DATE: 19/16	Name:	marga	vet a Colsen
Item #/Petition/CUP # or Subject:	Municip	ality: <u>તે ન</u> ્	medison
2017 Bulget H H Need	5 2/15		
	☐ Wish to Speak in Op ☐ Registering in Oppo		☐ Available for Information Only
1. On this occasion, are you official			
[If you checked "NO," <u>STOP;</u> you need	not complete the rest of th	is form. If you	u checked "YES," go on to the next question.]
Name, address and telephone number	of each person or organiza	ition you are i	representing:
Comments:			
person or organization?[If you checked "NO" to the question If you checked "YES," continue to	n, <u>STOP;</u> you need not c the next question.]	omplete the	
other governmental body?	ion, <u>STOP;</u> you need not	complete th	your office or for your municipality or YES NO ne rest of this form except that you must sign on.]
	od?	***************	e than \$500 on county lobbying activities □YES□NO
	***************************************		ard supervisors other than at public
you do make more than 2 contacts	at a later date, you must	then contac	complete the rest of this form. However, if the County Clerk's office to file a form 'ES" to either question at this time, go on to
during the current reporting perio	od, you must file a finar	ncial disclos	ou represent spends more than \$500 sure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	e County Clerk at 266-41	21 or go to t	□YES□NO The Clerk's office at Room 106A of the City-
Date:	Signatu	re	
	Print Na	me	

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/19/16 Name: Steph Stringer Item #/Petition/CUP # or Subject: Municipality: Madison 2017 Budget HHN6 & 2
Item #/Petition/CUP # or Subject: Municipality: Madison
2017 Budget HHN/5 &2
 □ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
On this occasion, are you officially representing an organization or a person other than yourself? /
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this
person or organization?
If you checked "YES," continue to the next question.]
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or
other governmental body?
this form. If you checked "NO," to the question, go on to the next question.]
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities
during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)
[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if
you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to
the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500
during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
County Building, Madison, for more information.]
Date: Signature
Date: Signature

Print Name _____

DATE: 10/19/16 Name: Chet Agni
Item #/Petition/CUP # or Subject: Municipality: Madism
Item #/Petition/CUP # or Subject: Municipality: Madison HHN Amendment (Restorative Justice) by Superison Young
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
Registering in Support Registering in Opposition Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Wisconsin Council on Children & Families
Wisconsin Council on Children & Families 555 W. Washington Ave, Suite 200
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this
person or organization?
If you checked "YES," continue to the next question.]
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or
other governmental body?□YES
this form. If you checked "NO," to the question, go on to the next question.]
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities
during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?□YES
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if
you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to
the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500
during the current reporting period, you must file a financial disclosure statement with the county clerk? □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.]
Most Acc
Date: 10/19/14 Signature Chat Assignature
Digital Name (160 + A C) A

DATE: 10/19/16	Name: Michael Dandon
Item #/Petition/CUP # or Subject:	Municipality: Jene County
2017 aget, HHN2, HHN 15	
□ Wish to Speak in Support Registering in Support	 ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
On this occasion, are you officially	representing an organization or a person other than yourself?
Ilf you checked "NO." STOP: you need n	not complete the rest of this form. If you checked "YES," go on to the next question.]
	of each person or organization you are representing:
rvame, address and telephone names o	readily person of organization year are representing.
Comments:	
person or organization?[If you checked "NO" to the question, If you checked "YES," continue to th 3. Are you an elected official who	is appearing solely on behalf of your office or for your municipality or
[If you checked "YES," to the questio	nn, <u>STOP;</u> you need not complete the rest of this form except that you must sign e question, go on to the next question.]
4. Has or will the person or organic during the current reporting period (A reporting period is January to June	ization you represent spend more than \$500 on county lobbying activities d?□YES□NO e or from July to December.)
hearings or meetings?	than 2 contacts with County Board supervisors other than at public YESNO Ity Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts a	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if it a later date, you must then contact the County Clerk's office to file a form so sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more i	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 19/19/16	Print Name Michael Dandon
	Print Name Michael Dandson

DATE: 0-19-16	Name: HNGIL WYSE KEESEV
Item #/Petition/CUP # or Subject:	Municipality: Mudison
2017 Budget W HHN 2019	5
AN 및 전상적으로 즐겁게 된 바라보다면서 그 및 및 INTERNATION (1987)	to Speak in Opposition dering in Opposition Deliable for Information Only
1. On this occasion, are you officially represen	nting an organization or a person other than yourself? □YESVNO
[If you checked "NO," <u>STOP</u> ; you need not comple	ete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each per	son or organization you are representing:
Comments:	
2. Are you being paid for your representat person or organization?	
other governmental body?	aring solely on behalf of your office or for your municipality or
4. Has or will the person or organization ye during the current reporting period? (A reporting period is January to June or from	ou represent spend more than \$500 on county lobbying activities YES□NO July to December.)
hearings or meetings?	sontacts with County Board supervisors other than at public
you do make more than 2 contacts at a later of	ove, <u>STOP</u> ; you need not complete the rest of this form. However, if date, you must then contact the County Clerk's office to file a form nis form. If you checked "YES" to either question at this time, go on to
during the current reporting period, you me	person or organization you represent spends more than \$500 ust file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County C County Building, Madison, for more information	□YES□NO Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City- on.]
Date: O. Q. LQ	Signature Anguly Cooperation
	Print Name

DATE: 10-19-16	Name: Mary E. Vacalis
Item #/Petition/CUP # or Subject:	Name: <u>Mary E. Jacolis</u> Municipality: <u>Madison</u>
2017 Budget HHN2	415
	o Speak in Opposition ering in Opposition Available for Information Only
	ting an organization or a person other than yourself?
[If you checked "NO," STOP; you need not complete	te the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each per-	son or organization you are representing:
Graduill Ind	ustries
1302 mendat	ustries La St 53714 608-246-3140
madison W/	53714 608-246-3140
Comments:	
2. Are you being paid for your representati person or organization?	on or appearing incidental to your other paid duties for this Ou need not complete the rest of this form. estion.]
other governmental body?	ring solely on behalf of your office or for your municipality or you need not complete the rest of this form except that you must sign n, go on to the next question.]
4. Has or will the person or organization your during the current reporting period?	ou represent spend more than \$500 on county lobbying activities □YES July to December.)
hearings or meetings?	ontacts with County Board supervisors other than at public YESNO supervisor who represents the district in which you reside.)
you do make more than 2 contacts at a later d	ove, <u>STOP</u> ; you need not complete the rest of this form. However, if late, you must then contact the County Clerk's office to file a form is form. If you checked "YES" to either question at this time, go on to
during the current reporting period, you mu	erson or organization you represent spends more than \$500 ust file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Conty County Building, Madison, for more information	lerk at 266-4121 or go to the Clerk's office at Room 106A of the City-n.]
Date: 10-19-16	Signature <u>Mary E. Jacobs</u> Print Name <u>Mary E. Jacobs</u>
	Print Name Mary E Jacobs

