Name Sarah Hillman	Date: <u>1-8-20</u>
	Item: <u>58498</u>
Delavan W1 5.3115	PLEASE PRINT CLEARL
Please check the appropriate boxes:	
Support Oppose and Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Are you appearing as part of your other paid duties for this person or o	organization? Yes No
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Are you registered as a lobbyist with (check any that applies)?	
City of Madison Dane County Other _	
City of Madison Dane County Other	1/1/1-

Name Pence Stodola	Date: 1 7 20
Address Deerfield, Wi 53531	Item:
Deerfield, Wi 53531	PLEASE PRINT CLEARI
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Support Oppose and Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
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Are you appearing as part of your other paid duties for this person or o	rganization? Yes No
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Are you registered as a lobbyist with (check any that applies)?	•
City of Madison Dane County Other	
Ciamatawa	

To the Board of Health of Madison and Dane County:

My name is Renee Stodola and as of March 7th of this year I will have been an employee of PHMDC for the past 13 years. I am a humane officer in the Animal Services Department. I have had a career as a humane officer for nearly 22 years. My job is to enforce animal laws. Much like a police officer, I spend most of my time in my vehicle responding to calls. I am rarely in an office setting, nor do I provide health care services.

I became a humane officer due to my love and respect for animals. I chose a profession where I could help improve the lives of animals. I also make personal choices to improve the lives of animals and to prevent animal suffering outside of work. I have been practicing a vegan lifestyle for almost 27 years. I do not consume, wear or use animal products or bi-products of any kind. I make concerted efforts to research the products I use or consume to make sure they do not conflict with my creed of veganism. I've done research on available flu vaccines and none of them are vegan. They either contain eggs, insects or mammalian cells.

PHMDC's internal flu vaccination policy was changed in 2019 to exclude being able to obtain a waiver from receiving a flu shot for personal conviction or creed without the signature of a clergy member. Although the number of vegans in the United States and around the world continues to increase, veganism is not an organized religion and therefore obtaining a clergy member's signature is not applicable. The waiver I turned in and was approved for the past several years was therefore denied. I now face the dilemma of either being forced to violate my personal beliefs by getting a non-vegan flu shot every year I work for PHMDC or risk losing my job. I find it ironic that my deep respect for animals, which motivates me to be the best humane officer I can be, is now putting me at risk of losing my job.

I share my situation with you not only in the hope that you will reconsider PHMDC's internal flu vaccination policy, but also in hope that you do not approve the Immunization Policy Position Statement proposed tonight. Although I don't have children of my own that would be affected by this proposed position statement, I know what it feels like to be forced to comply with a PHMDC policy that goes against my deeply held personal beliefs. Even if you aren't a vegan, or don't have children affected by this, ask yourself what you would do if the Health Department continues to limit our rights and forces policies like this upon the general public. Ask yourself what you would do if you had to choose between a job you love, and what is best for your physical, mental and spiritual health. I hope you vote against approving this position statement and I hope that I can continue to serve the people and animals of Dane County without sacrificing everything I believe in.

Sincerely,

Renee Stodola

Renie Stodola

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Name	- 	21111100			•	Item:	·	_
Address		· .	<u> </u>	·		PLEAS	SE PRINT CLEAR	_Y
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Are you app	pearing as part o	of your other paid of	luties for this p	person or or	ganization?	Yes	☐ No	
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City	y of Madison	Dane (County —	Other				
		Si	gnature:	•		· 	•	

BOARD OF HEALTH FOR MADISON AND DANE COUNTY Registration to Appear Name Address PLEASE PRINT CLEARLY Please check the appropriate boxes: Support Wish to speak and Do not wish to speak Oppose either Support Nor Oppose Available to answer questions Comments: At this meeting, are you representing an organization or a person other than yourself? (If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", go on to the next question. Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes", STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no", go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? Yes No (Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane Counfix For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121, or visit th e of either Clerk in the City-County Building, 210 Martin Luther King Jr Blvd, Madison. Are you registered as a lobbyist with (check any that applie

