Committee Name: //ea////	Whan keds Name:	Chelsei	1 Tubb	5	0.	
DATE: /2/5		pality: Da	ne	madison	, WI	53717
Petition/CUP #/Resolution/Ordin	nance Amendment/Sub	ject: <u>2019</u>	RES	389		
Wish to Speak in Support  ☐ Registering in Support	☐ Wish to Speak in ○☐ Registering in Opp	* *	□ Available	for Informat	ion On	ly
1. On this occasion, are you office of the second of the s	ed not complete the rest of	this form. If you	<b>)</b> checked "YES,	" go on to the		estion.]
Comments:						
2. Are you being paid for your rother paid duties for this person [If you checked "NO" to the question If you checked "YES," turn over to the content of the person of the	or organization? STOP; you need not comp			YES		NO
3. Are you an elected official whor for your municipality or other. [If you checked "YES," to the question, gou checked "NO," to the question, g	r governmental body? n, <u>STOP</u> ; you need not con					NO is form.      Į
4. Has or will the person or org on county lobbying activities du (A reporting period is January to June	ring the current reporti	ng period?		YES		NO
5. Do you anticipate making mosupervisors other than at public (Do not count contacts with the Coun	hearings or meetings?.			YES u reside.)		NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, must also sign this form. If you check	you must then contact the (	County Clerk's off	ice to file a for	m indicating sı		
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement we [If you checked "NO" please call the Building, Madison, for more informatical disclosure informatical disclosure statement we have a specific property of the property of th	he current reporting pe ith the county clerk? County Clerk at 266-4121	riod, you must	file a □	YES om 106A of the		<b>NO</b> County
Date: 12/5//9		Signature V	nels	ey!	7-0	
, /		Print Name	Misly L	1Ubb	7	

#### REGISTRATION BEFORE COUNTY BOARD

DATE: 12 5 19	Name:	Moory	Raunols	1
Item #/Petition/CUP # or Subject:	Municipal	ity:		
<ul><li>Wish to Speak in Support</li><li>□ Registering in Support</li></ul>	<ul><li>☐ Wish to Speak in Opp</li><li>☐ Registering in Opposi</li></ul>		☐ Available for Information Onl	у
1. On this occasion, are you officially  [If you checked "NO," STOP; you need to  Name, address and telephone number of  Sc. Se Communi	y representing an organization of each person or organization	form. If you co	con other than yourself? hecked "YES," go on to the next queresenting:	□NO
Comments:				
2. Are you being paid for your repperson or organization?	n, <u>STOP;</u> you need not co		□YES	
3. Are you an elected official who other governmental body?	on, <u>STOP</u> ; you need not d	complete the i	rest of this form except that you	NO
4. Has or will the person or organ during the current reporting perio (A reporting period is January to Jun	d?			activities NO
5. Do you anticipate making more hearings or meetings?(Do not count contacts with the Count	e than 2 contacts with C	ounty Board	supervisors other than at pub YESne district in which you reside.)	olic NO
[If you checked "NO," to questions 4 you do make more than 2 contacts a indicating such activity. You must a the next question.]	at a later date, you must t	hen contact tl	ne County Clerk's office to file a	form
6. If "YES," do you understand th during the current reporting perio	d, you must file a financ	cial disclosu	re statement with the county of	clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-412 information.]	1 or go to the	0	the City-
Date: 125/19	Signature	///aru	famolf 1	_

REGISTRATION BEFORE COUNTY BOARD DATE: Name: Item #/Petition/CUP # or Subject: Municipality: ☐ 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 other governmental body?..... PYES ------ NO [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

Date:

#### REGISTRATION BEFORE COUNTY BOARD

DATE: 13/5/19	Name: Peggy Spiewak
Item #/Petition/CUP # or Subject:	Municipality: 24/1 May Flower D-
2019 RES 384	Municipality: 24/1 May 5/0wer D- Middleton W; 5-3562
' Wish to Speak in Support □ Registering in Support	<ul> <li>☐ Wish to Speak in Opposition</li> <li>☐ Registering in Opposition</li> <li>☐ Available for Information Only</li> </ul>
1. On this occasion, are you officially	y 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:	
person or organization?	presentation or appearing incidental to your other paid duties for this
other governmental body?[If you checked "YES," to the question	o is appearing solely on behalf of your office or for your municipality or
	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  YESNO  nty Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts a	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?
	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 12/5//9	Signature Desgy Spiewal
	Signature Orgy Spiewall  Print Name Peggy Spiewall