DATE: 10/19/16	Name:	FAMCES	BICKNELL	-
Item #/Petition/CUP # or Subject:	Municipality:			
Support 2017 Budget of HHN	2 and 15!	Swam	ITTED WRITTEN	N TESTIMON
	to Speak in Opposi tering in Oppositior		ailable for Informati	on Only
1. On this occasion, are you officially represen	nting an organizatio	n or a person oth	er than yourself?	VINO
[If you checked "NO," <u>STOP</u> ; you need not comple	ete the rest of this for	m. If you checked	"YES," go on to the i	next question.]
Name, address and telephone number of each per	rson or organization	you are representi	ng:	
Comments:				
2. Are you being paid for your representat person or organization?	you need not compuestion.] aring solely on below, you need not compute, you need not compute, go on to the nextou represent sperious July to December.	half of your officently applete the rest of the truestion.] and more than \$5	is form. Dee or for your mur YES This form except the One on county lobb YES	nicipality or□NO at you must sign bying activities
5. Do you anticipate making more than 2 chearings or meetings?			□YES	□NO
[If you checked "NO," to questions 4 and 5 ab you do make more than 2 contacts at a later of indicating such activity. You must also sign the next question.]	date, you must then	contact the Cou	inty Clerk's office to	file a form
6. If "YES," do you understand that if the public during the current reporting period, you me	ust file a financial	disclosure stat	ement with the co	unty clerk?
[If you checked "NO" please call the County C County Building, Madison, for more information	Clerk at 266-4121 o	r go to the Clerk'	□YES s office at Room 10	⊔NO 06A of the City-
Date:	Signature _			
	Print Name			

REGISTRATION BEFORE COUNTY BOARD
DATE: 0 19 16 Name: Gin Shea
Item #/Petition/CUP # or Subject: Municipality: Municipality: Madison
DATE: 10 19 16 Name: Gin Shea Item #/Petition/CUP # or Subject: Municipality: Madison DO 17 Budget with MMN 2 * 15
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
THE RELEASE OF THE PARTY OF THE
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□YES□NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 10 19 10 Signature One Oring Shea
Print Name

REGISTRATION BEFORE COUNTY BOARD Name: Municipality: Item #/Petition/CUP # or Subject: HHN-0-15 ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition Registering in Support ☐ Registering in Opposition □ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: Comments: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES ------ NO If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," continue to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?...... YES --------------NO (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?□YES------□NO Ilf you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.] Signature _____ Date:

Print Name

DATE: Oct 19, 2016	Name:	Christine With
Item #/Petition/CUP # or Subject:		Winosor
HHW 2 215 2017 TUDOFT	<u></u>	
White Street provide was an State was Street	☐ Wish to Speak in Opposition ☐ Registering in Opposition	
1. On this occasion, are you officially re	epresenting an organization	or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need not	t complete the rest of this form.	
Name, address and telephone number of e	each person or organization yo	ou are representing:
Comments:		
person or organization?	STOP; you need not complete next question.] s appearing solely on behaviors, STOP; you need not complete question, go on to the next of ation you represent spend or from July to December.) han 2 contacts with Count	alf of your office or for your municipality or
hearings or meetings?(Do not count contacts with the County	/ Board supervisor who repr	resents the district in which you reside.)
you do make more than 2 contacts at a	a later date, you must then c	ed not complete the rest of this form. However, if contact the County Clerk's office to file a form ked "YES" to either question at this time, go on to
during the current reporting period,	you must file a financial d	tion you represent spends more than \$500 disclosure statement with the county clerk?
[If you checked "NO" please call the Co County Building, Madison, for more inf	ounty Clerk at 266-4121 or g	□YES□NO go to the Clerk's office at Room 106A of the City-
Date:	Signature	
	Print Name	

DATE: 10/19/16	Name: 70	Cosin Williamson
Item #/Petition/CUP # or Subject:	Municipality:	(Dundser
BUDGET HANDELS	-	
☐ Wish to Speak in Support Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition	
1. On this occasion, are you officially	y representing an organization o	or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need	not complete the rest of this form.	If you checked "YES," go on to the next question.]
Name, address and telephone number	of each person or organization you	are representing:
Comments:		
person or organization?	n, <u>STOP;</u> you need not complete he next question.] o is appearing solely on behal	f of your office or for your municipality or □YES□NO
[If you checked "YES," to the question this form. If you checked "NO," to the		ete the rest of this form except that you must signuestion.]
	d?	more than \$500 on county lobbying activities □YES□NO
hearings or meetings?	***************************************	Board supervisors other than at public YES NO sents the district in which you reside.)
you do make more than 2 contacts a	at a later date, you must then co	not complete the rest of this form. However, if ontact the County Clerk's office to file a form ed "YES" to either question at this time, go on to
during the current reporting perio	d, you must file a financial di	on you represent spends more than \$500 sclosure statement with the county clerk?
	County Clerk at 266-4121 or go	o to the Clerk's office at Room 106A of the City-
Date:	Signature	
	Print Name	

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/19/16 Name: Magge Dugan Item #/Petition/CUP # or Subject: , Municipality: MAD150M 2017 Budget - NNN 2 & NHN 15
Item #/Petition/CUP # or Subject: , Municipality:
0017 Budget - NHNQ & NHN15
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□YES□NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 10/19/16 Signature Maggie Dugan Print Name Maggie Dugan
Print Name Maggie Dugan

DATE: 10/19/16	Name:	Melanie	witte	
Item #/Petition/CUP # or Subject: 2017 Budgeナナ HHN2	Municip	pality: Mad	ison	
HHN 15				
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Oppo		☐ Available for Informa	ition Only
1. On this occasion, are you officially	representing an organ	ization or a pers	on other than yourself?	1
[If you checked "NO," <u>STOP;</u> you need I	not complete the rest of th	nis form. If you cl	□YES necked "YES," go on to the	e next question.]
Name, address and telephone number of	of each person or organiz	ation you are rep	resenting:	

Comments:				
2. Are you being paid for your reperson or organization?	, <u>STOP;</u> you need not o	-	□YES	
3. Are you an elected official who other governmental body?	on, <u>STOP;</u> you need no	t complete the i	□YES rest of this form except to	□NO
4. Has or will the person or organ during the current reporting perio (A reporting period is January to Jun	d?			
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count			□YES	□NO
[If you checked "NO," to questions 4 you do make more than 2 contacts a indicating such activity. You must at the next question.]	t a later date, you mus	t then contact th	ne County Clerk's office	to file a form
6. If "YES," do you understand th during the current reporting perio	d, you must file a fina	ncial disclosu	e statement with the c	ounty clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4:		□YES Clerk's office at Room	
Date: 10 lia li k	Signate	ure Melan	u with	2
	Print Na	ame Mel	anie Witte	

DATE: 10 -19 - 16	Name: Candy Knick
Item #/Petition/CUP # or Subject:	_ Municipality: Madison
Item #/Petition/CUP # or Subject: 2017 Budget w/ HHN2 715	
☐ Wish to Speak in Support ☐ Wish to \$	Speak in Opposition □ Available for Information Only
On this occasion, are you officially representir	ng an organization or a person other than yourself?
	the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each perso	on or organization you are representing:
Comments:	
2. Are you being paid for your representation person or organization?	
other governmental body?	ng solely on behalf of your office or for your municipality or
	u represent spend more than \$500 on county lobbying activities □YES□NO uly to December.)
hearings or meetings?	ntacts with County Board supervisors other than at public
you do make more than 2 contacts at a later dat	ve, <u>STOP</u> ; you need not complete the rest of this form. However, if te, you must then contact the County Clerk's office to file a form form. If you checked "YES" to either question at this time, go on to
during the current reporting period, you mus	erson or organization you represent spends more than \$500 st file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clean County Building, Madison, for more information.	PYES□NO ork at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date:	Signature
	Print Name

