

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: CTC Your Name: Mary Anglin
DATE of Meeting: 6-27-2019 Municipality You Reside in: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Res. 067

☐ 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 "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.)

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: CSC Your Name: Beth Allen
DATE of Meeting: 6/27 Municipality You Reside In: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 2019-0A-003

☒ 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 "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.)

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: CSC Your Name: Ralph Jackson
DATE of Meeting: 27 June '19 Municipality You Reside in: Town of Cross Plains
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 067; 087 & "membership"

☐ 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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(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

(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: 27 June '19

Signature: 

Printed Name: Ralph H. Jackson Jr.

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: CJC Your Name: LYNNE BUTORAC
DATE of Meeting: 6/27/19 Municipality You Reside In: MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject: RES 067 & 087

☐ 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:

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(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

(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: SC Your Name: Eric Howland
DATE of Meeting: 6/27/2019 Municipality You Reside in: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: OA -003

☒ 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 "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.)

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

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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

(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: 6/27/2019 Signature: Eric Howland

Printed Name: Eric Howland

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: CJC Your Name: Alison Mix
DATE of Meeting: 6/27/19 Municipality You Reside In: Dane
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 219 Res 067

☒ 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 "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.)

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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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: 6/27/19 Signature: Alison Mix

Printed Name: Alison Mix

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: CJC Your Name: Barbie Jackson
DATE of Meeting: 6/27/19 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.)

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 "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 "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: 6/27/19 Signature: Barbie Jackson

Printed Name: Barbie Jackson

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: CJC Your Name: St. Fran Hoffman
DATE of Meeting: 6/27/19 Municipality You Reside In: Town of Burke
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 087, 067 Membership CJC

☒ 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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(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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(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: 6/27/19

Signature:

St. Frances Hoffman

Printed Name:

St. Frances Hoffman

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: CJC Your Name: Paul Saeman

DATE of Meeting: 6-27-19 Municipality You Reside in: Madison

Petition/CUP #/Resolution/Ordinance Amendment/Subject: 067, 082, OA-003

☒ 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:

MOSES

COMMENTS:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ☐ YES ☒ NO

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

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(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.)

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(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: 6-27-19 Signature: Paul F Saeman

Printed Name: Paul F Saeman

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: CJC Your Name: Jeanie Verschay
DATE of Meeting: 4/27/19 Municipality You Reside in: MONONA

Petition/CUP #/Resolution/Ordinance Amendment/Subject: Res. 067, 087, 003

- ☒ Wish to Speak in Support of the "spirit" of the ☐ Wish to Speak in Opposition one
☐ Wish to Register in Support ☐ Wish to Register in Opposition SA
☐ 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:

MOSES

COMMENTS:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ☐ YES ☒ NO

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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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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: 4/27/19 Signature: Jeanie Verschay
Printed Name: Jeanie Verschay

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Criminal Justice Council Your Name: Barbara Benson

DATE of Meeting: 6/27/2019 Municipality You Reside In: Madeson

Petition/CUP #/Resolution/Ordinance Amendment/Subject: Res-087, OA-003, RES-067

☐ Wish to Speak in Support

☐ Wish to Speak in Opposition

☒ Wish to Register in Support

☐ Wish to Register in Opposition

☐ Available for Information Only

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☐ YES ☒ NO

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

COMMENTS:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ☐ YES ☐ NO

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(If you checked "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: _____

June 27, 2019 Statement to CJC

Hello. My name is Barbie Jackson. I'm a member of MOSES and a peacemaker speaking as an individual.

The principles contained in
I am speaking in general support of ~~CJC 2019~~ Resolutions 087 and 067. More specifically, I support expanding the Community Restorative Court throughout Dane County and promoting the limitation of arrests where possible. This should include outreach and training for law enforcement to use alternatives such as the Community Restorative Court.

Dane County's Community Restorative Court has realized some success in its early years of implementation. More recently the county has expanded funding and staffing, which has resulted in improved coordination, communication and engagement of community members in the restorative justice process. It follows a proven model of success that addresses victim harm, reduces recidivism, and increases respondent engagement in repairing harm. This creates better opportunities for respondents to become successful members of our society.

As identified in Resolution 087, it is important for this program to be expanded to those communities that have not yet entered into memoranda of understanding to enable implementation in their communities. *Several MOSES members have offered a similar program*
Additionally, it is time to consider expansion of the program to a broader set of charges and perhaps a wider range of ages. To accomplish this kind of expansion, the CRC will need additional funding and professional staff. It will also need to develop strategies and practices for more fully engaging law enforcement in the benefits of restorative practices. *to engage communities to promote this to local law enforcement*

The current limitation of charges to misdemeanors was undertaken to assure a successful and safe startup of the program, including community and law enforcement understanding and acceptance. Expansion to certain lower-degree felonies where community safety is assured would not only

be an effective strategy for repairing harm and reducing recidivism, it would also help to reduce the number of people incarcerated in the Dane County Jail. This is a win for everyone.

The current range of ages served is based on studies of the developing brain in teens and younger adults. This supports using restorative justice practices to be used as a teaching moment for respondents with a high likelihood of success and it also includes a higher percentage of those involved in encounters with law enforcement. Nevertheless, restorative court can also be effective with older adults. Expansion to a wider population also requires additional financial and staffing resources.

During your deliberations, please consider increases in funding and staffing to prepare for these suggested expansions of Dane County's Community Restorative Court.

Thank you.