Committee Name: Arport	CourissiegName:	Ed Bly)	ne_	
DATE: 07.15.20	Municipalit	y: Medican	Lane 6	unfy
Petition/CUP #/Resolution/Ordi	-	E C C C C C C C C C C C C C C C C C C C	The FUSC	-Adverner
☐ Wish to Speak in Support	☐ Wish to Speak in Oppo			
☐ Registering in Support	☐ Registering in Oppositi		vailable for Infor	mation Only
1. On this occasion, are you office [If you checked "NO," <u>STOP</u> ; you need Name, address and telephone numbers.	ed not complete the rest of this fo	ization or a perso D NO orm. If you checked	on other than yo	urself?
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? STOP: you need not complete the next question.]	e rest of this form.	□ YES	□ NO
3. Are you an elected official who or for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question, go	governmental body?		□ YES except that you m	□ NO ust sign this form. If
4. Has or will the person or organ on county lobbying activities durin (A reporting period is January to June o	ng the current reporting per	l more than \$500 iod?	□ YES	□ NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County)	earings or meetings?		YES (ch you reside.)	□ NO
[If you checked "NO," to questions 4 an more than 2 contacts at a later date, you must also sign this form. If you checked	i inuxi inea confact tug County C	lovb's affina ta fila	m managar dan 1884 dan 1884	er, if you do make uch activity. You
6. If "YES," do you understand the spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Cor Building, Madison, for more information	current reporting period, yo the county clerk? unty Clerk at 266-4121 or so to t	u must file a	El Wes	□ NO e City-County
Date:	: Signat	ure		
	Print Na	me		

Committee Name: Dane Co.	AIRPORT Name: SALLY YOUNG	
3.110/2020	Winnicipality:	
Petition/CUP #/Resolution/Ord	linance Amendment/Subject:	
☑ Wish to Speak in Support ☐ Registering in Support	•	
1. On this occasion, are you off	ficially representing an organization or a person oth	
	THE YES NO NO WEST OF THIS FORM. If you checked "YES,	
Name, address and telephone num	nber of each person or organization you are representing	g:
Comments:		
 Are you being paid for your r other paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the Are you an elected official who was a second to the person of the person	representation or appearing incidental to your or organization?	
or for your municipality or other	r governmental body?	YES □ NO that you must sign this form. If
4. Has or will the person or orga on county lobbying activities duri (A reporting period is January to June	anization you represent spend more than \$500 ing the current reporting period?	YES 🗆 NO
supervisors other than at public h	re than 2 contacts with County Board nearings or meetings?	YES 🏻 NO reside.)
	and 5 above, <u>STOP;</u> you need not complete the rest of this for you must then contact the County Clerk's office to file a form d "YES" to either question at this time, go on to the next qu	
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?	1700 Pl 310
Date: 2/10/2020	Signature 5.14 / Print Name SALLY You	7
	Print Name SALLY YOU	156-

Committee Name: Dane C	o Airport Name: Christel Preiss
DATE: 2-12-20	Municipality:
Petition/CUP #/Resolution/Ord	linance Amendment/Subject: PFA5
☐ 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 off	icially representing an organization or a person other than yourself?
[If you checked "NO," STOP; you no	eed not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone num	nber of each person or organization you are representing:
Comments:	
If you checked "NO" to the question If you checked "YES," turn over to the 3. Are you an elected official when for your municipality or other	no is appearing solely on behalf of your office governmental body?
4. Has or will the person or orga	mization you represent spend more than \$500
autoramore affect fitall at DADIIC H	re than 2 contacts with County Board nearings or meetings?
	nd 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make nu must then contact the County Clerk's office to file a form indicating such activity. You d'YES" to either question at this time, go on to the next question.]
6. If "YES," do you understand t spends more than \$500 during the financial disclosure statement with	hat if the person or organization you represent current reporting period, you must file a the county clerk?
Date: 2-12-20-	Signature Christel Preus
	Print Name Christel Preuss

