Clear Form

REGISTRATION BEFORE COUNTY BOARD

DATE: 7/24/21	Name: Diane Nilan		
Item #/Petition/CUP # or Subject:	Municipality: Dane County (visitor)		
■ Wish to Speak in Support ■ Wish to Register in Support	── Wish to Speak in Opposition☐ Wish to Register in Opposition	☐ Available for Information Only	
1. On this occasion, are you officially re (If you checked "NO" <u>STOP</u> ; you do not n	presenting an organization or a person eleed to complete the rest of the form. If you		
Name, address and telephone number of HEAR US Inc. 115 E. Ogde		•	
COMMENTS:			
2. Are you being paid for your repre	sentation or appearing incidental to	your other paid duties for this	
person or organization?(If you checked "NO" to the question, <u>S1</u> go to the next question.)			
3. Are you an elected official who is	appearing solely on behalf of your o	ffice or for your municipality or	
other governmental body?(If you checked "YES" to the question, S go to the next question.)			
4. Has or will the person or organiza	tion you represent spend more than	\$500 on county lobbying activities	
during the current reporting period?	(A reporting period is January to June,	or July to December.) \square YES \square NO	
5. Do you anticipate making more th	an two contacts with the County Boa	ard supervisors other than at public	
hearings or meetings?(Do not count contacts with the County be			
[If you checked "NO" to questions 4 and you do make more than 2 contacts at a lindicating such activity. You must also sinext question.].	later date, you must then contact the Co	ounty Clerk's office to file a form	
6. If you answered "YES" to question spends more than \$500 during the cu			
with the County Clerk?		rk's office at 210 Martin Luther King Jr.,	
	rinted Name: Diane Nilan		
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Submit

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REGISTRATION BEFORE COUNTY BOARD

DATE: 7/22/2021	Name: Marilyn Feil			
Item #/Petition/CUP # or Subject: 2021 Res-087	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 re (If you checked "NO" <u>STOP</u> ; you do not r	epresenting an organization or a person of the form. If you	other than yourself? YES NO checked "YES" go to the next question.)		
Name, address and telephone number of				
Affordable Housing Action Allia	nce (sorry, AHAA does not hav	e an address or phone #)		
COMMENTS:				
2. Are you being paid for your repre	esentation or appearing incidental to	your other paid duties for this		
person or organization?	TOP; you do not need to complete the re	est of this form. If you checked "YES",		
3. Are you an elected official who is	appearing solely on behalf of your of	ffice or for your municipality or		
other governmental body?(If you checked "YES" to the question, S go to the next question.)				
4. Has or will the person or organiza	tion you represent spend more than	\$500 on county lobbying activities		
during the current reporting period? (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?				
[If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; 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. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.].				
6. If you answered "YES" to question spends more than \$500 during the cu				
with the County Clerk?				
(If you checked "NO" please call the Coo Blvd., Room 106A for more information.	unty Clerk at 266-4121 or go to the Cler	k's office at 210 Martin Luther King Jr.,		
Date: 8/13/2021 s	ignature: Many Fee			
Printed Name: Marilyn Feil				

Submit