DATE: 10/19/16 Name: Kristyn Chlebouski
DATE: 10/19/16 Name: Kristyn Chlebouski Municipality: Madison 2017 Budget w HHN 2+15
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? 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 I
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□YES□NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 10/19/16 Signature & O
Date: 10/19/16 Signature & Chlabowsky

DATE: \0/19/16	Name:	aura	/immema
Item #/Petition/CUP # or Subject:	Municipality: _	Madi	507
2017 Budget HHZ, HHN 15			
	ak in Oppositio in Opposition		Available for Information Only
On this occasion, are you officially representing a	n organization	or a person	other than yourself?
[If you checked "NO," <u>STOP;</u> you need not complete the	rest of this form.	If you chec	ked "YES," go on to the next question.]
Name, address and telephone number of each person or	organization yo	u are represe	enting:
Comments:			
2. Are you being paid for your representation or person or organization?	ed not complet	e the rest o	of this form. □YES□NO
3. Are you an elected official who is appearing so ther governmental body?	need not comp	ete the resi	□YES□NO
4. Has or will the person or organization you reporting the current reporting period?(A reporting period is January to June or from July to		more thar	n \$500 on county lobbying activities □YES□NO
5. Do you anticipate making more than 2 contact hearings or meetings?		·	□YES□NO
[If you checked "NO," to questions 4 and 5 above, <u>S</u> you do make more than 2 contacts at a later date, y indicating such activity. You must also sign this fon the next question.]	ou must then o	ontact the	County Clerk's office to file a form
6. If "YES," do you understand that if the person during the current reporting period, you must fil	e a financial d	isclosure s	statement with the county clerk?
[If you checked "NO" please call the County Clerk a County Building, Madison, for more information.]	t 266-4121 or g	go to the Cl	erk's office at Room 106A of the City-
Date:	Signature		
	Print Name		

REGISTRATION BEFORE COUNTY BOARD DATE: Item #/Petition/CUP # or Subject: Municipality: 2017 Budget ☐ 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," continue to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?□YES-----□NO [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Print Name

DATE: 01916		Name: _	lean	Balrysoni
Item #/Petition/CUP # or S		Municipalit		ohlyn
2017 Budget V	WHALHHUZ+15			J
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Registering in Support	☐ Registering			☐ Available for Information Only
1. On this occasion, are yo	u officially representing a	an organizat	ion or a pers	son other than yourself? □YES∇NO
[If you checked "NO," <u>STOP</u> ;	you need not complete the	rest of this f	orm. If you c	hecked "YES," go on to the next question.]
Name, address and telephon	e number of each person o	r organizatio	n you are rep	presenting:
	<u> </u>			
Comments:				
person or organization? [If you checked "NO" to the If you checked "YES," cord. Are you an elected off	e question, <u>STOP;</u> you ne ntinue to the next question ficial who is appearing	eed not com n.] solely on b	aplete the res	I to your other paid duties for this
	he question, <u>STOP</u> ; you	need not co	mplete the i	rest of this form except that you must sig
	ing period?			han \$500 on county lobbying activities □YES□NO
hearings or meetings?				I supervisors other than at public □YES□NO he district in which you reside.)
you do make more than 2	contacts at a later date, y	you must the	en contact th	mplete the rest of this form. However, if he County Clerk's office to file a form S" to either question at this time, go on to
		le a financi	al disclosui	represent spends more than \$500 re statement with the county clerk?
[If you checked "NO" pleas County Building, Madison,	The second secon		or go to the	□ YES□ NO □ Clerk's office at Room 106A of the City-
Date: 10/19/16		Signature	Locu	1 Baer-soni
		Print Name	llay	Baersoni

REGISTRATION BEFORE COUNTY BOARD DATE: 10/19/16 Item #/Petition/CUP # or Subject: 2017 Budgel HHN2 EIS ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition Registering in Support ☐ Registering in Opposition □ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: Comments: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," continue to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?...... [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date. you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.] Date: Signature

Print Name

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

DATE: 10 (19)16	Name: SANDY BRAVIND Municipality: COTTAGE GROVE
Item #/Petition/CUP # or Subject:	Municipality: COTTAGE GROVE
HHN 2 HHN	
HHW & HHM	Manager and the second
□ Wish to Speak in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition☐ Available for Information Only
	representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need r	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of	of each person or organization you are representing:
Comments:	
	presentation or appearing incidental to your other paid duties for this
[If you checked "NO" to the question,	, <u>STOP;</u> you need not complete the rest of this form.
If you checked "YES," continue to the	
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
	on, <u>STOP</u> ; you need not complete the rest of this form except that you must sign be question, go on to the next question.]
	ization you represent spend more than \$500 on county lobbying activities d?□YES□NO
(A reporting period is January to Jun	
5 Do you anticinate making more	than 2 contacts with County Board supervisors other than at public
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	nty 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 a	at a later date, you must then contact the County Clerk's office to file a form
indicating such activity. You must all the next question.]	so sign this form. If you checked "YES" to either question at this time, go on to
	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
***************************************	□YES□NO
[If you checked "NO" please call the County Building, Madison, for more i	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date:	Signature Dandy Bound
	Signature Dandy Brownd Print Name SPNDy BRAUND

DATE: 10-19-16 Name: Todd Costello
DATE: 10-19-16 Name: Todd Costello Item #/Petition/CUP # or Subject: Municipality:
2017 Budget w/HHN2 + \$15
□ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Support □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing:
Community Living ALLIANCE 1414 MACATHER R.O MANSON, WIS
The former to the survey of the
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
□ YES□NO [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 10-19-16 Signature Todd Costello
Print Name Todd Costello

DATE: 10 19 10	_ Name:	Stephani	e
Item #/Petition/CUP # or Subject:	Municipa	ality: <u>MAdİS</u>	
2017 Budget & HHN2 & 1	HHN15		
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Op☐ Registering in Oppos	A CALCADON CONTRACTOR OF THE PROPERTY OF THE P	□ Available for Information Only
			□ Available for Information Only
On this occasion, are you officially			□YES> >MO
[If you checked "NO," <u>STOP</u> ; you need n	ot complete the rest of thi	s form. If you ch	hecked "YES," go on to the next question.]
Name, address and telephone number of	f each person or organiza	tion you are repr	resenting:
Comments:			
2. Are you being paid for your represent or organization?	STOP; you need not co		□YES□NO
3. Are you an elected official who other governmental body?	n, <u>STOP;</u> you need not	complete the r	
4. Has or will the person or organi during the current reporting period (A reporting period is January to June	l?	·	
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Coun	***************************************		□YES□NO
you do make more than 2 contacts at	t a later date, you must	then contact th	mplete the rest of this form. However, if ne County Clerk's office to file a form S" to either question at this time, go on to
6. If "YES," do you understand that during the current reporting period	l, you must file a finan	icial disclosur	re statement with the county clerk?
[If you checked "NO" please call the C County Building, Madison, for more in	County Clerk at 266-412	21 or go to the	□ YES□NO Clerk's office at Room 106A of the City-
Date:	Signatui	re	
	Print Nar	me	

