Committee Name: ATPOR	Name: Kat Ruth-leigh
DATE: 8/14/19	Municipality: Madzan/Danecount
Petition/CUP #/Resolution/Ordin	ance Amendment/Subject: F 135
☐ Wish to Speak in Support ☐ Registering in Support	
[If you checked "NO," <u>STOP</u> ; you need  Name, address and telephone number  (A) (A) (B) (A)	ally representing an organization or a person other than yourself?  NO  d not complete the rest of this form. If you checked "YES," go on to the next question. er of each person or organization you are representing:
Comments:	
If you checked "NO" to the question, So If you checked "YES," turn over to the solution.  3. Are you an elected official who or for your municipality or other solutions.	is appearing solely on behalf of your office  overnmental body?
4. Has or will the person or organ	ization you represent spend more than \$500
(Do not count contacts with the County E	than 2 contacts with County Board arings or meetings?
more than a contacts at a tale, age, yill	l 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do mak must then contact the County Clerk's office to file a form indicating such activity. You "YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand that spends more than \$500 during the cifinancial disclosure statement with the spends with the statement of the statement with the spends of the statement with the statement with the spends of the statement with the spends of the statement with the statement with the spends of the statement with the spends of the statement with the statement with the spends of the statement with the statement with the spends of the statement with the spends of the statement with the statement with the spends of the statement with the spends of the statement with the statement with the spends of the statement with the statement with the spends of the statement with the spends of the statement with the statement with the spends of the sp	at if the person or organization you represent urrent reporting period, you must file a he county clerk?
Date: 8/14/19	Signature Low Ligh  Print Name Kat Duth - Ligh
·	Print Name Kat Ruth - Wigh

Committee Name: Aupo	Name:	SusanPa	stor	.1
DATE: 8-14-19	Municipalit	SusanPa y: Madis	90	Hom
Petition/CUP #/Resolution/Or	rdinance Amendment/Subject:	$-\frac{G3}{}$	ANGGODD	exe T
TWILLG	mainly	on Elsupad	rte t	
☐ Wish to Speak in Support ☐ Registering in Support	<ul><li>✓ Wish to Speak in Opposit</li><li>☐ Registering in Opposit</li></ul>		vailable for Infor	mation Only
1. On this occasion, are you of [If you checked "NO," STOP; you				
Name, address and telephone nu				
Comments:	·			
2. Are you being paid for your other paid duties for this perso [If you checked "NO" to the question If you checked "YES," turn over to 3. Are you an elected official your for your municipality or othe [If you checked "YES," to the question you checked "NO," to the question of the guestion.	on or organization?on, STOP; you need not complete the the next question.]  who is appearing solely on behiner governmental body?	he rest of this form.	□ YES	□ NO □ NO ust sign this form
4. Has or will the person or or on county lobbying activities du (A reporting period is January to Jun	ganization you represent spendiring the current reporting perms or from July to December.)	d more than \$500 riod?		□ NO
5. Do you anticipate making m supervisors other than at public Do not count contacts with the Coun	c hearings or meetings?		☐ YES ch you reside.)	□ NO
If you checked "NO," to questions 4 nore than 2 contacts at a later date, ; nust also sign this form. If you check	VIIII IIIIXI INON CONTACT THE County I	'Louis's office to Cl.	· • • •	ver, if you do make such activity. You
5. If "YES," do you understand pends more than \$500 during the sinancial disclosure statement will you checked "NO" please call the Building, Madison, for more informated.	I that if the person or organiza he current reporting period, yo ith the county clerk?	tion you represed ou must file a	nt — vnc	□ NO ne City-County
ate:	: Signa	ture		
	Print Na			

Committee Name:	Name: Anne Tlaan	•
DATE: 8.14.1	Name: Anne Tigay  Municipality: Maduor	
	linance Amendment/Subject:	
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Inform	nation Only
[If you checked "NO," <u>STOP</u> ; you n	ficially representing an organization or a-person other than you	rself?
Comments:		
[If you checked "NO" to the question If you checked "YES," turn over to the		□ NO
or the sour municipality or other	ho is appearing solely on behalf of your office r governmental body?	□ NO t sign this form.
4. Has or will the person or orga on county lobbying activities dur. (A reporting period is January to June	anization you represent spend more than \$500 ing the current reporting period?   YES or from July to December.)	□ NO
(Do not count contacts with the County	Board supervisor who represents the district in which you reside.)	□ NO
	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However ou must then contact the County Clerk's office to file a form indicating su d "YES" to either question at this time, go on to the next question.]	r, if you do make ch activity. You
6. If "YES," do you understand t spends more than \$500 during the financial disclosure statement with	that if the person or organization you represent current reporting period, you must file a the county clerk?	□ NO City-County
Date:	: Signature	
	Print Name	

	ission Name:	Mary)	Walter	<u> </u>	*	
DATE: 8/14/19	Municipalit	ty:				
Petition/CUP #/Resolution/Ordinance A	mendment/Subject:	:_6-3	ATR.	National	bual	-d
	ish to Speak in Oppoeit		□ Availab	le for Informa	tion Onl	у
1. On this occasion, are you officially replaced in the second of the se	YES mplete the rest of this j	□ NO form. If you ch	necked "YES	S," go on to the		stion.]
Comments:						
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4. Has or will the person or organization on county lobbying activities during the c (A reporting period is January to June or from J. 5. Do you anticipate making more than 2	n you represent sper current reporting pe uly to December.)  2 contacts with Cou	eriod?	\$500 □	YES	<b>□</b> 1	Ю
supervisors other than at public hearings (Do not count contacts with the County Board start [If you checked "NO," to questions 4 and 5 about 1975 and 1975	upervisor who represerve, <u>STOP</u> ; you need no	ot complete the	in which you  rest of this	form. However	. if vou d	NO lo make
more than 2 contacts at a later date, you must the must also sign this form. If you checked "YES"  6. If "YES," do you understand that if the spends more than \$500 during the current financial disclosure statement with the could get you checked "NO" please call the County Clean Building, Madison, for more information.]	to either question at the ne person or organiz t reporting period, y unty clerk?	nis time, go on cation you re you must file	to the next q present a	vestion.]	. NO	)
Date:	Sign	: nature				
	Print 1	Name				