REGISTRATION BEFORE COUNTY BOARD

DATE: 6-4-15 Name: Jim Elvekrog
Item #/Petition/CUP # or Subject: Name: Sim Elvekrog Municipality: Town of Westport - Shamacher Farm Park
DYB Farm Park
☐ 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 or 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:
Friends of Schimacher Farm, INC. 849-9224
Comments: She Sounds support the purchase of 38 across of the Break farm. and hope we somewhat four formed by the Science farm. 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," continue 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 activitie during the current reporting period?
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: 6-4-15 Signature Sig

REG	ISTRATION BEFORE COUNT	Y BOARD	
DATE: 6/4/15	Name:	nes Ableidin	vzer
Item #/Petition/CUP # or Subject:	Municipality:	wn of West	port/ Vien
The control of the state of the state of the control of the contro	Vish to Speak in Opposition Registering in Opposition	□ Available for Inform	ation Only
1. On this occasion, are you officially rep			
[If you checked "NO," <u>STOP</u> ; you need not co	omplete the rest of this form. If yo	ou checked "YES," go on to th	ne next question.]
Name, address and telephone number of each	ch person or organization you are	representing:	
	5	Annual Control of the	-
Comments:			
 Are you being paid for your represe person or organization?	OP; you need not complete the ext question.] appearing solely on behalf of STOP; you need not complete to	e rest of this form. f your office or for your m YES the rest of this form except	nunicipality or S□NO
4. Has or will the person or organizat during the current reporting period? (A reporting period is January to June or	ion you represent spend mo	re than \$500 on county lo	
5. Do you anticipate making more that hearings or meetings? (Do not count contacts with the County E		□YES	S □NO
[If you checked "NO," to questions 4 and you do make more than 2 contacts at a lindicating such activity. You must also sthe next question.]	ater date, you must then conta	act the County Clerk's office	e to file a form
6. If "YES," do you understand that if during the current reporting period, yo	ou must file a financial discl	osure statement with the	county clerk?
[If you checked "NO" please call the Cou County Building, Madison, for more infor	Inty Clerk at 266-4121 or go to mation.]	the Clerk's office at Room	106A of the City-
Date: 4/1/10	Signature Print Name	mes Able; di	iger

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Ounty Bland Name: Amanda Arno W
DATE: 6/6/15 Name: Amanda Arnold Municipality: Town of Veron-
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 2014 0A - 068
☐ 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 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? YES NO [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? YES NO [If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form.
you checked "NO," to the question, go on 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?
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 mak 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? 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.]
Date: 6/4/15 Signature Ammol Avnold