period is January to June or from July to December.)

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

..... ☐ YES ☐ NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 6/6/17 Signature: Sara Gleason
Print Name: Sara Gleason

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Public Protection and Justice Name: Daniel Hast
DATE: 2017-06-06 Municipality: Dane
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Item D (jail diversion)

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

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

..... ☐ YES ☒ NO

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

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

Comments:

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 ☐ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES ☐ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES ☐ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____ Signature: _____

Print Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN + PPS Name: MARTINA RIPPON
DATE: 06/06/2017 Municipality: TOWN OF MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: JAIL DIVERSION

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

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

..... ☐ YES ☒ NO

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

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

Comments:

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

☒ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES

☒ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES

☒ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 20170606

Signature

Martina Rippon

Print Name

MARTINA RIPPON

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PP & J HAN Name: Jean Landini
DATE: 6/6/17 Municipality: Westport
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Support dinner from jail

☐ 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

☒ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES

☒ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES

☒ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____ Signature: _____

Print Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PPG 2 & HAN Name: Patricia Kippert, RN
DATE: 6/6/2017 Municipality: San Prairie, WI
Petition/CUP #/Resolution/Ordinance Amendment/Subject: I support diversion from jail for persons w AODA & Mental Health issues -

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

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

..... ☐ YES ☒ NO

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

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

Comments:

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 ☐ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES ☐ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES ☐ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Health & Human Serv Name: Clare McArdle
DATE: 4-6-17 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Spil Diversion

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

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

..... ☒ YES ☐ NO

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

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

Comments:

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

☐ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES

☐ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES

☐ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN & PPT Name: Gail Bliss
DATE: 6-6-17 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Jail Diversion

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

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

..... ☐ YES ☒ NO

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

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

Comments:

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.]

(off duty)

3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?

☐ YES ☒ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?

☐ YES ☒ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?

☐ YES ☒ NO ?

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☒ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 6/6/17

Signature: Gail Bliss

Print Name: GAIL BLISS

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PP4J & HHN Name: S. Frances Hoffman

DATE: 6/6/17 Municipality: Town of Burke

Petition/CUP #/Resolution/Ordinance Amendment/Subject: Supporting Mental Health Urgent Care outside of Jail, in community or at Crisis Restoration Center

☐ 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?

Member of MOSES ☒ YES ☒ NO (not official)
[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:

S. Frances Hoffman 6136 Portage Rd
DeForest, WI 53532

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 ☒ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ☐ YES ☒ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings? ☒ YES ☐ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? ☒ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: June 6, 2017

Signature: S. Frances Hoffman

Print Name: S. Frances Hoffman

PP + J and Hail NW

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: _____ Name: KATHRYN MULLIGAN

DATE: June 6, Municipality: Madison

Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

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

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

..... ☐ YES ☒ NO

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

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

In support of jail diversion for people
with mental illness

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

☒ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?

☐ YES

☐ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?

☐ YES

☐ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: June 6, 2017

Signature

Print Name

KATHRYN MULLIGAN

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PP+J & HHN Name: Julie Schwab
DATE: 6/6 Municipality: Middleton
Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

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

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

..... ☐ YES ☒ NO

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

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

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

☒ NO

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?.....

☐ YES

☒ NO

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?.....

☐ YES

☐ NO

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

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

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

☐ YES

☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____ Signature: _____

Print Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PPJ: HHN Name: Susan Herbst
DATE: 6/6/17 Municipality: DeForest
Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

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

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

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

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

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ☐ YES ☐ NO
(A reporting period is January to June or from July to December.)

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings? ☐ YES ☐ NO
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? ☐ YES ☐ NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: 6/6/17 Signature: Susan Herbst
Print Name: SUSAN HERBST