Clear Form Meeting/Mileage Claim Submit MEETINGS DURING THE MONTH OF											
NAME											
Tom		THE RESERVE OF THE PERSON OF T	THE RESERVE OF THE PARTY OF THE		August						
	Meeting	CHECK	ONE	Mileage	Name of Committee						
Day of Month	Start Time *	Comm.	Sub- Comm.	BORNES BOURN WITH THE PERSON NAMED IN THE PERSON NAMED IN							
18	2:00	X		50	Environmental Council						
		800560									
* ~											

I hereby certify that the on this form is true, couthe best of my knowled with current Dane Cou	rrest and to dege complies	132	DATE 1/8/2	1
014-134-5 (10/11)	WHITE - Controller	VELOW Remiittance	PINK - Individual	

^{*} Compensation shall not be paid for a second or subsequent meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

Clear	orm	N	Ieet i	ing/N	Iileage Claim Submit					
NAME					MEETINGS DURING THE MONTH OF					
Tom			是		June					
	Meeting	CHECK	ONE	B 4:1	Name of Committee					
Day of Month	Start Time *	Comm.	Sub- Comm.	Mileage						
17	2:00	X		50	Environmental Council					
		800560								
Separate de la companya del companya de la companya del companya de la companya d										
* ~					1 1 1 - 4 1 1					

RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

I hereby certify that the information on this form is true, correst and to the best of my knowledge complies with current Dane Couty Ordinance

Old-134-5 (10/11)

WHITE-Controller

YELLOW-Remiittance

PINK - Individual

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Clear F	Clear Form Meeting/Mileage Claim Submit MEETINGS DURING THE MONTH OF												
NAME													
Tom	Egg	gert			Octobernsondmo								
Day of Month	Meeting Start Time *	CHECK Comm.	ONE Sub-Comm.	Mileage	Name of Committee								
14	3:00	SXS		50	Environmental Council								
		800560											
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TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

RETURN TO COUNTY BUAK	VATURE	DATE
on this form is true, correst and to the best of my knowledge complies	1601	1/8/21
with current Dane Couty Ordinance	YELLOW - Remiittance	PINK - Individual

014-134-5 (10/11)

WHITE - Controller

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Meeting/Mileage Claim Submit Clear Form MEETINGS DURING THE MONTH OF NAME Tom Eggert September CHECK ONE Meeting Name of Committee Mileage Start Day of Time * Comm. Month Environmental Council 50 3:00 16 800560

I hereby certify that the int	formation SIGNATURE		DATE
on this form is true, correst the best of my knowledge with current Dane Couty (t and to complies	asa es	1/8/21
014-134-5 (10/11)	WHITE - Controller	YELLOW - Remiittance	PINK - Individual

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Day of Month	Co. Board	Comm.	Sub- Comm.	Mileage	Name of Committee Other Than county Board	Day of Month	Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
10/7		X			Bourdof Health	10/7	5pm			Board of Healt
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					second or subsequence meetings unless the meeting or subsequent meeting for which co				starting tin	ne which is at least two (2) hours
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					e form is true, correct and to current Dane county Ordinance.	\times 6	cy'	XK	the	DATE 12/16/20
014-135 (1	10/11)		10/1-11	TE - Controlle	YELLOW - Remittance	C DINK -	Individual			

Dane County Board Supervisor

Meeting/Mileage Claim

Meeting

Other

NON-STANDING COMMITTEE

PER DIEM

Submit

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED

Meetings During the Month of

Name of Commitee

Clear Form

CHECK ONE

NAME

Day of

Clear	Slear Form Submit							Dane County Board Supervisor				
NAME H	0/1	4,	Ha	the		Meetings During the Month of Soptembe		Meeting/Mileage Claim				
	STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED								NON-S		COMMITTEE DIEM	
Day of Month	Co. Board	HECK Of	Sub-	Mileage		Name of Commitee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee	
9/2		X		***************************************	Be	ard of Healf	h 9/2	5pm			Board of Head	
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				ation on the	form i	county Board offi is true, correct and to Dane county Ordinance.	CE (Room ENATURE	106b) ON	Zax	ATHLY E	BASIS DATE Salf4 /	
014-135 (1	0/11)		WHI	TE - Controlle		YELLOW - Remittance	PINK -	Individual				