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

Print Name

REGISTRATION BEFORE COUNTY BOARD Name: Lynnea RNielsen Municipality: Madisen, W. (Dz DATE: 10.19.16 Item #/Petition/CUP # or Subject: HHN #2 & #15 ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Wish to Speak in Opposition☐ Registering in Opposition Registering in Support ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself?□YES ------NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: Comments: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES -------[If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," continue to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?...... YES ------ NO [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.] 6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?□YES-----□NO [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.] Date: _____ Signature

Print Name

DATE: 10/19/20/4 Name: Deloris D Nash
Item #/Petition/CUP # or Subject: Municipality: Municipality:
DATE: 10 /19/20/4 Name: Deloris D Nash Item #/Petition/CUP # or Subject: Municipality: Madisa HHN #29 #15+ 2017 huma Savices Budget
 □ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? ⊠YES□NO
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Access to Independence
Access to Independence 3810 milwail ST.
Madisa - 53714
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
□YES
Date: 89/10/19/14 Signature Dolor D/Comprint Name Delor B D NGS
Print Name Heloris DNGS

DATE: 10/19/16 Name: Wondy Hecht Municipality: Madson
Item #/Petition/CUP # or Subject: Municipality: Madison
DATE: 10/19/16 Name: Wordy Hecht Municipality: Madson HHN 2 + 15 + 2017 human services budget
Wish to Speak in Support Wish to Speak in Opposition Registering in Support Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing:
Comments:
 Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature
Print Name

Name: Jim Kruger Item #/Petition/CUP # or Subject: Municipality: Wish to Speak in Support
Registering in Support Registering in Opposition Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? YES
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
North Eastsile Senior Coolition 1625 Northport, Dr. Makism. W. 53704 (608) 243-5252
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," continue to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? [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?□YESNO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
County Building, Madison, for more information.]
Date: Signature

DATE: 10/19/16 Name: Christine Albertson
Item #/Petition/CUP # or Subject: Municipality: MuCliSO Municipality: MuCliSO
Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? NO [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Towney Marta Steath Bester, 25 Kossel Ct, Martin, wit
VOIV!
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
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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: 10/19/16 Signature Christner Albertan.
Fillit Marile

DATE: 10/19/2016	Name: DAUG DELAP
Item #/Petition/CUP # or Subject:	Municipality: MAO150N
ZOIT BUDGET + HHNZ	
☐ Wish to Speak in Support ☐	PLEASE PROVIDE THE POS AGENCIES AS LARGE OF Wish to Speak in Opposition A COST OF LIVING THE CROSSE AS POSSER Registering in Opposition Available for Information Only
On this occasion, are you officially re	presenting an organization or a person other than yourself?
	complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of e	ach person or organization you are representing:
Comments:	
person or organization?	appearing solely on behalf of your office or for your municipality or
you do make more than 2 contacts at a	nd 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if later date, you must then contact the County Clerk's office to file a form sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period,	if the person or organization you represent spends more than \$500 you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the Co County Building, Madison, for more info	ounty Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-ormation.]
Date:	Signature
	Print Name

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/19/10 Name: Suzanne Hanson Item #/Petition/CUP # or Subject: Municipality: Sun Prairie
Item #/Petition/CUP # or Subject: Municipality: <u>Sun Prairie</u>
2017 Budget & HHN 2+15
V
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature

Print Name _____

DATE: 10	Name: Suttle fur 1005
Item #/Petition/CUP # or Subject: 14HN#2 and #15,	Name: Suttle fur 1925 Municipality: Maderon 2017 ford set
- Comments of	- of 1 buck ger
☐ Wish to Speak in Support✗ Registering in Support	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you official	ly representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need	I not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number	of each person or organization you are representing:
Comments:	
person or organization?[If you checked "NO" to the question If you checked "YES," continue to	
other governmental body?	o is appearing solely on behalf of your office or for your municipality or YES
	nization you represent spend more than \$500 on county lobbying activities od?
hearings or meetings?	re than 2 contacts with County Board supervisors other than at public ————————————————————————————————————
you do make more than 2 contacts	4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form also sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting peri-	hat if the person or organization you represent spends more than \$500 od, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	e County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City- e information.]
Date:	Signature
	Print Name

REGISTRATION BEFORE COUNTY BOARD
DATE 10-19-216 Name: SERBAUL
Item #/Petition/CUP # or Subject: Municipality: Municipality:
H HM 2 cond/5
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
Registering in Support
1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
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6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? ———————————————————————————————————
Date: Signature

Print Name _____

DATE: 10/19/16	Name:	BETH HOUVEN
Item #/Petition/CUP # or Subject:	Municipality	Section :
HIHN #2 and #15 + 2017 budger	f	
	Speak in Opposering in Opposition	
On this occasion, are you officially represent	ing an organizatio	on or a person other than yourself?
		m. If you checked "YES," go on to the next question.]
Name, address and telephone number of each pers		
		,
0		
Comments:		
Comments.		
2. Are you being paid for your representation person or organization?	ou need not comp	□YES□NO
other governmental body?[If you checked "YES," to the question, <u>STOP</u> ;	you need not con	half of your office or for your municipality or
this form. If you checked "NO," to the question,	, go on to the nex	t question.]
4. Has or will the person or organization you during the current reporting period?		
5. Do you anticipate making more than 2 co hearings or meetings?(Do not count contacts with the County Board s		
you do make more than 2 contacts at a later da	ite, you must ther	eed not complete the rest of this form. However, if a contact the County Clerk's office to file a form ecked "YES" to either question at this time, go on to
	st file a financial	disclosure statement with the county clerk?
[If you checked "NO" please call the County Cle County Building, Madison, for more information	erk at 266-4121 o	□YES□NO r go to the Clerk's office at Room 106A of the City-
Date:	Signature _	
	Print Name	

DATE: 10/19/16 Name: Deborah Pove	
DATE: 10/19/16 Name: Deborah Pove Item #/Petition/CUP # or Subject: Municipality: City of Madism	
2017 budget and HHN 2+15	
 □ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only 	
On this occasion, are you officially representing an organization or a person other than yourself?	
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.	.]
Name, address and telephone number of each person or organization you are representing:	
PONENDAN	
Comments:	
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?	sigr t ies
(A reporting period is January to June or from July to December.)	
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?	
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, 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 or 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 County Building, Madison, for more information.]	ity-
Date: Signature	
Print Name	

7 7 REGISTRATION BEFORE COUNTY BOARD
DATE: 16/19/16 Name: Madison Municipality: Madison
Item #/Petition/CUP # or Subject: Municipality: Madison
DATE: 10/19/16 Name: Manicipality: Madison 2017 Budget with HHN Z+15
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
Registering in Support
1. On this occasion, are you officially representing an organization or a person other than yourself?□YES□NO
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□YES□NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 10/19/16 Signature Muld Print Name Andrew Shea
Print Name Andrew Shea

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/19/16 Name: Tim Cordon
Item #/Petition/CUP # or Subject: Municipality: Maison.
HHN #2 a #15 of 2014 Budget
☐ Wish to Speak in Support
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
 Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 10/19/16 Signature Lordon Print Name Time Cordon
Print Name Tim Cordon