City of Madison

Dane County

Signature

BOARD OF HEALTH FOR MADISON AND DANE COUNTY

Registration to Appear Date: 18/2020
Name Item: 58298
Address Mt Horeb, WI PLEASE PRINT CLEARLY
Please check the appropriate boxes:
Support Wish to speak
Oppose and Do not wish to speak
☐ Neither Support Nor Oppose ☐ Available to answer questions
Comments:
At this meeting, are you representing an organization or a person other than yourself? Yes X No
(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name
of whom you represent and go on to the next question.)
Name, address and telephone number of each person or organization you are representing:
Are you being paid for your representation? Yes No
Are you appearing as part of your other paid duties for this person or organization?
(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", go on to the next question.
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No
(If you answered "yes", STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no", go on to the next question.)
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Are you registered as a lobbyist with (check any that applies)?
City of Madison Dane County Other
Signature:

Nama Caral Parel	Date: <u>-8-20</u>
Name Johan Coyla	Item:
Address Madison	PLEASE PRINT CLEAR
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Oppose and Neither Support Nor Oppose	Do not wish to speak Available to answer questions
comments: oppose resolution /	emoune religions racque exemptions
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Are you registered as a lobbyist with (check any that applies)?
City of Madison Dane County	_ Other
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Registration to Appear
Name Shelby Lemke Date: 182020
Address Item: 58978
Watworth county PLEASE PRINT CLEARLY
Please check the appropriate boxes:
Support Oppose and Wish to speak Do not wish to speak Neither Support Nor Oppose Neither Support Nor Oppose Available to answer questions
Comments: Immunization policy position statemen
At this meeting, are you representing an organization or a person other than yourself? Yes X No
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Name, address and telephone number of each person or organization you are representing:
Are you being paid for your representation? Yes No
Are you appearing as part of your other paid duties for this person or organization?
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Are you registered as a lobbyist with (check any that applies)?
City of Madison Dane County Other
Signature

Name Heather Tellon	Date: 08 m 202
Address	Item: 50478
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Please check the appropriate boxes: Support Oppose and Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
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City of Madison Dane County Other _	

BOARD OF HEALTH FOR MADISON AND DANE COUNTY Registration to Appear Name Address PLEASE PRINT CLEARLY Please check the appropriate boxes: Support Wish to speak and Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions Comments: At this meeting, are you representing an organization or a person other than yourself? (If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? Yes. (If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", go on to the next question. Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? · TYes (If you answered "yes", STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no", go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? (Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121, or visit the office of either Clerk in the City-County Building, 210 Martin Luther King Jr Blvd, Madison. Are you registered as a lobbyist with (check any that applies)? City of Madison Dane County

Signature:

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Name Mavia Delangula	Item: <u>Qa Tumun</u>
Address	Polva
Arlington	PLEASE PRINT CLEAR
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Are you registered as a lobbyist with (check any that applies)?	
City of Madison Dane County Other _	
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Name	Sarah Cort	riat_			Date:
Address					Item:
	Madison (W.	Z			PLEASE PRINT CLEAR
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City o	f Madison	Dane County	Other	· .	<u> </u>
		Signature:			

Name Madison Elmer	Date: <u>Jan 8 20 A</u>
Address	_
Walworth WI 53184	PLEASE PRINT CLEARI
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	T W 1
Support Oppose and	✓ Wish to speak☐ Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
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Are you registered as a lobbyist with (check any that applies)?	·
City of Madison Dane County Othe	er.
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Signature: '	