NAME	40/1	4)	4/0	the	Meetings During the Month of August		Meeting/Mileage Claim				
	Sī	ANDING	COM	MITTEE/S' SALAI	TANDING SUB-COMMITTEE		NON-STANDING COMMITTEE PER DIEM				
Day of Month	Co. Board	CHECK ONE Comm. Sub- Comm. Comm.		Mileage	Name of Commitee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee	
8/5		Board of Heal			Board of Health	8/5	5pm			Board of Health	
Share his common for the Arabi											
Management of the State of the									Connecticionel and Arma American Systematics		
	*Compensation shall not be paid for a second or subsequence meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.										
processor and the same of the		make the solid department of the state of	on processing for	RETUR	N TO COUNTY BOARD OFFICE	(Room			NTHLY E	ASIS DATE	
the bes	t of my		ge com	plies with o	current Dane county Ordinance.	\$/E	olles	1/0	itch	W 1416/20	
014-135 (1	0/11)		WHI	TE - Controller	YELLOW - Remittance	PINK -	Individual /	6			

Dane County Board Supervisor

Submit

Clear Form

Clear NAME	011	47	1/0	-her	Submit Meetings During the Month of		Dane County Board Supervisor Meeting/Mileage Claim						
	8	TANDIN	G COM	MITTEE/STA SALARII	NDING SUB-COMMITTEE		Syllografik to ongo i Managana na sa sa	NON-	STANDING PER I	COMMITTEE			
Day of Month	Co. Board	Comm.	Sub- Comm.	Mileage	Name of Commitee Other Than county Board	Day of Month		Other Comm. Mil	Mileage	Name of Non-Standing committee			
7/1		X			Board of Health	7/1	5pm			Board of Heath			
WORLD CO. T. L. P. D. T. P. D.													
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the besi	of my		informa	tion on the fo	orm is true, correct and to rent Dane county Ordinance.	URE /	My	X/Z	the	DATE 12/16/20			
014-135 (10	0/11)		WHI	ΓE - Controller	YELLOW - Remittance	PINK -	Individual						

Clear	For	m			Submit	Ĭ	Dane County Board Supervisor					
NAME H	01/4	o H	at	per	Meetings During the Month of	Meeting/Mileage Claim						
	/s	TANDIN	IG COI	MMITTEE/S SALA	TANDING SUB-COMMITTEE RIED		NON-STANDING COMMITTEE PER DIEM					
Day of Month	Co. Board	Comm Sub-		Mileage	Name of Commitee Other Than county Board		Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee		
43		X			Board of Health	26/3	5pm			Board of Heal		
Combination of the Property Section 2												
hingon, class among to take a take												
					econd or subsequence meetings unless				a starting tin	ne which is at least two (2) hours		

before the starting time of the second meeting or subsequent meeting for which compensation is sought.

	RETURN TO	COUNTY BOARD C	FFICE (Room 106b)	ON A MONTHLY BASIS	
	t the information on the form i wledge complies with current	and the same and t	SIGNATURE /	Nather	12/16/20
014-135 (10/11)	WHITE - Controller	YELLOW - Remittance	PINK - Individua		/ /

NAME		avu	111	4	Meetings During the Month of	[rd Supervisor ige Claim
-	S	TANDIN	G COMI	MITTEE/S' SALAI	TANDING SUB-COMMITTEE		=	NON-	STANDING PER I	COMMITTEE DIEM
Day of Month	Co.	HECK ON	Sub-	Mileage	Name of Commitee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Board	Comm.	Comm.			11	5:30			Ainpart Commission
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* Complete C	pensation te the st	n shall arting tir	ne of the	e second n	econd or subsequence meetings unless the neeting or subsequent meeting for which control of the	ompensat (Room	ion is sough	t.		
I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance. O14-135 (10/11) WHITE - Controller YELLOW - Remittance PINK - I								100	arul	Le 12/2026
014-100(1	0/11/		*****	TE - CONTION	TEELOW ROMANIA		T HAT HIGH	a di		,

Ма	Leve	41	Mo	Covi	Meetings During the Month of	Dane County Board Supervisor Meeting/Mileage Claim NON-STANDING COMMITTEE PER DIEM					
	S	TANDIN	G COM	MITTEE/S' SALA	TANDING SUB-COMMITTEE						
Day of Month	Co. Board	Comm.	Sub- Comm.	Mileage	Name of Commitee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee	
						27 27	5'30 5'30			Jako + Watershed Jako + Watershed	
						28	12:15			Criminal Justice	
						13				Aurent Commissi	
					4						
	Compensation shall not be paid for a second or subsequence meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought. RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS										
	t of my i		ge com			peile	M M	Clar	ulle	DATE DATE DATE	
	14-135 (10/11) VVFITE - Controller TELLOW - Remittance PINK - Individual										