DATE: 10-19-16 Name: Jane MacLean				
Item #/Petition/CUP # or Subject: Municipality: Town of				
HOBIT STA HAN 2-1-15 / Middleton				
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only				
1. On this occasion, are you officially representing an organization or a person other than yourself?				
□YES□NO [If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]				
Name, address and telephone number of each person or organization you are representing:				
Comments:				
person or organization?				
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?				
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]				
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?				
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]				
Date: Signature				

Print Name

REGISTRATION BEFORE COUNTY BOARD
DATE: 10-19-10 Name: May 2001800
Item #/Petition/CUP # or Subject: Municipality: Houghton, Work or
2017 Budget, HHW2, HHW15 Penricounter
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? [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:
Traine, address and tolephone number of each percent of enganization year are representing
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
[If you checked "YES," to the question, <u>STOP</u> ; you need not complete the rest of this form except that you must sig this form. If you checked "NO," to the question, go on to the next question.]
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature Constitution
Print Name Hary-Jool Sur

DATE: 10/19/2010 Name: Amy CALLAHAN Item #/Petition/CUP # or Subject: Municipality:			
Item #/Petition/CUP # or Subject: Municipality:			
DOIT BUDGET HHN 15			
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only			
1. On this occasion, are you officially representing an organization or a person other than yourself? ———————————————————————————————————			
Comments:			
 Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?			
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?			
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?			
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]			
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?□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: 10/19/2010 Signature any Cellabe			

REGISTRATION BEFORE COUNTY BOARD
DATE: 10 19/16 Name: KATMIN RINNY
Item #/Petition/CUP # or Subject: Municipality:
HHN2
 □ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
Name, address and telephone number of each person or organization you are representing: Jaurney Mtle
25 Kessel Ct
Madwon, W1 53711
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ————————————————————————————————————
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 10/19/16 Signature Kathy Rivor

DATE: 10-19-16	Name:	Teresa	Rhodes	
Item #/Petition/CUP # or Subject:	Municipality	v:_Mac	dison	
□ Wish to Speak in Support✓ Registering in Support	☐ Wish to Speak in Oppo☐ Registering in Opposition		☐ Available for Inform	mation Only
1. On this occasion, are you officially [If you checked "NO," STOP; you need re Name, address and telephone number of REM Wisconsin In 2005 W. Beltine Hw	not complete the rest of this for seach person or organization 1. C. y Ste 100	orm. If you c	hecked "YES," go on to	S
Madison WI 537	<i>l</i> 3			
Comments:				
 Are you being paid for your repperson or organization?	is <u>STOP;</u> you need not combe next question.] is appearing solely on both, <u>STOP;</u> you need not code question, go on to the ne	plete the re ehalf of you mplete the least question	st of this form. Ur office or for your i I YE rest of this form excep .]	ES □NO municipality or ES ☑NO ot that you must sign
4. Has or will the person or organ during the current reporting period (A reporting period is January to June	d?			
5. Do you anticipate making more hearings or meetings?	nty Board supervisor who r and 5 above, <u>STOP;</u> you r t a later date, you must the	epresents the need not content to		ES□NO u reside.) form. However, if ce to file a form
6. If "YES," do you understand the during the current reporting period	d, you must file a financi	al disclosu	re statement with the	e county clerk?
[If you checked "NO" please call the County Building, Madison, for more i	nformation.]	or go to the	Clerk's office at Roor	m 106A of the City-
Date: 10-19-16	Signature\	Iire	sa Rhodo sa Rhodes	!
	Print Name	1 leres	ia Khodes	

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/19/2016 Name: CMYL TERRELL Municipality: MADISON
Item #/Petition/CUP # or Subject: Municipality: Municipality: Municipality:
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? WES
Name, address and telephone number of each person or organization you are representing:
CRANES, POBOX 34B MANUSON WI 53704
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? □YES□NO
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 10/19/2016 Signature Langl Towell Print Name CAPIL TERREL
Print Name CARYL TERRELL

DATE: $0/9(6)$ Name	: Heather Schaller
DATE: (0)(9)(6 Name Item #/Petition/CUP # or Subject: Munic 3017 Budget of HHW 2 > 15	ipality: Madizon
☐ Wish to Speak in Support ☐ Wish to Speak in GRegistering in Support ☐ Registering in Opp	
′ 1. On this occasion, are you officially representing an orga	nization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need not complete the rest of	this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organ	zation you are representing:
Comments:	
2. Are you being paid for your representation or apper person or organization?	□YES□NO
If you checked "YES," continue to the next question.]	Complete the rest of this form.
3. Are you an elected official who is appearing solely	
other governmental body?	ot complete the rest of this form except that you must sign
4. Has or will the person or organization you represeduring the current reporting period?(A reporting period is January to June or from July to Dec	nt spend more than \$500 on county lobbying activities □YES□NO ember.)
5. Do you anticipate making more than 2 contacts wit hearings or meetings?(Do not count contacts with the County Board supervisor)	□YES□NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP;</u> you do make more than 2 contacts at a later date, you muindicating such activity. You must also sign this form. If y the next question.]	st then contact the County Clerk's office to file a form
If "YES," do you understand that if the person or o during the current reporting period, you must file a fin	ancial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266- County Building, Madison, for more information.]	4121 or go to the Clerk's office at Room 106A of the City-
Date: Signa	ature Head of the state of the
	Name Heatle Silville

DATE: 10/19/14	Name:	Theresa	Leighton	
Item #/Petition/CUP # or Subject:	Municip	ality: Mc Far	land	
2017 Budget a HHN 2				
	Wish to Speak in Oppo		☐ Available for Information Only	
1. On this occasion, are you officially re				
[If you checked "NO," <u>STOP</u> ; you need not	complete the rest of th	nis form. If you che	ecked "YES," go on to the next question.]	1
Name, address and telephone number of e	each person or organiza	ation you are repre	esenting:	
Comments:				
2. Are you being paid for your repreperson or organization?	STOP; you need not o		YES NO	
3. Are you an elected official who is other governmental body?	STOP; you need no	t complete the re		ign
4. Has or will the person or organizaduring the current reporting period? (A reporting period is January to June of			YES NO	ies
5. Do you anticipate making more the hearings or meetings?(Do not count contacts with the County				
[If you checked "NO," to questions 4 ar you do make more than 2 contacts at a indicating such activity. You must also the next question.]	a later date, you mus	t then contact the	County Clerk's office to file a form	
6. If "YES," do you understand that during the current reporting period,	you must file a fina	ncial disclosure	statement with the county clerk?	
[If you checked "NO" please call the Co County Building, Madison, for more info	ounty Clerk at 266-41	121 or go to the C	□YES□NO Clerk's office at Room 106A of the Cit	y -
Date:	Signati	ure		

DATE: 10-19-001 4 Name: Lisa Swenson Item #/Petition/CUP # or Subject: Municipality: Blanchar duille
Item #/Petition/CUP # or Subject: Municipality: Blanchar Juille
Item #/Petition/CUP # or Subject: Municipality: Blanchar duille 2017 Budget HHN2415
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
Registering in Support Registering in Opposition Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□YES□NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature

