Committee Name: Board Committee Name: Alivia	Arredando
DATE: 06/17/2025 Municipality: Div	ne
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Syy(Y)	t communications bill
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Registering in Support ☐ Registering in Opposition	☐ Available for Information Only
1. On this occasion, are you officially representing an organization YES [If you checked "NO," STOP; you need not complete the rest of this form. If you have, address and telephone number of each person or organization you	NO you checked "YES," go on to the next question.]
Comments:	
2. Are you being paid for your representation or appearing inciden other paid duties for this person or organization?	□ YES 📜 NO
3. Are you an elected official who is appearing solely on behalf of y or for your municipality or other governmental body?	□ YES 📮 NO
4. Has or will the person or organization you represent spend more on county lobbying activities during the current reporting period? (A reporting period is January to June or from July to December.)	
5. Do you anticipate making more than 2 contacts with County Bossupervisors other than at public hearings or meetings?	□ YES 💆 NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complemore than 2 contacts at a later date, you must then contact the County Clerk's must also sign this form. If you checked "YES" to either question at this time,	office to file a form indicating such activity. You
6. If "YES," do you understand that if the person or organization persons more than \$500 during the current reporting period, you mustinancial disclosure statement with the county clerk?	ust file a □ YES □ NO
Date: 08/17/2025 Signature_	Cai Ca
Print Name _	Alivia Arredondo

Committee Name: POBLIC PROTECTION-	JUDICIAMOY Name:	DAN	FITCH			
DATE: 6-17-2025	Municipality:	MAD	ISON			
Petition/CUP #/Resolution/Ordinance Amen				RES-	056	
1 11	to Speak in Oppositering in Opposition		☐ Available	for Informat	ion Onl	у
1. On this occasion, are you officially repres		ation or a	_	r than yours	self?	
[If you checked "NO," <u>STOP</u> ; you need not comple	ete the rest of this for			" go on to the	next que	stion.]
Name, address and telephone number of each p	person or organizati	on you are	e representing	j:		
Comments:						
2. Are you being paid for your representation other paid duties for this person or organization of the paid duties for the question, STOP; your lift you checked "YES," turn over to the next question.	ation?	• • • • • • • • • •		YES	A	NO
3. Are you an elected official who is appear or for your municipality or other government [If you checked "YES," to the question, <u>STOP</u> ; you you checked "NO," to the question, go on to the ne	ntal body? need not complete th	••••	□		sign thi	
4. Has or will the person or organization yo on county lobbying activities during the curr (A reporting period is January to June or from July	rent reporting peri			YES	Ì	NO
5. Do you anticipate making more than 2 cosupervisors other than at public hearings or (Do not count contacts with the County Board super	meetings?	•••••		YES u reside.)	囡	NO
[If you checked "NO," to questions 4 and 5 above, more than 2 contacts at a later date, you must then must also sign this form. If you checked "YES" to	contact the County C	lerk's offic	ce to file a form	n indicating su		
6. If "YES," do you understand that if the spends more than \$500 during the current refinancial disclosure statement with the coun [If you checked "NO" please call the County Clerk Building, Madison, for more information.]	eporting period, yo	ou must f	ile a □	YES om 106A of the	Ne City-Co	
Date: 6-17-2078	Signa	ature		1		
	Print N	Jame	Jan F	itch		

Committee Name: Public Protes DATE: June 17 202	Ching Comvette Name:	Mara	Roden	ald		
DATE: June 17 202	5Municipa	lity: Dav	ue cou	nty		
Petition/CUP #/Resolution/Ordin	nance Amendment/Subject	ct: 2 # 25	PES-1	056		
☐ Wish to Speak in Support ☐ Registering in Support	➡ Wish to Speak in Op☐ Registering in Opposite	•	☐ Available	for Informa	ation On	ly
1. On this occasion, are you office		anization or a	_	er than you	rself?	
[If you checked "NO," <u>STOP</u> ; you ne	ed not complete the rest of th	U		" go on to the	e next que	estion.]
Name, address and telephone numl	ber of each person or organ	nization you are	e representing	g:		
Comments:						
2. Are you being paid for your rother paid duties for this person [If you checked "NO" to the question. If you checked "YES," turn over to the	or organization?	• • • • • • • • • • • • • • • • • • • •		YES		NO
3. Are you an elected official whor for your municipality or other [If you checked "YES," to the question, you checked "NO," to the question, go	r governmental body? n, <u>STOP</u> ; you need not compl	• • • • • • • • • • • • • • • • • • • •				NO is form. Į
4. Has or will the person or orga on county lobbying activities dur (A reporting period is January to June	ing the current reporting	_		YES		NO
5. Do you anticipate making mosupervisors other than at public (Do not count contacts with the Count	hearings or meetings?	**************		YES u reside.)		NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, y must also sign this form. If you check	ou must then contact the Cou	inty Clerk's offic	ce to file a forr	n indicating :		
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement wi [If you checked "NO" please call the Building, Madison, for more informat	th the county clerk? County Clerk at 266-4121 or	od, you must f	ile a □	YES om 106A of tl		NO County
Date:		Signature				
	Pı	rint Name				