Day of	CI	HECK ON	ΙE		Name of Commitee	D	Meeting	Other		
Month	Co. Board	Comm.	Sub- Comm.	Mileage	Other Than county Board	Day of Month	Start Time*	Comm.	Mileage	Name of Non-Standing committee
					540 × 0	24	5:30			EMS Commission
					v	,				
						17	5:30			Lakes + Watershel
										Commissin
						10	5:30.			Alusont Commission
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					econd or subsequence meetings unless the neeting or subsequent meeting for which co				a starting tin	ne which is at least two (2) hours
				RETUR	N TO COUNTY BOARD OFFICE		106b) ON	A MO	NTHLY E	
	I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.									
014-135 (1	0/11)		WHI	TE - Controlle	er YELLOW - Remittance		PINK - Individu	al		,

Meetings During the Month of

STANDING COMMITTEE/STANDING SUB-COMMITTEE
SALARIED

CHECK ONE

Dane County Board Supervisor

Meeting/Mileage Claim

NON-STANDING COMMITTEE PER DIEM

NAME		dr	il.	10	Meetings During the Month of] [rd Supervisor age Claim
	ST	ANDIN	G COMI	MITTEE/STA SALARI	NDING SUB-COMMITTEE	NON-STANDING COMMITTEE PER DIEM				
Day of Month	Co. Board	ECK ON	E Sub- Comm.	Mileage	Name of Commitee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
~						23	Dis			Criminal Satice
		74	-							Courter
						22	5:30			EMS Commosia
	1									Lakes Waters had
						15	5,30			Comingsia
					1	8	5:30			Ala port Canmissia
										,
			ne of the	e second me	ond or subsequence meetings unless the	compensat	ion is sough	t.		
			informa	tion on the fo	TO COUNTY BOARD OFFICE orm is true, correct and to ment Dane county Ordinance. SIGNAT		106B) ON	Cal	ull	DATE 12/2020
014-135 (10	0/11)		WHIT	TE - Controller	YELLOW - Remittance	PINK -	Individual		·	

NAME	a (a	kv.	lle		Meetings During the Month of] [rd Supervisor age Claim
	ST	ANDIN	G COM	MITTEE/STA SALARI	ANDING SUB COMMITTEE		er Tergin	NON-		COMMITTEE DIEM
Day of		HECK ON		Mileage	Name of Commitee	Day of	Meeting Start	Other	Mileage	Name of Non-Standing committee
Month	Co. Board	Comm.	Sub- Comm.	Willeage	Other Than county Board	Month	Time*	Comm.	Militage	Name of Non-Standing Committee
						12	5:30			Amport Commiss
						9	5:30			Takes + 4 laters her
										Commission
						27	12:15			Criminal Disting
										Coanci).
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			ne of the	e second me	cond or subsequence meetings unless the ceting or subsequent meeting for which or TO COUNTY BOARD OFFICE	compensat	ion is sough	t.		
			informa	tion on the f	form is true, correct and to rrent Dane county Ordinance.		reel	Mel	arw	DATE 12/2020
014-135 (1	0/11)	in .	WHI	TE - Controller	YELLOW - Remittance	PINK -	Individual			

NAME	. (arv	ile		Meetings During the Month of				_	rd Supervisor age Claim	
	S	TANDIN	G COMI	MITTEE/ST SALAF	ANDING SUB-COMMITTEE	NON-STANDING COMMITTEE PER DIEM					
Day of Month	Co. Board	Comm.	Sub- Comm.	Mileage	Name of Commitee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee	
						16.	5:30			Zallos & Wotenshed	
										Commission	
						15	8:30			Commission Stustin	
										Cvimes-	
						24	12:15			Criminal Justice	
										Council	
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* Com befor	pensation te the st	on shall arting tir	ne of the	e second m	cond or subsequence meetings unless the eeting or subsequent meeting for which co	mpensat	ion is sough	t.	_	, ,	
			informa	tion on the	TO COUNTY BOARD OFFICE (form is true, correct and to urrent Dane county Ordinance.	Room	106b) ON	AMO	O HUY B	DATE 12/2020	
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NAME	(arı	:1/4	0	Meetings During the Month of	}				rd Supervisor age Claim
	S	TANDIN	G COMI	MITTEE/ST SALAI	TANDING SUB-COMMITTEE	NON-STANDING COMMITTEE PER DIEM				
Day of Month	Co. Board	Comm.	Sub- Comm.	Mileage	Name of Commitee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
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			ne of the	e second m	econd or subsequence meetings unless the neeting or subsequent meeting for which on the total to	compensat	ion is sough	it.		
the bes	t of my		informa Ige comp	tion on the plies with c	form is true, correct and to urrent Dane county Ordinance.		eer	Mel	Carr	Ve 12/2020
014-135 (1	0/11)		WHI	TE - Controlle	er YELLOW - Remittance		PINK - Individu	ual	*********	,