Registration to Appear	$\lambda = 1$
Name Katherine Arnaud-Leblanc	Date: 1/8/2020
	Item: Immunitation
Address _	Policy Statement
Brooklyn, W1.53521	TEAGET MINT GEENIN
Please check the appropriate boxes:	
	to speak
	ot wish to speak
☐ Neither Support Nor Oppose ☐ Avail	able to answer questions
Comments:	
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At this meeting, are you representing an organization or a person other than yoursel	lf? Yes X No
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Are you being paid for your representation?	
Are you appearing as part of your other paid duties for this person or organization?	Yes No
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Are you registered as a lobbyist with (check any that applies)?	
City of Madison Dane County Other	
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Name Made Hnuns	m, De	•	Date: _ du a / 200
Address		,	Item:
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Neither Support Nor O			to answer questions
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- Child Springer 10 20 G. St.	1 1010001101		V Position 1
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Are you an elected official or employee other governmental body?	e who is appearing solely on Yes \text{No}	behalf of your office of	or for your municipality or
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If you are being paid for your represent that the City of Madison and Dane Cou		^ ~	uties, do you understand Yes 🔲 No
(Requirements for registration as a lobbyist of sufficient for appearing before the Board of I Madison City Clerk, 266-4601 AND the Dan Martin Luther King Jr Blvd, Madison.	Health for Madison and Dane Coun	ty. For information about re	egistering as a lobbyist, contact the
Are you registered as a lobbyist with	(check any that applies)?		
City of Madison	Dane County Oth	er	
•	Signature:		

BOARD OF HEALTH FOR MADISON AND DANE COUNTY Registration to Appear Name Address PLEASE PRINT CLEARLY Please check the appropriate boxes: Support Wish to speak **Oppose** Do not wish to speak Neither Support Nor Oppose Available to answer questions At this meeting, are you representing an organization or a person other than yourself? (If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Yes Are you being paid for your representation? l lNo Are you appearing as part of your other paid duties for this person or organization? (If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", go on to the next question. Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes (If you answered "yes", STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no", go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? (Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121, or visit the office of either Clerk in the City-County Building, 210 Martin Luther King Jr Blvd, Madison. Are you registered as a lobbyist with (check any that applies)? Other ____ Dane County City of Madison

Name Kaipen SCHNeiDer	Date: 1/8/3/
	Item:
Address	PLEASE PRINT CLEARI
<u> </u>	
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Comments: #58498	www. Intim policy
Comments.	
At this meeting, are you representing an organization	n or a person other than yourself? Yes No
(If you answered "no", STOP. You need not complete of whom you represent and go on to the next question	te the rest of this form. If you answered "yes", provide the name
Name, address and telephone number of each person	or organization you are representing
ivame, address and telephone number of each person	or organization you are representing.
Are you being paid for your representation? Yes	es 🗌 No
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Are you registered as a lobbyist with (check any that	applies)?
City of Madison Dane County	Other
Signature	

Name Myriah Medina Address	Date: \\\ \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Madison WI 53711	PLEASE PRINT CLEARLY
Please check the appropriate boxes:	•
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At this meeting, are you representing an organization or a person other than you	urself? \(\sum \) Yes
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Are you being paid for your representation? Yes No	<u> </u>
Are you appearing as part of your other paid duties for this person or organization	on? Yes No
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Are you an elected official or employee who is appearing solely on behalf of you other governmental body? Yes No	r office or for your municipality or
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Are you registered as a lobbyist with (check any that applies)?	
City of Madison Dane County Other	
Signature:	-

Name LISA JUday	Date:
	Item: <u>Vaccines</u>
Address	 PLEASE PRINT CLEARI
Cambridge. WI	-
Please check the appropriate boxes:	
Support Oppose and Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
Comments:	
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Are you registered as a lobbyist with (check any that applies)?	
City of Madison Dane County Othe	er
Signature	

Name Alison Beach	Date: _ 0/// 2000
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Tregistration to Appear
Name 1012 Wus Will Date: 1/8/10 20
Address Item:
MULISIA 11 62519 PLEASE PRINT CLEA
Please check the appropriate boxes: Support Oppose and Neither Support Nor Oppose Wish to speak Do not wish to speak Available to answer questions
Comments:
At this meeting, are you representing an organization or a person other than yourself?
(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the nam of whom you represent and go on to the next question.)
Name, address and telephone number of each person or organization you are representing:
Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization?
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Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No
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If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? Yes No
(Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121, or visit the office of either Clerk in the City-County Building, 210 Martin Luther King Ir Blvd, Madison.
Are you registered as a lobbyist with (check any that applies)?
City of Madison Dane County Other
Cionature:

