## REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: FRSONNEL FNANCEName:							
DATE:Municipality:							
Petition/CUP #/Resolution/Ordinance Amendment/Subject:							
☐ 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 of a person other than yourself?							
[If you checked "NO," <u>STOP</u> ; 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?  [If you checked "NO" to the question, STOP; you need not complete the rest of this form.  If you checked "YES," turn over 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?							
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 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.]							
So. 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 sinancial 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 Room 106A of the City-County Building, Madison, for more information.]  Signature							

## REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name:	PERSONNEL	& FINANCE Name	JEFF	CHARLSO	S	
DATE: 5	-11-15	Munic	ipality: M	4DISON		
Petition/CUP #/Re	solution/Ordina	nce Amendment/Sul	196	5 556		
☐ Wish to Speak in ☐ Registering in Su	~ ~	☐ Wish to Speak in ☐ Registering in Op		☐ Available fo	or Information Only	
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	·	lly representing an			han yourself?	
		not complete the rest o			o on to the next quest	tion.]
name, address and	tetepnone number	r of each person or or	gamzation you a	are representing:		
Comments:						
2. Are you being p	oaid for your rep	resentation or appea	aring incidenta	l to your		
		r organization?			es 💢 N	O
If you checked "NO" If you checked "YES,		<u>TOP;</u> you need not com next question.]	plete the rest of t	nis form.		
3. Are you an elec	ted official who	is appearing solely o	on behalf of you	ır office		
or for your munici	pality or other go	overnmental body?.		Y		
		STOP; you need not connot not to the next question.]		this form except the	at you must sign this f	form.
4. Has or will the	person or organi	ization you represen	t spend more t	han \$500		
on county lobbying	activities during	g the current report from July to December	ing period?		ES X N	Ю
5. Do you anticipa	ite making more	than 2 contacts with	n County Board	ı		
supervisors other t	han at public hea	arings or meetings?. Board supervisor who re		🗆 YI		Ю
[If you checked "NO,"	" to questions 4 and	d 5 above, <u>STOP;</u> you n	need not complete	the rest of this form	n. However, if you de	o mak
		must then contact the (				y. You
musi aiso sign inis jor	т. 13 уой спескей	"YES" to either question	m at this time, go	on to the next ques	non.j	
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		current reporting pe the county clerk?			ES 🗆 NO	)
[If you checked "NO"	please call the Cou	inty Clerk at 266-4121	or go to the Clerk	's office at Room 1	106A of the City-Cou	nty
Building, Madison, for	more information.	-]		1 - 1		
				11.7.16		
Date:	11-15		Signature	491		
			Print Name	AT.Ch SEFFREY T	CHARLSON	J
			I THE INDING			700