DATE: 10/17/18	Name: DOBYN KLAILA
Item #/Petition/CUP # or Subject:	Municipality: DANE CO.
	8
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 [If you checked "NO," STOP; you need to	representing an organization or a person other than yourself? YES
Name, address and telephone number of	of each person or organization you are representing:
MATE HARROR CHILD AT	SVOCACY CENTER
2445 DAZWIN RD., GU	ITE 20, MADISON, WI 63704
(608) 661.9787	
Comments:	
If you checked "NO" to the question of you checked "YES," continue to the state of the governmental body?	is appearing solely on behalf of your office or for your municipality or
during the current reporting perio (A reporting period is January to Jun	d?
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YES
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 at a later date, you must then contact the County Clerk's office to file a form lso sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting perio	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	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 10/17/18	Signature DOK la 2 a Print Name BOBYN KUALA
	Print Name ROBYN KUSUA

REGISTRATION BEFORE COUNTY BOARD DATE: Item #/Petition/CUP # or Subject: Municipality: 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 Ilf 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? [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.] Signature

Print Name

REGISTRATION BEFORE COUNTY BOARD Name: Item #/Petition/CUP # or Subject: 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?□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 guestion.] 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 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.1

Date: 10/17/8

DATE: 1017/18 Name: KAPUSA SCHAPER
Item #/Petition/CUP # or Subject: Municipality: M D (≤○ N)
DATE: 1017/18 Name: KARLISA SCHIPER Item #/Petition/CUP # or Subject: Municipality: MADISON BUDGET (HUMBA SERVICES) FUNDING FUZ OTSC
☑ 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:
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, <u>STOP</u> ; 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?
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, <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: 16/17/18 Signature Karassa Schupes
Date: 16/17/18 Signature Karissa Schafer Print Name Karissa Schafer

DATE: Nar	10: EKRUCA BEAUN
Item #/Petition/CUP # or Subject: Mur	nicipality: Hadison Fitchburg
Budget (Human Services) Funding fo	OTSC
Wish to Speak in Support ☐ Wish to Speak in Registering in Support ☐ Registering in C	
1. On this occasion, are you officially representing an or [If you checked "NO," <u>STOP</u> ; you need not complete the rest	ganization or a person other than yourself? YES □NO of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organized	anization you are representing:
Lutheran Social Services of W	sconsin & Upper Michigan
Comments:	
2. Are you being paid for your representation or apperson or organization? [If you checked "NO" to the question, <u>STOP</u> ; you need if you checked "YES," continue to the next question.]	YES□NO
other governmental body?	ly on behalf of your office or for your municipality or
	ent spend more than \$500 on county lobbying activities UYESNO ecember.)
5. Do you anticipate making more than 2 contacts whearings or meetings? (Do not count contacts with the County Board supervise)	□YES\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
you do make more than 2 contacts at a later date, you i	P; you need not complete the rest of this form. However, if must then contact the County Clerk's office to file a form f you checked "YES" to either question at this time, go on to
6. If "YES," do you understand that if the person or 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.]	OF STATE OF THE CHARGE AT THE STATE OF THE CITY OF THE CHARGE AT THE CHARGE AT THE COUNTY OF THE CHARGE AT THE CH
Date: Sig	nature Hen
Prin	t Name Frick J. Braun

DATE: 10/17/18 Name: LOOD WINSTROW	
Hem #/Petition/CUP # or Subject: Municipality: MADISON BUDGET (HUMAN SERVICES) FLURGING FOR OTSC	
BUDGET (Humap Services) Francius For OTSC	
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ 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	า.]
Name, address and telephone number of each person or organization you are representing:	
LUTHERIN SOCIAL SERVICES OFWI UPPER MI -OTS	
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 of other governmental body?)
4. Has or will the person or organization you represent spend more than \$500 on county lobbying active during the current reporting period?	ities)
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 of 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 County Building, Madison, for more information.]	i ity-
Date:	
Print Nama Town WIN STROM	

DATE: 10/17/18	_ Name: _	Beck	y Steinhoff Vison
Item #/Petition/CUP # or Subject:	Municipalit	y: <u>Mac</u>	1 ison
Wish to Speak in Support □ Registering in Support	☐ Wish to Speak in Oppo☐ Registering in Oppositi		☐ 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 f	orm. If you	
Name, address and telephone number o	f each person or organizatio	n you are re	presenting:
Comments:			
[If you checked "NO" to the question, If you checked "YES," continue to the	STOP; you need not come next question.]	plete the r	est of this form.
other governmental body?	n, <u>STOP</u> ; you need not co	mplete the	our office or for your municipality or YES
	1?		than \$500 on county lobbying activities □YES□NO
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count			
you do make more than 2 contacts a	t a later date, you must the	en 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 financi	al 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 in	County Clerk at 266-4121	or go to th	e Clerk's office at Room 106A of the City-
Date: 10-18-18	Signature	Ask.	g Sheroff