Print Name

DATE: 10/19/2016	Name:	him &	Jobrecht
Item #/Petition/CUP # or Subject:	Municipa	ality: M+.	Horelo
2017 Budget&HHN		<u> </u>	
□ Wish to Speak in Support✓ Registering in Support	☐ Wish to Speak in Op☐ Registering in Oppos	The state of the s	☐ Available for Information Only
1. On this occasion, are you officially			rson other than yourself? □YES
[If you checked "NO," <u>STOP;</u> you need t	not complete the rest of thi	is form. If you	checked "YES," go on to the next question.]
Name, address and telephone number of	of each person or organiza	tion you are re	epresenting:
Comments:			
[If you checked "NO" to the question. If you checked "YES," continue to the syou an elected official who other governmental body?	is appearing solely or one, <u>STOP</u> ; you need not cone next question.] is appearing solely or on, <u>STOP</u> ; you need not be question, go on to the dization you represent sole	omplete the report of your complete the next question spend more aber.)	our office or for your municipality or YES NO e rest of this form except that you must sign
(Do not count contacts with the Cour			
you do make more than 2 contacts a	nt a later date, you must	then contact	omplete the rest of this form. However, if the County Clerk's office to file a form ES" to either question at this time, go on to
during the current reporting period	d, you must file a finan	icial disclosi	u represent spends more than \$500 ure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more i	County Clerk at 266-412	21 or go to th	□YES□NO e Clerk's office at Room 106A of the City-
Date:	Signatu	re	
	Print Na	me	

DATE: 10/19/2016 Name:
 □ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□YES□NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 10/19/2014 Signature Cohly Blith Print Name ASNLY Beiter

DATE: 10/19/2016 Item #/Petition/CUP # or Subject: 2017 Budget & HHN2NN15 Name: Lynsey Sutte Municipality:
 □ Wish to Speak in Support □ Registering in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? ———————————————————————————————————
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□YES□NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
Date: 10/19/14 Signature Juney Statis

DATE: 10/19/2016	Name:	Xue	Timm	γ	
Item #/Petition/CUP # or Subject:	Municipali	ty:	DISOI	J	
Item #/Petition/CUP # or Subject: 2 2017 Budget and HHN to	w and	15			
☐ Wish to Speak in Support ☐ Wish to Sp ▼ Registering in Support ☐ Registering			□ Availa	ble for Inforr	mation Only
On this occasion, are you officially representing	an organiza	tion or a per	son other t	han vourseli	f?
[If you checked "NO," <u>STOP</u> ; you need not complete the	e rest of this	form. If you	checked "YE	S," go on to	SNO the next question.]
Name, address and telephone number of each person of	or organizatio	on you are rep	oresenting:		
Comments:					
2. Are you being paid for your representation of person or organization?	need not cor		**********	□YE	
3. Are you an elected official who is appearing	solely on I	pehalf of yo	ur office o	or for your i	nunicipality or
other governmental body?	ı need not c	omplete the	rest of this		
4. Has or will the person or organization you reduring the current reporting period?(A reporting period is January to June or from July					
5. Do you anticipate making more than 2 conta hearings or meetings? (Do not count contacts with the County Board super				□YE	S □NO
[If you checked "NO," to questions 4 and 5 above, you do make more than 2 contacts at a later date, indicating such activity. You must also sign this fo the next question.]	you must th	en contact i	the County	Clerk's office	ce to file a form
6. If "YES," do you understand that if the personal during the current reporting period, you must f	ile a financ	ial disclosu	ire statem	ent with the	e county clerk?
[If you checked "NO" please call the County Clerk County Building, Madison, for more information.]	at 266-412	or go to the	e Clerk's o	⊔ YE ffice at Room	n 106A of the City-
Date:/0 /19 /16	Signature	7/	~	Tin	
	Print Nam	e	CE	T.Z/M	m .

DATE: 10-19-16	Name: Margarita	Barries
Item #/Petition/CUP # or Subject:	Municipality: <u>Madisor</u>	Barcijes
2017 Budget & HHN2 and	3	
ItITN		
□ Wish to Speak in Support ✓Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition	☐ Available for Information Only
1. On this occasion, are you officially	representing an organization or a perso	n other than yourself?
[If you checked "NO," <u>STOP;</u> you need no	ot complete the rest of this form. If you che	cked "YES," go on to the next question.]
Name, address and telephone number of	each person or organization you are repre	senting:
Comments:		
person or organization?	esentation or appearing incidental to STOP; you need not complete the rest next question.]	□YES□NO
other governmental body?		
	?	n \$500 on county lobbying activities □YES□NO
hearings or meetings?	than 2 contacts with County Board s y Board supervisor who represents the	□YES□NO
you do make more than 2 contacts at	and 5 above, <u>STOP;</u> you need not compalater date, you must then contact the osign this form. If you checked "YES"	plete the rest of this form. However, if County Clerk's office to file a form to either question at this time, go on to
during the current reporting period,	t if the person or organization you re , you must file a financial disclosure	statement with the county clerk?
[If you checked "NO" please call the C County Building, Madison, for more in	County Clerk at 266-4121 or go to the C formation.]	elerk's office at Room 106A of the City-
Date: _10-19-16	Signature Maryutin	Buju
	Signature Maryania Print Name Maryania	ca Barajas

	ne: Josie Ramines
	nicipality: <u>Madison</u>
Item#/Petition/CUP#orSubject: Mui 2117 Budget がみけいる HHN15	
HHV 15	Onno siting
☐ Wish to Speak in Support☐ Wish to Speak in Registering in Support☐ Registering in Company	
On this occasion, are you officially representing an or	ganization or a person other than yourself?
If you also dead the "CTOD 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 org	anization you are representing:
Comments:	
2. Are you being paid for your representation or ap	
person or organization?[If you checked "NO" to the question, <u>STOP;</u> you need to	ont complete the rest of this form
If you checked "YES," continue to the next question.]	to complete the rest of this form.
3. Are you an elected official who is appearing sole	ly on behalf of your office or for your municipality or
other governmental body?	
[If you checked "YES," to the question, <u>STOP;</u> you need this form. If you checked "NO," to the question, go on t	d not complete the rest of this form except that you must sign to the next question.1
	301 2 m n 301 m 1 1 2 2 2 2 m n
	sent spend more than \$500 on county lobbying activities
(A reporting period is January to June or from July to D	
5. Do you anticipate making more than 2 contacts v	vith County Board supervisors other than at public
hearings or meetings?(Do not count contacts with the County Board supervise	
(Do not count contacts with the County Board supervisor	if who represents the district in which you reside.)
	P; you need not complete the rest of this form. However, if
	must then contact the County Clerk's office to file a form If you checked "YES" to either question at this time, go on to
the next question.]	
	organization you represent spends more than \$500
during the current reporting period, you must file a	financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 26 County Building, Madison, for more information.]	6-4121 or go to the Clerk's office at Room 106A of the City-
- 15 10 11	Oppiallo
Date: 10 · 19 - 14 Sig	nature Jose Raninez
Prir	it Name Josie Kaninez

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

REGISTRATION BEFORE COUNTY BOARD DATE: 10/19/ Item #/Petition/CUP # or Subject: 2017 Budget ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition Registering in Support ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: Comments: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES ------ NO [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," continue to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.] 4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities (A reporting period is January to June or from July to December.) 5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, 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 BOARD
DATE: 10/19/16 Name: Steven McDermott Municipality: Madison, Dane County
Item #/Petition/CUP # or Subject: Municipality: Municipali
 □ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature

