REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHN Na	me: Jeanne E. nicipality: Sun Prai	rickson	
DATE: 6-15-15 Mu	nicipality: Prai	rie-	
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Res. 679 \$ 076 -			
☐ Wish to Speak in Support ☐ Wish to Speal ☐ Registering in Support ☐ Registering in		lable for Information Only	
1. On this occasion, are you officially representing		other than yourself?	
[If you checked "NO," STOP; you need not complete the re		YES," go on to the next question.	.]
Name, address and telephone number of each person o	r organization you are represen	nting:	
Comments:			-
2. Are you being paid for your representation or ap other paid duties for this person or organization? [If you checked "NO" to the question, STOP; you need not If you checked "YES," turn over to the next question.]		□ YES □ NO	
3. Are you an elected official who is appearing sold or for your municipality or other governmental bod [If you checked "YES," to the question, <u>STOP</u> ; you need no you checked "NO," to the question, go on to the next question	ly? t complete the rest of this form ex		n. If
4. Has or will the person or organization you repro on county lobbying activities during the current rep (A reporting period is January to June or from July to Dece	porting period?	□ YES □ NO	
5. Do you anticipate making more than 2 contacts supervisors other than at public hearings or meetin (Do not count contacts with the County Board supervisor w	gs?	□ YES □ NO h you reside.)	
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; more than 2 contacts at a later date, you must then contact must also sign this form. If you checked "YES" to either questions of the state of	the County Clerk's office to file a	a form indicating such activity.	
6. If "YES," do you understand that if the person spends more than \$500 during the current reporting financial disclosure statement with the county clerk [If you checked "NO" please call the County Clerk at 266-2 Building, Madison, for more information.]	g period, you must file a	□ YES □ NO	y
Date: 6-15-15	Signature Jeann	e F. Erickson.	