		Rock & Clain A
	EGISTRATION BEFORE COUNTY	BOARD OF THE TOTAL
DATE: 10-18-18	Name:	Clifton Davis
Item #/Petition/CUP # or Subject:	Municipality:	Madison
·		
∕≪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		
[If you checked "NO," <u>STOP;</u> you need r	not complete the rest of this form. If you	
Name, address and telephone number of	of each person or organization you are re S Mental Health	
Comments:		
If you checked "NO" to the question, If you checked "YES," continue to the state of	s <u>STOP;</u> you need not complete the reference next question.] is appearing solely on behalf of your, <u>STOP;</u> you need not complete the	est of this form. □YES
4. Has or will the person or organ	ization you represent spend more	than \$500 on county lobbying activities □YES□NO
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Court		□YES□NO
you do make more than 2 contacts a	t a later date, you must then contact	omplete the rest of this form. However, if the County Clerk's office to file a form 'S" to either question at this time, go on to
during the current reporting period	d, you must file a financial disclosu County Clerk at 266-4121 or go to the	represent spends more than \$500 are statement with the county clerk? YES

Signature Print Name

Date: ___

DATE: 0 17 18 Name: Grant Sovern
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?
[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:
Grant Sovern - Community Immigration Law Center
Madison WI 53703
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?□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?
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, it 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 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.]
Date: 10/17/18 Signature That form
Print Nama Grant Sovern

DATE: /0/17/18	Name: James Tyl
Item #/Petition/CUP # or Subject:	Name: James Tyl Municipality: Hadisa
Wish to Speak in Support	□ Wish to Speak in Opposition
□ Registering in Support	□ Registering in Opposition □ Available for Information Only
***************************************	representing an organization or a person other than yourself? YES
	f each person or organization you are representing:
The second of th	
15DE O'llog Th	<u>ce</u>
Comments:	
Comments.	
[If you checked "NO" to the question If you checked "YES," continue to to 3. Are you an elected official who	resentation or appearing incidental to your other paid duties for this STOP; you need not complete the rest of this form. e next question.] is appearing solely on behalf of your office or for your municipality or YES
[If you checked "YES," to the question	n, <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.]
during the current reporting perio	zation you represent spend more than \$500 on county lobbying activities I?□YESNO e or from July to December.)
hearings or meetings?	than 2 contacts with County Board supervisors other than at public YES NO ty 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 t 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 l, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the Citynformation.]
Date:	Signature The dy

DATE: 19/17/18	Name: Poter Toy
Item #/Petition/CUP # or Subject:	Name: Poter Toy Municipality: Story lots
	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
	y 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?	presentation or appearing incidental to your other paid duties for this
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 NO nty 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 at a later date, you must then contact the County Clerk's office to file a form lso sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting perio	nat if the person or organization you represent spends more than \$500 rd, you must file a financial disclosure statement with the county clerk? ———————————————————————————————————
Date:/c/17/18	Signature Poly Toly A Sur

DATE: 17 oct 2018	Name:	JON BECKER
Item #/Petition/CUP # or Subject:	Municipality:	C. MADISON
FY 19 BUDGET (F	VBLIC (YEARING)	
	□ Wish to Speak in Opposition□ Registering in Opposition	☐ Available for Information Only
1. On this occasion, are you officially		
[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 a	are representing:
Comments:		
person or organization?	STOP; you need not complete to next question.] is appearing solely on behalf in, STOP; you need not complete to question, go on to the next question you represent spend made or from July to December.) than 2 contacts with County In the property of the	of your office or for your municipality or
indicating such activity. You must als the next question.]	so sign this form. If you checked	I "YES" to either question at this time, go on to
during the current reporting period	l, you must file a financial disc	n you represent spends more than \$500 closure 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-
Date:	Signature	
	Print Name	

