First Name	Last Name	City	How do you plan on attending the meeting?	Do you wish to provide public comment or register in support/o pposition of an agenda item? a. Yes, Continue to the	register/s peak on multiple	Do you support or oppose the agenda item?	Do you want to speak?	If you register to speak on an item, staff will look for your name and phone number in the attendee list on Zoom, if you are not listed, would you like to be called?	are you officially representi ng an organizati
Esther	Olson	Belleville Middleto	a. Zoom	Next Question a. Yes, Continue to the Next Question	2020Act1 35 Restoring Roots	a. Support	a. Yes, I want to	a. Yes	b. No a. Yes — you will need to fill out an additional form. Staff will email you the form.
Garret	Zastoupil	Madison, WI	b. Phone	a. Yes, Continue to the Next Question	Restoring Roots, BHRC, BH Triage & Restorati	a. Support	b. No, I do not wish		b. No

Alysha	Clark	Madison	a. Zoom	a. Yes, Continue to the Next Question		c. Neither Support or Oppose	a. Yes, I want to speak	a. Yes	a. Yes – you will need to fill out an additional form. Staff will email you the form.
Molly	Clark- Barol	Madison	a. Zoom	a. Yes, Continue to the Next Question	Restoring Roots, BHRC, BH Triage & Restorati on Center Proposal	a. Support	b. No, I do not wish to speak	b. No	b. No
Carria	Sandors	Middleto	a 700m	a. Yes, Continue to the Next	for \$500,000 in the budget for Restoring	a Support	a. Yes, I want to	o Vos	h No
Carrie	Sanders	n	a. Zoom	a. Yes, Continue to the	Roots.	a. Supportc. NeitherSupport	c. I do not want to speak,	a. Yes	b. No a. Yes – you will need to fill out an additional form. Staff will
Evelyn	Mikul	Madison	Zoom,b. Phone	Next Question a. Yes, Continue to the		or Oppose	to answer questions b. No, I do	a. Yes	email you the form.
Katherine	Kamp	Madiso	a. Zoom	Next Question a. Yes, Continue to the	Restoring Roots	a. Support	a. Yes, I	b. No	b. No
Ritu	Bhatnagar	Madison	b. Phone	Next Question	Restoring Roots	a. Support	want to speak	a. Yes	b. No

Adam	Briska	Madison	a. Zoom	a. Yes, Continue to the Next Question a. Yes,	Triage & Restorati	a. Support	b. No, I do not wish to speak	b. No	b. No
		Middleto		Continue to the	Doctoring		a. Yes, I		
Peggy	Spiewak	n	a. Zoom	Next Question a. Yes, Continue to the	Restoring Roots	a. Support	want to speak a. Yes, I	a. Yes	b. No
Michael	Spiewak	Middleto n	a. Zoom	Next Question b. No, STOP and SUBMIT	Zoom	a. Support	want to speak	a. Yes	b. No
Abe	Saloma	Monona	a. Zoom		Restoring	b. Oppose			
Mary	Flynn	Madison	a. Zoom	to the Next Question a. Yes,	Roots Budget Inclusion J. Public Comment	a. Support	b. No, I do not wish to speak	b. No	b. No
				•	on Items not on the		a. Yes, I want to		
Tara	Wilhelmi	Madison	a. Zoom	Question b. No, STOP and SUBMIT	Agenda	Oppose	speak	a. Yes	b. No
Nicole	Degner	Windsor	a. Zoom	Registrati on form a. Yes, Continue to the			b. No, I do		
Kathleen	Culver	Fitchburg	a. Zoom	Next Question	Restoring Roots	a. Support	not wish to speak	b. No	b. No