Committee Name: Public prote	other & Tuliciany Name: Cait Mallery	
DATE: 6/17/25	Municipality: Madison	
•	nance Amendment/Subject: <u>C</u> 2	
☐ Wish to Speak in Support ☐ Registering in Support	✓ Wish to Speak in Opposition ✓ Registering in Opposition ☐ Available for Inform	nation Only
[If you checked "NO," <u>STOP</u> ; you ne	cially representing an organization or a person other than you	
Comments:		
other paid duties for this person	representation or appearing incidental to your nor organization? YES in, STOP; you need not complete the rest of this form. he next question.]	☑ NO
or for your municipality or othe	ho is appearing solely on behalf of your office or governmental body?	□ NO ust sign this form. I
_	ganization you represent spend more than \$500 ring the current reporting period?	□ NO
supervisors other than at public	hearings or meetings?	□ NO
more than 2 contacts at a later date,	and 5 above, <u>STOP</u> ; you need not complete the rest of this form. Howe you must then contact the County Clerk's office to file a form indicating ked "YES" to either question at this time, go on to the next question.]	
spends more than \$500 during the financial disclosure statement w	that if the person or organization you represent he current reporting period, you must file a ith the county clerk?	□ NO the City-County
Date: 6/17/2025	Print Name Cost Malkon	

Committee Name:	Carrittle Name: Shat M Rapels	
DATE: 6/17/25	Municipality:	
Petition/CUP #/Resolution	n/Ordinance Amendment/Subject:	
☐ Wish to Speak in Suppor	rt Wish to Speak in Opposition	-
☐ Registering in Support	☐ Registering in Opposition ☐ Available for Informatio	n Only
	ou officially representing an organization or a person other than yoursel	f?
[If you checked "NO," STOP;	you need not complete the rest of this form. If you checked "YES," go on to the ne	xt question.]
Name, address and telephor	ne number of each person or organization you are representing:	
Comments:		
other paid duties for this	your representation or appearing incidental to your person or organization? YES question, STOP; you need not complete the rest of this form. Ever to the next question.]	□ NO
or for your municipality o [If you checked "YES," to the	icial who is appearing solely on behalf of your office or other governmental body? YES question, STOP; you need not complete the rest of this form except that you must site stion, go on to the next question.]	□ NO ign this form. I
on county lobbying activit	or organization you represent spend more than \$500 ties during the current reporting period?	□ NO
supervisors other than at	ring more than 2 contacts with County Board public hearings or meetings?	□ NO
more than 2 contacts at a late	stions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, or date, you must then contact the County Clerk's office to file a form indicating such ou checked "YES" to either question at this time, go on to the next question.]	
spends more than \$500 du financial disclosure staten	call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the C	□ NO City-County
Date:	Signature	
	Print Name	

Committee Name:	Name:	Julie Fo	Deed	
DATE: (//7/25	Municipality	: madis	CY	
Petition/CUP #/Resolution/Ordina	ance Amendment/Subject:_	Natasia	Ivenen C	lain
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition	,	ilable for Informa	tion Only
1. On this occasion, are you offici [If you checked "NO," STOP; you need Name, address and telephone number	d not complete the rest of this fo	NO NO orm. If you checked	"YES," go on to the	
Comments:				
2. Are you being paid for your re other paid duties for this person of [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization?	• • • • • • • • • • • • • • • • • • • •	.□ YES	□ NO
3. Are you an elected official who or for your municipality or other [If you checked "YES," to the question you checked "NO," to the question, go	governmental body?, <u>STOP</u> ; you need not complete	***************************************		□ NO t sign this form.
4. Has or will the person or orga on county lobbying activities duri (A reporting period is January to June of	ing the current reporting pe			□ NO
5. Do you anticipate making more supervisors other than at public has (Do not count contacts with the County)	nearings or meetings?	••••	☐ YES ch you reside.)	□ NO
[If you checked "NO," to questions 4 a more than 2 contacts at a later date, yo must also sign this form. If you checke	ou must then contact the County	Clerk's office to file	a form indicating s	
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement wit [If you checked "NO" please call the C Building, Madison, for more information	e current reporting period, th the county clerk? County Clerk at 266-4121 or go	you must file a	□ YES	□ NO ne City-County
Date:		nature Name	Male A Fe	eleu