Committee Name:	AIRPORT COM	Name:	JON BECK	EP	TO.
DATE: /O	OCT 8019	Municipality:	MADISON	V CITY	OF
Petition/CUP #/Resol	ution/Ordinance Amend	lment/Subject:_	F ITEM	102	
Wish to Speak in St	annout Wint to	G1 ' O		Pes.	248
Registering in Supp		Speak i n Oppos ring in Oppositio		lable for Inform	ation Only
[If you checked "NO," S	re you officially represent to the property of the property of each perpendicular of eac	.□ YES the rest of this for	m. If you checked "I	YES," go on to the	
•					
Comments:	»		mielios n		
other paid duties for a [If you checked "NO" to a If you checked "YES," turns. 3. Are you an elected or for your municipaling [If you checked "YES," to	for your representation this person or organizati the question, <u>STOP</u> ; you need to the next question. official who is appearing ty or other governmenta the question, <u>STOP</u> ; you need question, go on to the next question.	on?	rest of this form.	□ VFC	NO NO sign this form.
4. Has or will the pers	son or organization you notice of the second in the course of the current to June or from July to 1	represent spend	more than \$500 od? [□ YES	□ NO
supervisors other than (Do not count contacts with	naking more than 2 contra at public hearings or me th the County Board supervis	eetings?sor who represents	the district in which	you reside.)	□ NO
must also sign this form. If	questions 4 and 5 above, <u>STC</u> ater date, you must then con f you checked "YES" to eithe	tact the County Cl er question at this	erk's office to file a fo time, go on to the nex	orm indicating and	r, if you do make ch activity. You
spenas more than \$500 ïnancial disclosure stat	nderstand that if the pers during the current report tement with the county classes call the County Clerk at 20 te information.]	rting period, you lerk?	u must file a	J YES oom 106A of the	□ NO City-County
Pate:		: Signatu	ure		
		Print Na	ne		

Committee Name:	Name:	JOSie	Herson	
DATE: 7/10/19	Municipa	lity:		
Petition/CUP #/Resolution/Ordi		•	6-3	
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Oppo		☐ Available for Infor	mation Only
1. On this occasion, are you office [If you checked "NO," STOP; you need when address and telephone number of the control of t	ed not complete the rest of th	is form. If you) checked "YES," go on to	
Comments:				
2. Are you being paid for your reother paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization?	*************	□ YES	NO NO
3. Are you an elected official whor for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question, go	governmental body? 1, <u>STOP</u> ; you need not comple		VES	NO nust sign this form. 1
4. Has or will the person or orga on county lobbying activities duri (A reporting period is January to June	ing the current reporting	end more the period?	n \$500 □ YES	DINO
5. Do you anticipate making more supervisors other than at public has (Do not count contacts with the County)	earings or meetings?		t in which you reside.)	NO
[If you checked "NO," to questions 4 a more than 2 contacts at a later date, yo must also sign this form. If you checked	ru must then contact the Coun	ty Clerk's offic	e to file a form indicating	ever, if you do make such activity. You
6. If "YES," do you understand to spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Call Building, Madison, for more information.	e current reporting period that the county clerk? ounty Clerk at 266-4121 or go	l, you must fi	le a D YES	□ NO the City-County
Date:	S	gnature		· · · · · · · · · · · · · · · · · · ·
	Prit	nt Name		

Committee Name:	A (olmb Name: Jim towell
DATE: 10/10/18	Municipality:
Petition/CUP #/Resolution/Ordin	nance Amendment/Subject: 6,2, PFAS Update
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only
*****************************	cially representing an organization or a person other than yourself? NO ed not complete the rest of this form. If you checked "YES," go on to the next question.]
Midwest Environ	per of each person or organization you are representing: mental Turtice Organization Ave Madoh MP53704
other paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the 3. Are you an elected official who or for your municipality or other [If you checked "YES," to the question.	o is appearing solely on behalf of your office governmental body?
On county lobbying activities during (A reporting period is January to June of	nization you represent spend more than \$500 ng the current reporting period?
supervisors other than at public h	e than 2 contacts with County Board earings or meetings?
more than 2 contacts at a tater date, you	nd 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make u 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.]
spends more than \$500 during the Tinancial disclosure statement with	hat if the person or organization you represent current reporting period, you must file a the county clerk?
Date: 10/10/19	Signature Tim Powell
	Print Name Jim Powell