Cindy	Tubbs	Madison	a. Zoom	a. Yes, Continue to the Next Question a. Yes, Continue to the Next		a. Support	a. Yes, I want to speak a. Yes, I want to	a. Yes	b. No
Susan	Herbst	DeForest	a. Zoom	Question a. Yes, Continue to the	Restoring Roots	a. Supportc. NeitherSupport		a. Yes	b. No
SUNNY	KURHAJET Z	T MADISON	a. Zoom	Next Question	J	or Oppose	want to speak	a. Yes	b. No
				a. Yes, Continue to the	Postoring		b. No, I do not wish		
Marie	Crim	Deforest	a. Zoom	Next Question a. Yes, Continue to the	Restoring Roots	a. Support	to speak b. No, I do	b. No	b. No
Karen	Virnoche	Madison	a. Zoom	Next Question a. Yes, Continue to the		a. Support	not wish to speak b. No, I do	b. No	b. No
Greg	Smith	Madison	a. Zoom	Next Question a. Yes, Continue to the	Restoring Roots Restoring Roots, \$500,000	a. Support	not wish to speak b. No, I do	b. No	b. No
Tami	Bahr	Verona	b. Phone	Next Question a. Yes, Continue to the	budget item J-Public	a. Supportc. NeitherSupport	not wish	b. No	b. No
Ryan	Wherley	Madison	a. Zoom	Next Question	not on agenda	or Oppose	want to speak	a. Yes	b. No

				b. No,					
				STOP and					
				SUBMIT					
				Registrati					
Ed	Sheskey	Madison	a. Zoom	on form					
				a. Yes,					
				Continue					
				to the			a. Yes, I		
				Next			want to		
Matthew	Moberg	Madison	a. Zoom	Question	J	b. Oppose	speak	a. Yes	b. No
				a. Yes,					
				Continue					
				to the			b. No, I do		
				Next	Restoring		not wish		
Pamela	Noyd	Madison	a. Zoom	Question	_	a. Support		b. No	b. No
	,			•	J. Public	• • •	•		
				a. Yes,	Comment				
					on Items				
				to the	not on	Support	a. Yes, I		
				Next	the	or	want to		
Derek	Wallace	Madison	a. Zoom	Question		Oppose	speak	a. Yes	b. No
				a. Yes,	80	-			
				Continue					
				to the			b. No, I do		
				Next	Restoring		not wish		
Karen	Radcliffe	Monona	b. Phone	Question	Roots	a. Support		b. No	b. No
itai e i i		Monona	D. 1	a. Yes,	110013	а. зарроге	to speak	51110	5
				Continue					
				to the			b. No, I do		
		Middleto		Next			not wish		
Evelyn	Storto	n	h Phone	Question		a Sunnort	to speak	h No	b. No
LVCIYII	310110	"	b. Filone	b. No,		a. Support	to speak	D. INO	D. 140
				STOP and					
				SUBMIT					
				Registrati					
Cathy	Downik	Madison	a. Zoom	on form					
Cathy	Bownik	iviauisoii	a. Zuuiii						
				b. No,					
				STOP and					
				SUBMIT					
C+ · · ·	V	Maralle	. 7	Registrati					
Stephanie	ku0	Madison	a. Zoom	on form					
				b. No,					
				STOP and			L At 1		
				SUBMIT			b. No, I do		
1		8.4. 12		Registrati			not wish		1
Joan	Byrne	Madison	a. Zoom	on form			to speak		b. No

Kristine	Hruby	Waunake e	b. Phone	b. No, STOP and SUBMIT Registrati on form b. No, STOP and SUBMIT		a. Support	b. No, I do not wish to speak	b. No	b. No
Rachel	EG 720	Oregon	a. Zoom	Registrati on form b. No, STOP and SUBMIT					
EGA	720	McFarlan O d	b. Phone	Registrati on form b. No, STOP and SUBMIT					
Sharron	Hubbard- Moyer	Madison	a. Zoom	Registrati on form b. No, STOP and SUBMIT					
Jamie	O'Dea	Madison	b. Phone	Registrati on form b. No, STOP and SUBMIT					
Analiese	Eicher	sp	a. Zoom	Registrati on form a. Yes, Continue to the	Doctoring		a. Yes, I		
Chelsey	Tubbs	Madison	a. Zoom	Next Question b. No, STOP and SUBMIT Registrati	Restoring Roots	a. Support	want to speak	a. Yes	b. No
K	F	M	a. Zoom	on form b. No, STOP and SUBMIT Registrati					
Dani	Rischall	Madison	a. Zoom	on form					