Print Name _____

DATE: 16/19/16	Name:	Augela Best
Item #/Petition/CUP # or Subject:	Municipality: _	Augela Burt Marona
2017 Budget HHN2H	HNIS	
☐ Wish to Speak in Support	☐ Wish to Speak in Opposition	 on
Registering in Support	☐ Registering in Opposition	☐ Available for Information Only
1. On this occasion, are you officially		
[If you checked "NO," <u>STOP;</u> you need n	not complete the rest of this form.	□YES□NO . If you checked "YES," go on to the next question.]
Name, address and telephone number o	of each person or organization yo	u are representing:
0		
Comments:		
2. Are you being paid for your rep	resentation or appearing in	cidental to your other paid duties for this
person or organization?	***************************************	□YES□NO
[If you checked "NO" to the question, If you checked "YES," continue to the	, <u>STOP;</u> you need not complete to payt quastion !	te the rest of this form.
ii you checked TES, commue to th	ie next question.j	
		alf of your office or for your municipality or
		□YES□NO lete the rest of this form except that you must sign
this form. If you checked "NO," to the	e question, go on to the next of	question.]
4. Has or will the person or organi	ization you represent spend	l more than \$500 on county lobbying activities
		□YES□NO
(A reporting period is January to June	e or from July to December.)	
		y Board supervisors other than at public
		esents the district in which you reside.)
·		, ,
		d not complete the rest of this form. However, if contact the County Clerk's office to file a form
		ked "YES" to either question at this time, go on to
the next question.]		TO SECURE OF THE SECURE AND A SECURE ASSESSMENT OF THE SECURE OF THE SECURE ASSESSMENT OF THE SECURE
		ion you represent spends more than \$500
		lisclosure statement with the county clerk? □YES□NO
[If you checked "NO" please call the	County Clerk at 266-4121 or g	go to the Clerk's office at Room 106A of the City-
County Building, Madison, for more in	ntormation.]	
Date:	Signature	
	Print Name	

DATE: 10/19/2016	Name: GEOFF STREAM
Item #/Petition/CUP # or Subject: 2017 Budget w HHW 2 \$15	Name: <u>LEOFF STREAD</u> Municipality: <u>Sun Prairie</u>
	Speak in Opposition Available for Information Only
1. On this occasion, are you officially representing	ng an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete	the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person	n or organization you are representing:
Comments:	
person or organization?	stion.] ng solely on behalf of your office or for your municipality or□YES□NO ou need not complete the rest of this form except that you must sign
	represent spend more than \$500 on county lobbying activities
5. Do you anticipate making more than 2 con hearings or meetings?	ntacts with County Board supervisors other than at public
you do make more than 2 contacts at a later date	e, <u>STOP</u> ; you need not complete the rest of this form. However, if e, you must then contact the County Clerk's office to file a form form. If you checked "YES" to either question at this time, go on to
during the current reporting period, you must	rson or organization you represent spends more than \$500 t file a financial disclosure statement with the county clerk?
	rk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date: 18/19/2016	Signature
	Print Name DEAFE STUDY

DATE: 10/1/16	Name: Lenniter Streator
Item #/Petition/CUP # or Subject: 2017 Budget w/ffthi 2+15	Municipality: Sun Prairie
□ Wish to Speak in Support	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially	representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need no	ot complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of	each person or organization you are representing:
Comments:	
person or organization?	resentation or appearing incidental to your other paid duties for this□YES
other governmental body?	is appearing solely on behalf of your office or for your municipality or
	zation you represent spend more than \$500 on county lobbying activities ?
hearings or meetings?	than 2 contacts with County Board supervisors other than at public YES
you do make more than 2 contacts at	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if a later date, you must then contact the County Clerk's office to file a form so sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	t if the person or organization you represent spends more than \$500 , you must file a financial disclosure statement with the county clerk?
	□YES□NO County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City- information.]
Date: 10/19/2016	Signature Shup Greatov Print Name Jennifer Greatov
- 1	Print Name Ulnnifer Streator

DATE: 10/19/16 Name: Fred K. Swayson Municipality: Make Municipality
Name: 1 PCI N. DWGNSON Item #/Petition/CUP # or Subject: HHN Z A017 Budget HHN IS
2011 Budget HAN IS
 □ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
1. On this occasion, are you officially representing an organization or a person other than yourself? ———————————————————————————————————
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature
Print Name

DATE: 10-19-16 Name: Paul A Yochum	
Item #/Petition/CUP # or Subject: Municipality: CRoss Plays	
2017 Budget & HHN 2 \$15	
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only	_
1. On this occasion, are you officially representing an organization or a person other than yourself? ☐YES	
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]	
Name, address and telephone number of each person or organization you are representing:	
e e	
Comments:	
Comments.	
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?	
If you checked "YES," continue to the next question.]	
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?	ŋ
this form. If you checked "NO," to the question, go on to the next question.]	
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?	
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?	
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]	
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?	
□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	

DATE: 101917	Name: Nichole Winght Municipality: Madison
Item #/Petition/CUP # or Subject: 2017 Budget	Municipality: <u>Madison</u>
O	MANUL+IS
☐ Wish to Speak in Support ☐ Registering in Support	 ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
	y representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number	of each person or organization you are representing:
Comments:	
person or organization?	presentation or appearing incidental to your other paid duties for this YES
3. Are you an elected official who other governmental body?	o is appearing solely on behalf of your office or for your municipality or STOP; you need not complete the rest of this form except that you must sign the question, go on to the next question.]
during the current reporting period	nization you represent spend more than \$500 on county lobbying activities od?
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YES unty Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts	4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if at a later date, you must then contact the County Clerk's office to file a form also sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	hat if the person or organization you represent spends more than \$500 od, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	PES□NO County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City- information.]
Date:	Signature
	Print Name

DATE: 0/14/16 Item #/Petition/CUP # or Subject:	Name: William Szmande Municipality: Verona
Item #/Petition/CUP # or Subject:	Municipality: Verona
2017 budget with HHN2+15	
	Speak in Opposition
Registering in Support Registe	ering in Opposition Available for Information Only
	ing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need not complete	e the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each pers	on or organization you are representing:
Comments:	
other governmental body?	ing solely on behalf of your office or for your municipality or
	u represent spend more than \$500 on county lobbying activities
hearings or meetings?	ontacts with County Board supervisors other than at public □ YES□NO supervisor who represents the district in which you reside.)
you do make more than 2 contacts at a later da	ve, <u>STOP</u> ; you need not complete the rest of this form. However, if the ten in the state, you must then contact the County Clerk's office to file a form is form. If you checked "YES" to either question at this time, go on to
during the current reporting period, you must	erson or organization you represent spends more than \$500 st file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Cle County Building, Madison, for more information	
Date: 10/19/2014	Signature William Samuda
7	Print Nama William Szmanda

DATE: 107916 Name: Cole Viller
Item #/Petition/CUP # or Subject: and Municipality: Madison 2017 badget 1+1+12015
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
Name, address and telephone number of each person or organization you are representing:
Comments:
 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 16 19-16 Signature Cll 9 Wer Print Name Coll Wer
Print Name Coll Willy

