

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Area Agency on Aging Your Name: Anna Lezotte

DATE of Meeting: 11/22/2024 Municipality You Reside in: De Forest

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 NO

(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:

COMMENTS:

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? 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.)

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, **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. 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? YES 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: 11/22/2024 Signature: _____

Printed Name: Anna Lezotte

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Holly M. Hofer Your Name: Community Volunteer

DATE of Meeting: 11.22.24 Municipality You Reside in: Madison, WI

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

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YES NO

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Date: _____ Signature: _____

Printed Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: AAA Board Your Name: CAROLINE WERNER

DATE of Meeting: 11/22/24 Municipality You Reside in: Oregon, WI

Petition/CUP-#/Resolution/Ordinance-Amendment/Subject: 2025-27 AAA Aging Plan

Wish to Speak in Support

Wish to Speak in Opposition

Wish to Register in Support

Wish to Register in Opposition

Available for Information Only

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YES NO

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COMMENTS:

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with the County Clerk? YES NO

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Date: 11/22/24 Signature: Caroline K Werner

Printed Name: CAROLINE K. WERNER

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: SENIOR HOUSING ^{INITIATIVE} Your Name: GRAHAM P. SMITH

DATE of Meeting: 11/24/24 Municipality You Reside in: MADISON

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

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YES NO

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Date: 11/24/24 Signature: _____

Printed Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: LGBT Senior Initiative Your Name: Roy Ward

DATE of Meeting: 11/22/24 Municipality You Reside in: MSA

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

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Date: 11/22/24 Signature: Roy Ward

Printed Name: ROY WARD

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: AAA Board Your Name: Joseph R Maley

DATE of Meeting: 11/22/24 Municipality You Reside in: _____

Petition/CUP #/Resolution/Ordinance Amendment/Subject: 2025-27 AAA Aging Plan

Wish to Speak in Support

Wish to Speak in Opposition

Wish to Register in Support

Wish to Register in Opposition

Available for Information Only

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Date: 11/22/24 Signature: Joseph R Maley

Printed Name: La Garey

MADISON MEDICINE.
STREET MADISON

GAREY