

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Jail Consolidation Your Name: Katharine Gordy
DATE of Meeting: 10/3/18 Municipality You Reside in: Madison

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

☐ Wish to Speak in Support

☐ Wish to Speak in Opposition

☐ Wish to Register in Support

☐ Wish to Register in Opposition

☐ Available for Information Only ☒ ASK??

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

☐ YES

☒ NO

part of Zion City Church

(If you checked "NO" **STOP**; you do not need to complete the rest of the form. If you checked "YES" go 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 do not need to complete the rest of this form. If you checked "YES", go 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 do not need to complete the rest of this form. If you checked "YES", go 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 July to December.)

5. Do you anticipate making more than two contacts with the 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 do not need to 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)

6. If you answered "YES" to question 5, 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 210 Martin Luther King Jr., Blvd., Room 106A for more information.)

Date: _____ Signature: _____

Printed Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Jail Consolidation Your Name: Ann Hogle

DATE of Meeting: 10/3/18 Municipality You Reside in: Madison

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

☐ Wish to Speak in Support

☐ Wish to Speak in Opposition

☐ Wish to Register in Support

☐ Wish to Register in Opposition

☐ Available for Information Only Ask a question

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

☐ YES ☒ NO

(If you checked "NO" **STOP**; you do not need to complete the rest of the form. If you checked "YES" go 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 do not need to complete the rest of this form. If you checked "YES", go 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 do not need to complete the rest of this form. If you checked "YES", go 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 July to December.)

5. Do you anticipate making more than two contacts with the 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 do not need to 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)

6. If you answered "YES" to question 5, 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 210 Martin Luther King Jr., Blvd., Room 106A for more information.)

Date: 10/3/18 Signature: Ann Hogle

Printed Name: Ann Hogle

Tom Claude

2583 Norwich St.

Fitchburg, Wi.

Past Co. Susp.

ON-PP & J. -

Information
Spoke

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Rail Consolidation Your Name: Jeanne Velschay

DATE of Meeting: 10/3 Municipality You Reside in: Monrovia

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

☒ Wish to Speak in Support

☐ Wish to Speak in Opposition

☐ Wish to Register in Support

☐ Wish to Register 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 do not need to complete the rest of the form. If you checked "YES" go to the next question.)

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

- Question

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 do not need to complete the rest of this form. If you checked "YES", go 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 do not need to complete the rest of this form. If you checked "YES", go 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 July to December.)

5. Do you anticipate making more than two contacts with the 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 do not need to 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)

6. If you answered "YES" to question 5, 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 210 Martin Luther King Jr., Blvd., Room 106A for more information.)

Date: _____ Signature: _____

Printed Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Tail Your Name: Eric Howland

DATE of Meeting: Oct 3 Municipality You Reside in: Nelson

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

☒ Wish to Speak in Support

☐ Wish to Speak in Opposition

☐ Wish to Register in Support

☐ Wish to Register 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 do not need to complete the rest of the form. If you checked "YES" go 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 do not need to complete the rest of this form. If you checked "YES", go 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 do not need to complete the rest of this form. If you checked "YES", go 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 July to December.)

5. Do you anticipate making more than two contacts with the 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 do not need to 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)

6. If you answered "YES" to question 5, 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 210 Martin Luther King Jr., Blvd., Room 106A for more information.)

Date: 2018-10-03 Signature: Eric Howland

Printed Name: Eric Howland

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Tail Your Name: Paul Saena

DATE of Meeting: Oct 3 Municipality You Reside in: Madison

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

☒ Wish to Speak in Support

☐ Wish to Speak in Opposition

☐ Wish to Register in Support

☐ Wish to Register 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 do not need to complete the rest of the form. If you checked "YES" go 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 do not need to complete the rest of this form. If you checked "YES", go to the next question.)

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(If you checked "YES" to the question, **STOP**; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)

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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 210 Martin Luther King Jr., Blvd., Room 106A for more information.)

Date: Oct 3 Signature: Paul F Saena

Printed Name: Paul Saena

REGISTRATION BEFORE COUNTY COMMITTEE

PASS

Committee Name: JAIL CONSOLIDATION Your Name: NINO RODRIGUEZ

DATE of Meeting: 10/3/18 Municipality You Reside in: MADISON

Petition/CUP #/Resolution/Ordinance Amendment/Subject: JAIL PLAN

☐ Wish to Speak in Support

☒ Wish to Speak in Opposition

☐ Wish to Register in Support

☐ Wish to Register 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 do not need to complete the rest of the form. If you checked "YES" go 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 do not need to complete the rest of this form. If you checked "YES", go 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 do not need to complete the rest of this form. If you checked "YES", go 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 July to December.)

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

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with the County Clerk? ☐ YES ☐ NO

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Date: _____ Signature: _____

Printed Name: _____