Committee Name: Aca Ath + Human Name: TEFFREY FRYS
DATE: 12/5/19 Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 2019 RES - 384
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  NO  [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?
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? □ 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?
Date: 12/5/19 Signature My FRYE  Print Name JEFFNEY FRYE

#### REGISTRATION BEFORE COUNTY BOARD

DATE: 12/5/19 Name: Cindy Tubbs  Name: Cindy Tubbs  Municipality: Le Cak & lon Ct  2019 RE53BY  Madison, WI 53717
Item #/Petition/CUP # or Subject: Municipality: Le Colo & lon Cst
2019 RES 3BY Madison, WI 53717
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□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:
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: 19519  Signature Cynthia Tubb  Print Name Cynthia Tubb
$\bigvee$

Committee Name: Healthy Human Needs Michele Frye
ATE: 12/5/19 Municipality: 5917 Piping Rock Rd.
etition/CUP #/Resolution/Ordinance Amendment/Subject:  2019 RES - 384
I 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?  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 question.]  Iame, address and telephone number of each person or organization you are representing:
Comments:
. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?
. Are you an elected official who is appearing solely on behalf of your office  r for your municipality or other governmental body?
. Has or will the person or organization you represent spend more than \$500 n county lobbying activities during the current reporting period?
. Do you anticipate making more than 2 contacts with County Board  upervisors 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 nore than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You nust also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
. If "YES," do you understand that if the person or organization you represent pends more than \$500 during the current reporting period, you must file a inancial disclosure statement with the county clerk?
Date: 12/5/19  Signature Michele Frye  Print Name Michele Frye
Print Name Michele Frye

REGISTRATION BEFORE COUNTY BOARD
DATE: 12/8/19 Name: LOKE TEMPE
Item #/Petition/CUP # or Subject: Municipality: 5906 Clacutor CT
2019 Res 384
<ul> <li>□ Wish to Speak in Support</li> <li>□ Wish to Speak in Opposition</li> <li>□ Registering in Opposition</li> <li>□ Available for Information Only</li> </ul>
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?□YES□NO
[If you checked "YES," to the question, <u>STOP</u> ; 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?
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: 12/8/19 Signature A A 1
Date: 13/8/19 Signature 1

Print Name Long M. Temp

Committee Names JOG The HU	MAN NEEDSName:	MIKE	Spiearak	<u> </u>	
DATE: 12-5-2019	Municip	ality: <u>24//</u>	MAYFLO	WERDR,	MIDOLETO
Petition/CUP #/Resolution/Ordi	nance Amendment/Subj	ect: 2019	RES 384		
☐ Wish to Speak in Support  ☐ Registering in Support	☐ Wish to Speak in C☐ Registering in Opp	* *	□ Available	for Informatio	on Only
Registering in Support	La Registering in Opp	OSITION	- Tivanaoic	Tor informatio	ii Omy
1. On this occasion, are you offi	·····□ YES	N	0	ti	
Name, address and telephone num	iber of each person or orga	anization you a	are representing	<b>5.</b>	
Comments:					
Comments:					
2. Are you being paid for your other paid duties for this person [If you checked "NO" to the question If you checked "YES," turn over to a	n or organization? n, <u>STOP</u> ; you need not comp			YES	□ NO
3. Are you an elected official wor for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question,	er governmental body? on, <u>STOP</u> ; you need not com			YES t that you must s	□ NO ign this form.
4. Has or will the person or orgon county lobbying activities du (A reporting period is January to Jun	ring the current reporting	ng period?		YES	□ NO
5. Do you anticipate making m supervisors other than at public (Do not count contacts with the Count	c hearings or meetings?		🗖	YES u reside.)	□ NO
[If you checked "NO," to questions a more than 2 contacts at a later date, must also sign this form. If you check	you must then contact the C	County Clerk's of	fice to file a fort	n indicating suc	
6. If "YES," do you understan spends more than \$500 during to financial disclosure statement w [If you checked "NO" please call the Building, Madison, for more informations.	the current reporting per vith the county clerk? • County Clerk at 266-4121 o	riod, you must	file a	YES om 106A of the	□ NO City-County
Date: 12-5-2019		Signature /	Mrehack	Spowa	<u></u>
		Print Name	Michael	1 Spea	Iak