NAME				-	MEETINGS DURING THE MONTH OF
	M	CHECK	ONE		
Day of	Meeting Start Time *	CHECK		Mileage	Name of Committee
Month	Time *	Comm.	Sub- Comm.	Mineage	
			Commi		
					*
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	I hereby certify that the information	SIGNATURE	DATE
1	on this form is true, correst and to the best of my knowledge complies	2000 - M	
	with current Dane Couty Ordinance.	MarraMerin	

Compensation shall not be paid for a second or subsequent meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

GA	RY	Pou	150	7	MEETINGS DURING THE MONTH OF Oct — Dec 2020
Day of Month	Meeting Start Time *	CHECK Comm.	Sub- Comm.	Mileage	Name of Committee
10/22	12:15	-V		0	South Cent. Library Septen
11/20	12:15	- /		0	South Cent. Library Serten
12/18	12:15	1		0	11 11 11 11
		,		-	

I hereby certify that the on this form is true, con the best of my knowled with current Dane Coul	rest and to	NATURE	Poles	20	DATE 12/8/2
with current Dane Cou	y Ordinance.	ny	0000	1	1000
014-134-5 (10/11)	WHITE - Con	roller	VELLOW - Remiittan	rce PIN	K - Individual

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Clear Form

Meeting/Mileage Claim Submit

NAME					MEETINGS DURING THE MONTH OF
Pete	er Ja	mes	s Se	eel	November
Day of Month	Meeting Start Time *	CHECK Comm.	Sub- Comm.	Mileage	Name of Committee
18	1500	Х		Remote	Environmental Council
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-					
					,
		-			
				· ·	

I hereby certify that the information	SIGNATURE		DATE
on this form is true, correst and to the best of my knowledge complies with current Dane Couty Ordinance.	Peter James Seel	Digitally signed by Peter James Seel Date: 2020.12.18 09:56:03 -06'00'	12/18/2020

Compensation shall not be paid for a second or subsequent meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

	Wieeting/Wineage Claim								
Pau	I A.	You	hum		MEETINGS DURING THE MONTH OF August - November 2020				
Day of Month	Meeting Start Time *	CHECK Comm.	Sub- Comm.	Mileage	Name of Committee				
9/14	2:00fm	. /			ADRC				
10/12	2:00/1	- 1			ADRC ADRC ADRC				
11/9	2:00 p				ADRC				
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NAME					MEETINGS DURING THE MONTH OF
INAME					MEETINGS DOKING THE MONTH OF
	3.6 - 71	CHECK	ONE		
D C	Meeting Start	CHECK ONE		N 4:1	Name of Committee
Day of Month	Time *	Comm.	Sub-	Mileage	Name of Committee
Month	Time .	Commi	Comm.		
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RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

	I hereby certify that the information	SIGNATURE
	on this form is true, correst and to	(
	the best of my knowledge complies	
ł	with current Dane Couty Ordinance	

014-134-5 (10/11)

DATE HUDDATE

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NAME				0	MEETINGS DURING THE MONTH OF
		CLUDGI	, OME		
Day of Start		CHECK ONE		Mileage	Name of Committee
Month	Start Time *	Comm.	Sub- Comm.	meage	
3					

RETURN TO COUNTY BOARD OFFICE (Room 106B) ON A MONTHLY BASIS

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on this form is true, correst and to	(,)	\. a =	
the best of my knowledge complies with current Dane Couty Ordinance.	3am/	7. (V(C)	

014-134-5 (10/11) WHITE - Controller YELLOW - Remiittance PINK - Individual

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NAME			MEETINGS DUBING THE MONTH OF		
NAME					MEETINGS DURING THE MONTH OF
	Meeting	Meeting CHECK ONE			
Day of	Meeting Start			Mileage	Name of Committee
Day of Month	Time *	Comm.	Sub- Comm.	ugo	
	200000M20M0		Commi.		
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e l			*		
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I hereby certify that the information	SIGNATURE	DATE
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the best of my knowledge complies		
with current Dane Couty Ordinance.		

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