	Van Landingha	a		b. No, STOP and SUBMIT Registrati	c. Neither Support or	b. No, I do not wish	
Heidi	m	Madison	a. Zoom	on form	Oppose	to speak b. No	b. No
				b. No, STOP and SUBMIT Registrati	c. Neither Support or	b. No, I do not wish	
Jeff	Einerson	Erie	a. Zoom	on form	Oppose	to speak b. No	b. No

REGISTRATION BEFORE COUNTY COMMITTEE

REGISTRATION BEFORE COUNTY COMMITTEE
Committee Name: Heath & Human NeedS Your Name: Alysha Clark
DATE of Meeting: 10 8 20 Municipality You Reside in: Modison
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
Wish to Speak in Support Wish to Speak in Opposition
Wish to Register in Support Wish to Register in Opposition
Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES DO (If you checked "NO" STOP; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)
Name, address and telephone number of each person or organization you are representing:
Chrusalis, 1342 Dewey Court Madison W 53703
COMMENTS: Salary worker, part of my vole 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? TES NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? YES NO (A reporting period is January to June, or July to December.)
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? YES NO (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, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
6. If you answered "YES" to question 5, 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? ? TYES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr. Blvd., Room 106A for more information.
Date: 10/8/20 Signature: 10/8/40 Clash Printed Name: 10/8/40 Clash
Printed Name: MS15/0 () OAM

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: H	ealth and Human Ser	vices Your Name: Julie	Schwab
DATE of Meeting: 1	0/8/2020	Municipality You Reside	e in: Middleton, WI 5356
X Wish to Spe			wish to Speak in Opposition
□ WISH to Re(Jister in Support	_	Wish to Register in Opposition
4. On this associan		Available for Information	•
X YES	□ NO		on or a person other than yourself? e form. If you checked "YES" go to the next
Name, address and te	lephone number of ea	ach person or organization y	ou are representing:
Restoring Roots			
PO Box 620233, Midd	leton, WI 53562 (60	<u>08)-630-6750</u>	
COMMENTS:			
2. Are you being pa	id for your represen	tation or appearing incide	ental to your other paid duties for this
person or organization of the contraction of the contract of the next question of the next question of the contract of the next question of the contract of th	o the question, STOF	X NO ; you do not need to comple	ete the rest of this form. If you checked "YES",
3. Are you an electe	ed official who is app	pearing solely on behalf of	f your office or for your municipality or
other governmental I (If you checked "NO" t go to the next question	o the question, STOF	X NO P; you do not need to comple	ete the rest of this form. If you checked "YES",
4. Has or will the pe	rson or organizatio	n you represent spend mo	re than \$500 on county lobbying activities
during the current re (A reporting period is	. • .		
5. Do you anticipate	e making more than	two contacts with the Cou	ınty Board supervisors other than at public
hearings or meetings (Do not count contacts		NO rd supervisor who represen	ts the district in which you reside.)
if you do make more ti	nan 2 contacts at a la	er date, you must then con	eed to complete the rest of this form. <u>However,</u> tact the County Clerk's office to file a form e continue to the question below. You must also
			the person or organization you represent ust file a financial disclosure statement
with the County Cler (If you checked "NO" p Blvd., Room 106A for	olease call the County	☐ NO Clerk at 266-4121 or go to	the Clerk's office at 210 Martin Luther King Jr
Date:	Signat	ure:	

Printed Name: