Committee Name: Howeless Issues Name: Melissa Swensen							
PATE: 10/10/19 Municipality:							
'etition/CUP #/Resolution/Ordinance Amendment/Subject:							
I Wish to Speak in Support I Wish to Speak in Opposition Wish to Comment I Registering in Support I Registering in Opposition I Available for Information Only							
. On this occasion, are you officially representing an organization or a person other than yourself?							
Jame, address and telephone number of each person or organization you are representing:							
Comments:							
. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?							
Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?							
Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?							
i. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?							
If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make nore than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You nust also sign this form. If you checked "YES" to either question at this time, go on to the next question.]							
5. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a inancial disclosure statement with the county clerk?							
Date: 10/10/19 Signature Mell SSa Joven Sen							

Committee Name: HSC Name: Rich Cietko							
DATE: 10/10/19 Municipality: Malson							
Petition/CUP #/Resolution/Ordinance Amendment/Subject:							
 □ Wish to Speak in Support □ Registering in Support □ Registering 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 need not complete the rest of this form. If you checked "YES," go on 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?							
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?							
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 from July to December.)							
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?							
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not 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 "YES," 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?							
Date: 10/10/2019 Signature Signature Print Name Rich Zietra							

Committee Name: CCI-1	Name:	Robin Ser	YNO	
DATE: 16.10.201		Dan	1	
'etition/CUP #/Resolution/Ordi		0 0 0-		
Wish to Speak in Support Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition		lable for Informa	tion Only
. On this occasion, are you offi	icially representing an organiza	ation or a person	other than your	self?
	□ YES	NO		
If you checked "NO," STOP; you n				next question.]
Jame, address and telephone num	nber of each person or organization	on you are represen	nting:	
Comments:	W			
other paid duties for this person If you checked "NO" to the question If you checked "YES," turn over to	n or organization?		□ YES	NO NO
Are you an elected official wor for your municipality or other of the checked "YES," to the question, to the duestion,	er governmental body?on, <u>STOP</u> ; you need not complete th		□ YES xcept that you mus	NO st sign this form. L
Has or will the person or or or county lobbying activities du A reporting period is January to Jun	ring the current reporting per	more than \$500 od?	□ YES	□ NO
5. Do you anticipate making mapervisors other than at public Do not count contacts with the Country of the Coun	c hearings or meetings?		☐ YES h you reside.)	D-NO
If you checked "NO," to questions nore than 2 contacts at a later date, nust also sign this form. If you check	you must then contact the County C	Clerk's office to file o	a form indicating s	er, if you do make such activity. You
5. If "YES," do you understant spends more than \$500 during to inancial disclosure statement with you checked "NO" please call the Building, Madison, for more information.	the current reporting period, you that the county clerk?	ou must file a	□ YES	□ NO ne City-County
Date:	Sign:	ature		
	Print N	Jame		

Committee Name:	Name:	Alice Hoo	vard				
DATE:		lity:					
'etition/CUP #/Resolution/Ordinance Amendment/Subject:							
Wish to Speak in Support I Registering in Support	☐ Wish to Speak in Oppo		vailable for Informa	ation Only			
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5. If "YES," do you understand spends more than \$500 during the inancial disclosure statement will you checked "NO" please call the Building, Madison, for more information.	ne current reporting peri th the county clerk? County Clerk at 266-4121 or	od, you must file a	□ YES	□ NO he City-County			
Date: 10-10-19		Signature Mu	è Maus	Cu			
	1	Print Name					

Committee Name: CC HomeUS	SISSULS Name:	Jani Ko	rester		
		ality: MAD	Son		
'etition/CUP #/Resolution/Ordinan				tron	
A Wish to Speak in Support J Registering in Support	☐ Wish to Speak in O☐ Registering in Oppo		☐ Available fo	or Information	ı Only
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ther paid duties for this person or If you checked "NO" to the question, St. If you checked "YES," turn over to the note. Are you an elected official who is	r organization? TOP; you need not complete the question.]	lete the rest of th	□ Y is form.	ES	NO NO
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5. Do you anticipate making more supervisors other than at public he Do not count contacts with the County I	arings or meetings?		🔲)	YES reside.)	Ď NO
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5. If "YES," do you understand the spends more than \$500 during the inancial disclosure statement with If you checked "NO" please call the CorBuilding, Madison, for more information	current reporting per the county clerk? unty Clerk at 266-4121 c	iod, you must	file a □	YES In 106A of the C	□ NO htty-County
Date: 10/10		Signature	Dani Ka	st_	
		Print Name	1010191095	HN	

Committee Name:	Name:	Janie	Collins		
PATE:					
'etition/CUP #/Resolution/Ordinar	nce Amendment/Subje	ect:			
£					
Wish to Speak in Support Registering in Support	☐ Wish to Speak in O ☐ Registering in Oppo		☐ Available f	or Information	Only
. On this occasion, are you officia	ally representing an org	ganization or a	person other	than yourself	?
If you checked "NO," STOP; you need	TYES)		
Vame, address and telephone number					
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Comments:					
Are you being paid for your repother paid duties for this person of If you checked "NO" to the question, So If you checked "YES," turn over to the	r organization? TOP; you need not compl		Y	TES	DO NO
Are you an elected official who or for your municipality or other g If you checked "YES," to the question, you checked "NO," to the question, go of the control of the property of the propert	sovernmental body? STOP: you need not comp			YES hat you must sig	NO NO gn this form.
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Date: 10-10-19		Signature Print Name	Jane	collina	

Committee Name:	Name:	Patric	K Burg	ess			
DATE: October 10, 20			ne				
'etition/CUP #/Resolution/Ordinance Amendment/Subject:							
Wish to Speak in Support Registering in Support	☐ Wish to Speak in Opp		☐ Available	for Information	n Only		
. On this occasion, are you official of you checked "NO," STOP; you need hame, address and telephone number	not complete the rest of	this form. If you) checked "YES,"	go on to the nex			
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Are you an elected official who or for your municipality or other g If you checked "YES," to the question, you checked "NO," to the question, go of	sovernmental body? <u>STOP</u> ; you need not con	nplete the rest of i	L	YES that you must si	□ NO gn this form. ↓		
Has or will the person or organ on county lobbying activities durin A reporting period is January to June or	g the current reporti	ing period?	nan \$500	YES	□ NO		
Do you anticipate making more supervisors other than at public her Do not count contacts with the County	earings or meetings?.		⊔	YES reside.)	□ NO		
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Date: 10/10/19		Signature Print Name	Strick	Burge	200		