

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: ITBN Name: Sr. Fran Hoffman
DATE: 10/25/17 Municipality: Town of Burke
Petition/CUP #/Resolution/Ordinance Amendment/Subject: See ITBN (-)

<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: 10/25/17

Signature: S. Frances Hoffman

Print Name: S. Frances Hoffman

REGISTRATION BEFORE COUNTY COMMITTEE

C2

Committee Name: HAN Name: RONALD BARBETT
 DATE: 10/26/17 Municipality: _____
 Petition/CUP #/Resolution/Ordinance Amendment/Subject: HAN C1

☒ 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:

SANCTUARY INC

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: 10/26/17

Signature

Ronald Barbett

Print Name

RONALD BARBETT

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHS Name: Eileen Zeiger
DATE: 10/25/17 Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN 00-05

<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:

Rape Crisis Center
2801 Coho St., Madison, UT 53713

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: 10/25/17 Signature: EZ.
Print Name: Eileen Zeiger

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: Summer Herrmann

DATE: 10/25/17 Municipality: _____

Petition/CUP #/Resolution/Ordinance Amendment/Subject: Prevention Funding

<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:

Rape Crisis Center, 2801 Coho St. Madison WI 53713

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: 10/25/17

Signature: [Signature]

Print Name: Summer Herrmann

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: Esther Olson
DATE: 10/25/17 Municipality: MONTEROSE
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-0-02 + 10

☒ 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:

Area Agency on Aging

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: 10/25/17

Signature: Esther Olson

Print Name: Esther Olson

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: H&H Name: Tom Frazier
DATE: 10/25/17 Municipality: Middleton
Petition/CUP #/Resolution/Ordinance Amendment/Subject: # 2 & 10

☒ 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:

Also Agency on Aging of Dane Co, Legislative/Advocacy Comm.

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: 10/25/17

Signature

Thomas L. Frazier

Print Name

Thomas L. Frazier

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Health + Human Needs Name: Margaret Carden

DATE: 10/25/17 Municipality: _____

Petition/CUP #/Resolution/Ordinance Amendment/Subject: Amendment HAN-0-01

- | | | |
|--|--|---|
| <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:

Institute for Community Alliances, 448 W Washington Ave
Madison, WI 53703 716-512-3496

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: 10/25/17

Signature: Margaret Carden

Print Name: Margaret Carden

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Name: RONALD BARBETT
DATE: 10/26/17 Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: HHN-0-9

<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:

SANCTUARY, INC.

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:

10/1/17

Signature

Ronald Barbett

Print Name

RONALD BARBETT