DATE: 10/17/2018	Name:(ARYL	TERRELL	
Item #/Petition/CUP # or Subject:	Municipality:	MADI	TERRELL	_
BUDGET HEARING	-			
Wish to Speak in Support Registering in Support	☐ Wish to Speak in Opposit			
☐ Registering in Support	☐ Registering in Opposition	j	☐ Available for Information Only	
1. On this occasion, are you officially				
[If you checked "NO," <u>STOP;</u> you need i	not complete the rest of this forr	n. If you		
Name, address and telephone number of	of each person or organization y	ou are re	presenting:	
CRANES				
10 POB 3413				
MADISON WI S3704				
Comments:				
2. Are you being paid for your rep	presentation or appearing i	ncidenta	al to your other paid duties for this	
person or organization?	, STOP; you need not compl	ete the re	est of this form. □YESNO	
If you checked "YES," continue to the				
			our office or for your municipality or	
			□YES□NO rest of this form except that you must sign	gn
this form. If you checked "NO," to the				
			than \$500 on county lobbying activitie	es
(A reporting period is January to Jun	e or from July to December.)		□YES□NO	
5. Do you anticipate making more	than 2 contacts with Cour	itv Boar	d supervisors other than at public	
			□YES□NO	
<i>-</i>			-	
[If you checked "NO," to questions 4 you do make more than 2 contacts a	and 5 above, <u>STOP;</u> you ne at a later date, vou must then	ed not co contact :	omplete the rest of this form. However, in the County Clerk's office to file a form	F
			ES" to either question at this time, go on t	0
		1240		
during the current reporting perio	d, you must file a financial	disclosu	u represent spends more than \$500 ure statement with the county clerk?	
IIf you checked "NO" please call the	County Clerk at 266-4121 or	ao to the	□YES□NO e Clerk's office at Room 106A of the City	/ _
County Building, Madison, for more		<u>~</u>		
Deter	0:			
Date:				
	Print Name _			

REGISTRATION BEFORE COUNTY BOARD
DATE: Name: Ann Catleft Item #/Petition/CUP # or Subject: Municipality: Madisch
Item #/Petition/CUP # or Subject: Municipality: Madisch
_ Miglether amendments
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 activitie 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: 10/11/16 Signature Ann Catlett, m.i>.
Print Name Ann Cotlett, m.i>.

REGISTRATION BEFORE COUNTY BOARD
DATE: 11/8 Name: Jehna Schmtt
Item #/Petition/CUP # or Subject: Municipality: Management Municipality: Management
₩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:
Homeless Services
Homeless Services Consortium
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: 10/17/8 Signature Denna Schmitt

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/17/18 Name: VICTOR Ponce Item#/Petition/CUP# or Subject: Municipality: Madison, WI
Item #/Petition/CUP # or Subject: Municipality: Madison, WI
Budget

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:
Homeless Services Consortium

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?□YES
[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: 10/17/18' Signature Nicror Ponce Print Name Victor Ponce
Print Name Victor Ponce

REGISTRATION BEFORE COUNTY BOARD Sherny WALIACE Item #/Petition/CUP # or Subject: Municipality: 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 [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? [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: DITTE Name: Songa Worthy
Item #/Petition/CUP # or Subject: Municipality:
Wish to Speak in Support
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? □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: 10/17/18	Name: SHARVI KATO	
Item #/Petition/CUP # or Subject:	Municipality: 470	
	FVBVC	
₩Wish to Speak in Support ✓ ☐ Registering in Support	 ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only 	
	/ 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:	
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	Parton Perotion Tobura	
	Recipling	_
Comments:		
person or organization?	is appearing solely on behalf of your office or for your municipality or STOP; you need not complete the rest of this form. YES	
4. Has or will the person or organ	ization you represent spend more than \$500 on county lobbying activited?□YES□NO	
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YES	
you do make more than 2 contacts a	and 5 above, <u>STOP;</u> you need not complete the rest of this form. However 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 or	
during the current reporting perio	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?)
Date:	Signature	

Print Name ____

DATE: 10 19 19	Name: Scott String Municipality: Madson
Item #/Petition/CUP # or Subject:	Municipality: Madusm
₩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 officiall [If you checked "NO," STOP; you need	y representing an organization or a person other than yourself?
Name, address and telephone number Purchase of Service	of each person or organization you are representing:
Dam Go.	Leaguers wip Coaliners
210-0111	
Comments:	
person or organization?[If you checked "NO" to the question If you checked "YES," continue to t	presentation or appearing incidental to your other paid duties for this
other governmental body?	ion, <u>STOP;</u> you need not complete the rest of this form except that you must sign the question, go on to the next question.]
4. Has or will the person or organduring the current reporting period (A reporting period is January to Jun	nization you represent spend more than \$500 on county lobbying activities od?
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count	e than 2 contacts with County Board supervisors other than at public YESNO unty 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 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	nat if the person or organization you represent spends more than \$500 pd, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	© County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 10/17/18	Signature Signature
	Print Name Jark Smmg

