DATE: 20 Jan 2020	Name: Derrith Wieman Municipality: Madison, Dane Co, WI
Item #/Petition/CUP # or Subject:	Municipality: Madison, Dane Co, WI
	-
	☐ Wish to Speak in Opposition☐ Registering in Opposition☐ Available for Information Only
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 t	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of	of each person or organization you are representing:
Comments:	
Comments.	
person or organization?	oresentation or appearing incidental to your other paid duties for this YES
other governmental body?[If you checked "YES," to the question	is appearing solely on behalf of your office or for your municipality or
4. Has or will the person or organ during the current reporting period (A reporting period is January to Jun	nization you represent spend more than \$500 on county lobbying activities d?□YES□NO ne or from July to December.)
5. Do you anticipate making more hearings or meetings?	e than 2 contacts with County Board supervisors other than at public TYES
(Do not count contacts with the Cour	nty Board supervisor who represents the district in which you reside.)
you do make more than 2 contacts 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	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-
Date: 20 Jan 2020	Signature Merrith RWieman
	Print Namo FDR ITH MILE MAN

DATE: 2/20/20	Name:	Shari	Disner
DATE: 2/20/20 Item #/Petition/CUP # or Subject:	Municipa	ality: 2019	Signer 12ES-473
₩ish to Speak in Support	☐ Wish to Speak in Op	The same was the same	
□ Registering in Support	☐ Registering in Oppos	sition 🗆 .	Available for Information Only
1. On this occasion, are you officially	representing an organia	zation or a person	other than yourself?
[If you checked "NO," <u>STOP;</u> you need r	not complete the rest of thi	s form. If you check	Sed "YES," go on to the next question.]
Name, address and telephone number of	f each person or organiza	tion you are represe	enting:
UW Hospital N	urses		
,			
Comments:			
Comments.			
2. Are you being paid for your repperson or organization?	, <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	complete the rest	□YES\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4. Has or will the person or organ during the current reporting period (A reporting period is January to Jun	d?	-	
5. Do you anticipate making more hearings or meetings? (Do not count contacts with the Count			□YES\NO
[If you checked "NO," to questions 4 you do make more than 2 contacts a indicating such activity. You must all the next question.]	t a later date, you must	then contact the C	County Clerk's office to file a form
6. If "YES," do you understand the during the current reporting period	d, you must file a finan	icial disclosure s	tatement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more i	County Clerk at 266-412	21 or go to the Cle	rk's office at Room 106A of the City-
Date: $\frac{2/20/20}{}$	Signatu	re Shai	Signer Signer
•	Print Na	me_56cci	Siener

DATE: 20 Feb 2020	Name: TODD CLARK
Item #/Peţition/CUP # or Subject:	Municipality: MADISON
NURSE'S UNION	-
✓ Wish to Speak in Support☐ Registering in Support	 □ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
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	of each person or organization you are representing:
Comments:	
person or organization?	presentation or appearing incidental to your other paid duties for this YES
other governmental body?	is appearing solely on behalf of your office or for your municipality or
	nization you represent spend more than \$500 on county lobbying activities d?□YES□NO ne or from July to December.)
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public YES
you do make more than 2 contacts 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 lso sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting perio	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 20 Feb 2020	Signature CACLARK Print Name R. T. CLARK
	Print Name R. T. CLARK

DATE: 2/20/2020	Name: Mariah Clark
Item #/Petition/CUP # or Subject:	Municipality: Madison
Wish to Speak in Support	☐ Wish to Speak in Opposition
☐ Registering in Support	□ Registering in Opposition □ Available for Information Only
	representing an organization or a person other than yourself?
[If you checked "NO," <u>STOP;</u> you need t	not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone number of	of each person or organization you are representing:
Mariah Clark	
218 N. Sixth St	
Madison WI 53704	
Comments:	
person or organization?	presentation or appearing incidental to your other paid duties for this YES
other governmental body?[If you checked "YES," to the question	is appearing solely on behalf of your office or for your municipality or
	ization you represent spend more than \$500 on county lobbying activities d?□YES□NO e or from July to December.)
hearings or meetings?	e than 2 contacts with County Board supervisors other than at public TYES
you do make more than 2 contacts a	and 5 above, <u>STOP;</u> you need not complete the rest of this form. However, if a later date, you must then contact the County Clerk's office to file a form so sign this form. If you checked "YES" to either question at this time, go on to
during the current reporting period	at if the person or organization you represent spends more than \$500 d, you must file a financial disclosure statement with the county clerk?
[If you checked "NO" please call the County Building, Madison, for more	County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-information.]
Date: 2/20/2020	Signature ////
	Print Name Mariah Clark