

First Name	Last Name	City	Registration Time	What are your Pronouns?	How do you plan on attending the meeting?	Do you wish to provide public comment or register in support/opposition of an agenda item?	Agenda Item Number(s) (Note: If you wish to register/speak on multiple items, enter ALL items here)	Do you support or oppose the agenda item?	Do you want to speak?	On this occasion, are you officially representing an organization or a person other than yourself?
Michelle	Orge	Madison	4/22/2021 12:34	she/her/hers	Zoom	Yes, Continue to the Next Question	2020 RES-431	Support	Yes, I want to speak	Yes – you will need to fill out an additional form. Staff will email you the form.
Scott	Williams	Mount Horeb	4/22/2021 15:22	he/him/his	Zoom	Yes, Continue to the Next Question	2020 RES-431	Support		Yes – you will need to fill out an additional form. Staff will email you the form.
Marci	Fritts	madison	4/22/2021 16:31	she/her/hers	Zoom	Yes, Continue to the Next Question	CONTINUING DANE COUNTY'S COVID-19 FOOD PROGRAM AND APPROVING A CONTRACT WITH SECOND HARVEST FOOD BANK	Support	Yes, I want to speak	No
Emily	Hamer	Madison	4/22/2021 17:56	She/her	Zoom	No, STOP and SUBMIT Registration form				
Bob	Fanning	Madison	4/22/2021 18:15	WI	Zoom	Yes, Continue to the Next Question		Support	I do not want to speak, but I am available to answer questions	No
Karyn	Saemann	Lake Mills	4/22/2021 18:32	WI	Zoom	No, STOP and SUBMIT Registration form				
Sam	Olson	Madison	4/22/2021 18:49		Zoom	No, STOP and SUBMIT Registration form				
Abigail	Becker	Madison	4/22/2021 18:58		Zoom	No, STOP and SUBMIT Registration form				

Clear Form

REGISTRATION BEFORE COUNTY BOARD

DATE: 4/23/21 Name: Michelle Orge

Item #/Petition/CUP # or Subject: 2020 RES-431 Municipality: Madison

- Wish to Speak in Support, Wish to Speak in Opposition, Available for Information Only, Wish to Register in Support, Wish to Register in Opposition

1. On this occasion, are you officially representing an organization or a person other than yourself? YES NO

Name, address and telephone number of each person or organization you are representing:

Second Harvest Food Bank of Southern Wisconsin
2802 Dairy Dr. Madison, WI 53718 608-246-7232

COMMENTS:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES NO

3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? YES NO

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

5. Do you anticipate making more than two contacts with the County Board supervisors other than at public hearings or meetings? YES NO

If you checked "NO" to questions 4 and 5 above, STOP; you do not need to complete the rest of this form. However, 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.

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? YES NO

Date: 4/23/21 Signature: [Handwritten Signature]

Printed Name: Michelle Orge

Submit