Name / AND TVENSED	Date: 1/8/20
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Address	
Madison, WI 53719	PLEASE PRINT CLEARLY
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Are you registered as a lobbyist with (check any that applies)?	
City of Madison Dane County Other _	
Signature	

Rosala Standana a 1000	Date: 1-8-20
Name Dilma Studinmenter	Item: 62 20498
Address	PLEASE PRINT CLEAR
Please check the appropriate boxes:	
Support Oppose and Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
comments: Personal + Religious Illumptions against corporate a Pharmaceutical	are important to protect exploitations.
At this meeting, are you representing an organization or a person other t	han yourself? Yes X No
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LA	CE MILLS.	· · · · · · · · · · · · · · · · · · ·		PLEASE PRINT CLEARI
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Are you being paid for	or your representation?	Yes N	0	
Are you appearing as	part of your other paid	l duties for this perso	on or organization?	Yes No
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Are you registered a	as a lobbyist with (checl	k any that applies)?		·
City of Madis	on Dane	County C	other	
	(Signature:	1000	

Nama IIII' Fara land.	Date: 18 2020 -
Name MR tray ev-	Item:
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Lake Mills W/ 57531.	PLEASE PRINT CLEAR
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Support Oppose and	☐ Wish to speak ☐ Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
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	to the parents no matter what
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of whom you represent and go on to the next question.)	
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Are you appearing as part of your other paid duties for this pe	erson or organization?
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Are you registered as a lobbyist with (check any that applies)	?
City of MadisonDane County	Other
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Name- KONNOC ACNOND-Leblan =	Date:
Address	itoni.
Bradklyn, W1 53521	PLEASE PRINT CLEARI
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At this meeting, are you representing an organization or a person other than you	urself? Yes No
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Are you registered as a lobbyist with (check any that applies)?	
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Name Jessamun Kovacs	Date:
	Item:
Address	PLEASE PRINT CLEARI
Please check the appropriate boxes:	
Support Oppose and Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Comments:	
At this meeting, are you representing an organization or a person other	er than yourself? Yes No
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ivaline, address and telephone number of each person of organization	you are representing.
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Are you registered as a lobbyist with (check any that applies)?	·
City of Madison DaneCounty Other _	
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	Date: $1/\theta/20$
Name ISON VITAIR	Item: VACUNES
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Toldison, MT	I LLASET KINT OLLAK
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At this meeting, are you representing an organization or a person other than yourself?	
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Are you registered as a lobbyist with (check any that applies)?	•
City of Madison Dane County Other	<u>. </u>

Name \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TEMTS	Date: <u>UI - US</u>	5-206
	1(7912	Item: VACIN	e 16/A1
Address		 PLEASE PRIN	T CL EADL
ORE	SOM , WI	PLEASE PRIN	I CLEARL
Please check the appropria	te boxes:		
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At this meeting, are you repr	esenting an organization or a pers	son other than yourself? Yes Yes	10
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of whom you represent and g			
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Are you registered as a lobb	yist with (check any that applies)?	·	
City of Madison	Dane County(Other	
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Name Kavin Senapathy	Date: 1-8-10
Address	PLEASE PRINT CLEAR
	— FELAGE FRINT GELAN
Please check the appropriate boxes:	
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At this meeting, are you representing an organization or a person	other than yourself? Yes No
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Are you registered as a lobbyist with (check any that applies)?	
City of Madison Dane County Other	er
Signature:	

Date: 1/8/2020
Name OIA SMITH Item: Immunization
OROGON, WZ 53575 PLEASE PRINT CLEAR
Please check the appropriate boxes: Support Oppose and Neither Support Nor Oppose Available to answer questions
non-medical exemption waivers for school and child care attendance
At this meeting, are you representing an organization or a person other than yourself? Yes You not (If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:
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Are you appearing as part of your other paid duties for this person or organization?
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Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No
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If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? Yes No
(Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121, or visit the office of either Clerk in the City-County Building, 210 Martin Luther King Jr Blvd, Madison.
Are you registered as a lobbyist with (check any that applies)?
City of Madison Dane County Other Other