DATE: 10/17/18 Name: Carla Williams
Item #/Petition/CUP # or Subject: Municipality: Madison
Budget - Fonding for Off the Squre (1) b Wish to Speak in Support
On this occasion, are you officially representing an organization or a person other than yourşelf?
[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:
Off the Squar alub
Madison Wil 52 703
1111001301
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: 0-17-18) Signature Oal / Williams
Print Name (a) William

DATE: Name: Trans Lee Turver Name: Municipality: MATE OFFICE BUDGET TURVER MUNICIPALITY MUNICIPA
DATE: Name: hans Lee luxue
Item #/Petition/CUP # or Subject: Municipality:
BUDGET - tumony ton OISC In Humas BERLICES 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?
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: 10/17/18

Signature Thomas Turwen

REGISTRATION BEFORE COUNTY BOARD
DATE: 10/17/18 Name: Dustin Bleibaum
Item #/Petition/CUP # or Subject: Municipality: Madison
Budget - Funding for Off The Square Club.
☐ 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?
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: 10/17/18 Signature Print Name Dustin Bleibaum

REGISTRATION BEFORE COUNTY BOARD Name: Municipality: Item #/Petition/CUP # or Subject: DA - 7 (Supportive services for ☐ 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 -----ŽNO [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 [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Signature

Print Name

Date:

DATE: 10/16/18	Name: <u>GERALD</u> M-Dowace GH Municipality: <u>SUN PRAIRIE</u>
Item #/Petition/CUP # or Subject:	Municipality: SUN PRAIRIE
	rish to Speak in Opposition □ Available for Information Only
1. On this occasion, are you officially repre	esenting an organization or a person other than yourself?
[If you checked "NO," <u>STOP</u> ; you need not co.	mplete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each	h person or organization you are representing:
Comments:	
person or organization?	ppearing solely on behalf of your office or for your municipality or ☐YES
4. Has or will the person or organization	on you represent spend more than \$500 on county lobbying activities
hearings or meetings?	n 2 contacts with County Board supervisors other than at public Doard supervisor who represents the district in which you reside.)
you do make more than 2 contacts at a la	5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if the date, you must then contact the County Clerk's office to file a form gn this form. If you checked "YES" to either question at this time, go on to
during the current reporting period, yo	the person or organization you represent spends more than \$500 u must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the Count County Building, Madison, for more inform	nty Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date: 10/16/18	Signature July AM Jonory Print Name GERALD M-Dovor GH

REGISTRATION BEFORE COUNTY BOARD Item #/Petition/CUP # or Subject: AFFORNABLE HOUSING EXPANSION PROPOSED BY INEGLETTNER ☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering 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? [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.] Signature

Print Name

DATE: 10 -17-18	Name	: Thea	LORE K	TARDY	3
Item #/Petition/CUP # or Subject:	Munic	ipality:	adison		
Budget-Funding FOR	Off The S	quare cl	06		
□ Wish to Speak in Support Registering in Support	☐ Wish to Speak in Opp☐ Registering in Opp		Available for	Information Only	
1. On this occasion, are you officially					
[If you checked "NO," <u>STOP</u> ; you need t	not complete the rest of	this form. If you o	checked "YES," go	$ \Box YES$ $\Box NG$ on to the next question	0 on.]
Name, address and telephone number of	of each person or organi	zation you are rep	presenting:		
Comments:					
 Are you being paid for your repperson or organization?	, <u>STOP;</u> you need not ne next question.] is appearing solely on, <u>STOP;</u> you need not be question, go on to to ization you represer	on behalf of your complete the he next question	est of this form. Our office or for your office or for your of this form on.]	□YES	or O st sign
during the current reporting perio (A reporting period is January to Jun				□YESDN	O
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count contact with the C	nty Board supervisor v	who represents t	the district in which	□YES	0
[If you checked "NO," to questions 4 you do make more than 2 contacts a indicating such activity. You must a the next question.]	nt a later date, you mu	st then contact t	the County Clerk'	's office to file a forn	n
6. If "YES," do you understand th during the current reporting perio	d, you must file a fin	ancial disclosu	ure statement wi	th the county cleri	k?
[If you checked "NO" please call the County Building, Madison, for more					
Date:	Signa		words &	Tarly Tarly	

DATE: 10/17/18 Name: Jenniter Ochultz
Item #/Petition/CUP # or Subject: 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? 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:
Vergna Area School District / Latino Nation
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: 01718 Signature Sign