DATE: 10 1 9 1 1 10	Name: Sarah Cutter
Item #/Petition/CUP # or Subject:	Name: Sarah Cutter Municipality: Brookyn
2017 Budget with HHN &	2 + 15
	to Speak in Opposition stering in Opposition
	enting an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need not comp	lete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each pe	erson or organization you are representing:
Comments:	
person or organization?	earing solely on behalf of your office or for your municipality or
	□YES□NO
hearings or meetings?	contacts with County Board supervisors other than at public
you do make more than 2 contacts at a later	bove, <u>STOP</u> ; you need not complete the rest of this form. However, if date, you must then contact the County Clerk's office to file a form this form. If you checked "YES" to either question at this time, go on to
during the current reporting period, you n	person or organization you represent spends more than \$500 nust file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County County Building, Madison, for more informate	Clerk at 266-4121 or go to the Clerk's office at Room 106A of the Cityion.]
Date: 10 (9 (16	Signature SWW CV+(eV
	Print Name Sarah Cutler

REGISTRATION BEFORE COUNTY BOARD
DATE: 10 19/6 Name: V9 len Tine Ohichi Municipality: Mads in
Item #/Petition/CUP # or Subject: Municipality: Madu in
Item #/Petition/CUP # or Subject: Auget \$HHN 2 HHN 15
 □ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
 Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
(Do not count contacts with the County Board supervisor who represents the district in which you reside.)
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature

Print Name _____

DATE: 10/19/10 Name: Fallon Smith Municipality: Madisor Fitchourg
DATE: 10/19/10 Name: tallon Smith Municipality: Madison Fitchburg 2017 Budget \$HUN2 HUN15
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
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?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: 10/19/10 Signature fallon Smith
Print Name O(10 1 1 1 1 1 1 1 1 1

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/19/14 Name: Cody Campbell
Item #/Petition/CUP # or Subject: Municipality: Fi Hehburg
DATE: 10/19/14 Name: Cody Campbell Item #/Petition/CUP # or Subject: Municipality: Fitchburg HHN15
 ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature

Print Name ____

REGISTRATION BEFORE COUNTY BOARD athenine Sverger DATE: 10/19/16 Municipality: Madison Item #/Petition/CUP # or Subject: 2017 Burst HHN 2 HHN 15 ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? [If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.] Name, address and telephone number of each person or organization you are representing: Comments: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES ------ NO [If you checked "NO" to the question, STOP; you need not complete the rest of this form. If you checked "YES," continue to the next question.] 3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or 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 (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: 10/19/16 Signature Julie Buergy
Print Name Cotherine Buerger

DATE: 10/19/2016	Name: CASEY THOMPSON
Item #/Petition/CUP # or Subject:	Name:
2017 HHN 2 HHN 15	
그림이다. 그림이 얼마나 이번에 그렇게 그리면 아이들은 그리다 그렇게 하지만 하면 되었다. 그리다 아이들에 바로 그렇게 되었다면 그리다 그리다.	□ Wish to Speak in Opposition□ Registering in Opposition□ Available for Information Only
1. On this occasion, are you officially	representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need no	ot 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:	
[If you checked "NO" to the question, If you checked "YES," continue to the state of the state o	s appearing solely on behalf of your office or for your municipality or "YES
hearings or meetings?	than 2 contacts with County Board supervisors other than at public YES
you do make more than 2 contacts at	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if a later date, you must then contact the County Clerk's office to file a form to sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	t if the person or organization you represent spends more than \$500, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the C County Building, Madison, for more in	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 10/19/2016	Signature

REGISTRATION BEFORE COUNTY BOARD
DATE: Name: Emma Czarapata Item #/Petition/CUP # or Subject: Municipality: Madison
Item #/Petition/CUP # or Subject: Municipality: Madison
2017 Budget HHN2 + HHN15
HHN2 A HHN15
□ Wish to Speak in Support □ Wish to Speak in Opposition □ Registering in Support □ Registering in Opposition □ Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organization you are representing:
Comments:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?□YES□NO (A reporting period is January to June or from July to December.)
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]
Date: Signature
Print Name

DATE: 10/19/16	Name: _	Scott Riv	ipla	
Item #/Petition/CUP # or Subject: 2の17 サイル 2 サイト 15	Municipality	1: Stought	ngen n	
Registering in Support Re	sh to Speak in Oppos gistering in Opposition		vailable for Information Only	
1. On this occasion, are you officially repre				
[If you checked "NO," <u>STOP</u> ; you need not con	nplete the rest of this fo	orm. If you checke	□YES) n.]
Name, address and telephone number of each	person or organization	ı you are represer	ting:	
Comments:				
 Are you being paid for your represer person or organization? [If you checked "NO" to the question, STO If you checked "YES," continue to the nex Are you an elected official who is appother governmental body? [If you checked "YES," to the question, ST this form. If you checked "NO," to the question. 4. Has or will the person or organization 	P; you need not come t question.] pearing solely on be to to the need not constion, go on to the need not specific to th	plete the rest of ehalf of your of mplete the rest of ext question.]	this form. Tice or for your municipality o YES	or O t sign
during the current reporting period? (A reporting period is January to June or fr			YES NO)
5. Do you anticipate making more than hearings or meetings? (Do not count contacts with the County Bo			YES NO)
[If you checked "NO," to questions 4 and 5 you do make more than 2 contacts at a lat indicating such activity. You must also sig the next question.]	er date, you must the	en contact the Co	ounty Clerk's office to file a form	7
6. If "YES," do you understand that if the during the current reporting period, you	ı must file a financia	al disclosure sta	atement with the county clerk	?
[If you checked "NO" please call the Count County Building, Madison, for more inform	ty Clerk at 266-4121	or go to the Cler	□YES□NC k's office at Room 106A of the C) Dity-
Date:	Signature	Six	RING GN	
	Print Name	Scott	RENGON	

DATE: 10 19 16		Name: Me	lissa An	nati	
Item #/Petition/CUP # or Subj		Municipality:	Marona	_	
2011 Budget HHz	<u>HHNI</u> S				
□ Wish to Speak in Support☒ Registering in Support	□ Wish to Spe□ Registering	eak in Opposition in Opposition		ailable for Inf	ormation Only
1. On this occasion, are you o	fficially representing a	n organization or	a person otl	ner than yours	self?
[If you checked "NO," <u>STOP;</u> yo	u need not complete the	rest of this form.	f you checked		YES ⅓NO to the next question.]
Name, address and telephone n	umber of each person or	organization you	are represent	ing:	
Comments:					
 Are you being paid for you person or organization? [If you checked "NO" to the quality you checked "YES," continuous. Are you an elected officion other governmental body? 	uestion, <u>STOP;</u> you ne ue to the next question al who is appearing s	eed not complete n.] solely on behalf	the rest of the	his form.	YES∯NO ir municipality or YES∰NO
[If you checked "YES," to the this form. If you checked "NO				this form exc	ept that you must sign
4. Has or will the person or during the current reporting (A reporting period is January	period?				
5. Do you anticipate makin hearings or meetings? (Do not count contacts with the		********************			YESNO
[If you checked "NO," to ques you do make more than 2 col indicating such activity. You the next question.]	ntacts at a later date, y	ou must then co	ntact the Co	unty Clerk's o	ffice to file a form
6. If "YES," do you underst during the current reporting	period, you must fil	e a financial dis	closure sta	tement with	the county clerk?
[If you checked "NO" please of County Building, Madison, for	more information.]	it 266-4121 or go	to the Clerk	's office at Ro	oom 106A of the City-
Date:		Signature	Jelin	Agn	ach'
		Print Name	Melissa	Amo	veh'