Committee Name: Anport Comm Nam	ne: Maria Powell
DATE: 10 10 19 Mu	nicipality:
Petition/CUP #/Resolution/Ordinance Amendment/	·
☑ Wish to Speak in Support ☐ Wish to Speak	in Opposition Item 6
	Opposition
1. On this occasion, are you officially representing a liftyou checked "NO," STOP, you need not complete the res	n organization or a person other than yourself? ES \(\sum \) NO t of this form. If you checked "YES," go on to the next question.]
Midwest Environmental Uns	the Oceanization
1311 Lake View Ave.	Madison 53704 408-240-1485
Comments: When will we have	organization you are representing: HEL Organization Madison 53704 408-240-1485 PPAS data from the two burn pits ON OCRA property.
2. Are you being paid for your representation or apportune paid duties for this person or organization? [If you checked "NO" to the question, <u>STOP</u> ; you need not a liftyou checked "YES," turn over to the next question.]	Z YES II NO
3. Are you an elected official who is appearing solely or for your municipality or other governmental body [If you checked "YES," to the question, STOP; you need not you checked "NO," to the question, go on to the next question. 4. Has or will the person or organization you represon county lobbying activities during the current reporting period is January to June or from July to December 1.	?
5. Do you anticipate making more than 2 contacts we supervisors other than at public hearings or meetings (Do not count contacts with the County Board supervisor who	? □ YES DE NO
If you checked "NO," to questions 4 and 5 above, <u>STOP;</u> you nore than 2 contacts at a later date, you must then contact the nust also sign this form. If you checked "YES" to either ques	need not complete the rest of this form. However, if you do make County Clerk's office to file a form indicating such activity. You tion at this time, go on to the next question.]
5. If "YES," do you understand that if the person or pends more than \$500 during the current reporting plancial disclosure statement with the county clerk?. If you checked "NO" please call the County Clerk at 266-412 Building, Madison, for more information.	eriod, you must file a
Pate: 10 10 19	Print Name Maria Powell
	Print Name Maria Powell

Committee Name: Alegari C	ommission Name: Mar.	2 to Walters	
DATE: 0. 0. 4	Municipality:	10	
Petition/CUP #/Resolution/Ordi	nance Amendment/Subject:	45.672+3	
Wish to Speak in Support Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition	☐ Available for Inform	mation Only
[If you checked "NO," STOP; you ne	cially representing an organization of the complete the rest of this form. If you ber of each person or organization you	NO ou checked "YES," go on to i	
Comments:			
Other paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the second an elected official who for your municipality or other	epresentation or appearing incidental or organization? STOP; you need not complete the rest of the next question.] o is appearing solely on behalf of you governmental body?	this form.	
4. Has or will the person or orga	nization you represent spend more t	than \$500	□ NO
supervisors other than at public h (Do not count contacts with the County	e than 2 contacts with County Board earings or meetings? Board supervisor who represents the district	rict in which you reside.)	□ NO
noi e man 2 contacts at a tater date, yo	nd 5 above, <u>STOP</u> ; you need not complete u must then contact the County Clerk's off d "YES" to either question at this time, go	fice to file a form indicating	ver, if you do make such activity. You
pends more than \$500 during the inancial disclosure statement with	hat if the person or organization you current reporting period, you must the county clerk?	file a	□ NO ne City-County
Pate:	: Signature		
	Print Name		