Committee Name:	Name: ANTA HECAT	•
DATE: February	12, 2020 Municipality: Madown	
Petition/CUP #/Resolution/O	Name: ANTA HEART 12, 2020 Municipality: Moduon Ordinance Amendment/Subject: F-35 - WOIS & PFA5	, , , , , , , , , , , , , , , , , , ,
☐ 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 o	officially representing an organization of a person other than yourself	?
	number of each person or organization you are representing:	· -
Commission		
Comments:	·	
3. Are you an elected official or for your municipality or oth [If you checked "YES," to the question, you checked "NO," to the question, 4. Has or will the person or or on county lobbying activities do	who is appearing solely on behalf of your office her governmental body?	l NO this form. 1
A reporting period is January to Jun Do you anticipate making in	nore than 2 contacts with County Board	
andor argorg offict, fiffill Af DRDUI	inty Board supervisor who represents the district in which you reside.)	NO
If you checked "NO," to questions of the properties of a later date, must also sign this form. If you check it is "YES," do you understand pends more than \$500 during the inancial disclosure statement were the properties of the	4 and 5 above, STOP; you need not complete the rest of this form. However, if you must then contact the County Clerk's office to file a form indicating such activities with the ceither question at this time, go on to the next question.] d that if the person or organization you represent the current reporting period, you must file a with the county clerk?	tivity. You
ate:	Signature	
	Print Name	

Committee Name:	Name:	Eunenia	Highland	Giaro	3 05
DATE: 2/12/2070	Municip	ality: Dan	2 Contr	, <u>Sina e</u>	<u> </u>
Petition/CUP #/Resolution/Ord	linance Amendment/Subje	ect: DA	to 5	reak a	painst 73
☐ Wish to Speak in Support ☐ Registering in Support	Wish to Speak in Oppo		□ Available f	for Informati	on Only
1. On this occasion, are you of	ficially representing an org				
[If you checked "NO," STOP; you n	eed not complete the rest of th	NO is form. If you ch	ecked "YES,"	go on to the n	ext question.]
Name, address and telephone nun	aber of each person or organ	nization you are	representing:		
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 second of the person was an elected official when for your manner.	1 or organization?	e the rest of this f	□ ¥] brm.	ES	□ NO
or for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question, go	r governmental body? n. STOP: way need not convole		Brief	YES at you must sig	□ NO gn this form. If
4. Has or will the person or orga on county lobbying activities dur (A reporting period is January to June	Mg the current reporting v	end more than period?	\$500 🏻 Y	ES	□ NO
5. Do you anticipate making mos supervisors other than at public I (Do not count contacts with the County	learings or meetings?		D YE	ES ride.)	□ 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 checke					you do make ictivity. 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 Consulding, Madison, for more information.	current reporting period, the county clerk?	you must file a	l Projection	S 🏻 🗖 96A of the Cit	NO y-County
Date:	Sig	nature			
		Name			

Committee Name:	Name: JODI WORTSMAN.
DATE: $\frac{2}{12}$	Municipality:
Petition/CUP #/Resolution/Ordi	
☐ Wish to Speak in Support ☐ Registering in Support	□ Wish to Speak in Opposition □ Registering in Opposition □ Available for Information Only
[If you checked "NO," <u>STOP</u> ; you ne	cially representing an organization or a person other than yourself? NO red not complete the rest of this form. If you checked "YES," go on to the next question.] ber of each person or organization you are representing:
Comments:	
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	epresentation or appearing incidental to your or organization?
4. Has or will the person or organ	nization you represent spend more than \$500
(Do not count contacts with the County [If you checked "NO," to questions 4 ammore than 2 contacts at a later date, you	e than 2 contacts with County Board earings or meetings?
6. If "YES," do you understand the spends more than \$500 during the financial disclosure statement with	at if the person or organization you represent current reporting period, you must file a the county clerk?
Date: 2/2/20	Print Name JOD (NERMAL)
	Fruit (Value) W MEN DIMAN

Committee Name: Arpovd	Commission Name: And	dren Ritland	<u> </u>
Petition/CUP #/Resolution/Ord	Municipality:		
	inance Amendment/Subject:		
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition	☐ Available for Information	on Only
	icially representing an organization Output Discrepancy and seed not complete the rest of this form. If		
	ber of each person or organization y		
Comments:	·		
2. Are you being paid for your r other paid duties for this person	epresentation or appearing incides or organization?	ital to your	Z NO
or for your municipality or other	o is appearing solely on behalf of y governmental body?	T TOTAL	NO gn this form.
4. Has or will the person or orga on county lobbying activities duri (A reporting period is January to June	nization you represent spend mor- ng the current reporting period? or from July to December.)	e than \$500 🖂 YES	E NO
5. Do you anticipate making more supervisors other than at public h (Do not count contacts with the County	earings or meetings?	CT MINO	□ 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	nd 5 above, <u>STOP;</u> you need not complete the County Clark's	te the rest of this form. However, if	you do make 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 Communication, Madison, for more information.	hat if the person or organization y current reporting period, you must the county clerk?	ou represent It file a	NO y-County
Date: Feb. 12, 202	Signature_	andrea Rill	<u> </u>
	Print Name	Andrea Rich	