REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: EANR Name: Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: ☐ Wish to Speak in Opposition 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 [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: Em Co I WC. Comments: 2. Are you being paid for your representation or appearing incidental to your [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. If 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 (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?..... (Do not count contacts with the County Board supervisor who represents the district in which you reside.) [If you checked "NO," to questions 4 and 5 above, STOP; 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?...... [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.]

Print Name

Committee Name:	Name:	_LIND	ALIPINSI	\
DATE: 10/22/17	Municipa	ality:		· · · · · · · · · · · · · · · · · · ·
Petition/CUP #/Resolution/Ordina	ance Amendment/Subje	ect: <u>Sel</u>	nerwood	<u> </u>
Wish to Speak in Support Registering in Support	☐ Wish to Speak in Oppo		☐ Available for Inform	ation Only
1. On this occasion, are you officially our checked "NO," <u>STOP</u> ; you need	Y YES)	
Name, address and telephone number	er of each person or organ	nization you ar	e representing:	
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Comments:				
2. 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	or organization? STOP; you need not comple		□ YES	NO NO
3. Are you an elected official who or for your municipality or other a [If you checked "YES," to the question, you checked "NO," to the question, go	governmental body? STOP: you need not comp		□ YES	NO ust sign this form. If
4. Has or will the person or organ on county lobbying activities durin (A reporting period is January to June o	ng the current reporting	*		NO NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County	earings or meetings?		🗓 YES	NO.
[If you checked "NO," to questions 4 ar more than 2 contacts at a later date, you must also sign this form. If you checked	i must then contact the Coi	unty Clerk's offic	ce to file a form indicating	
6. If "YES," do you understand the spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Consultation, Madison, for more information	current reporting period the county clerk? bunty Clerk at 266-4121 or	od, you must f	ïle a □ YES	□ NO the City-County
Date: 10/22/17		Signature	Genda Sype	nek
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Committee Name: EANR Name: Heid Weglaster
DATE: 10 33 (7) Municipality: Madrid
Petition/CUP #/Resolution/Ordinance Amendment/Subject: EANR C2 + OH
Wish to Speak in Support
Registering in Support
. On this occasion, are you officially representing an organization or a person other than yourself? ———————————————————————————————————
Name, 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? Tyes I NO If you checked "NO" to the question, <u>STOP</u> ; you need not complete the rest of this form. If you checked "YES," turn over to the next question.]
Are you an elected official who is appearing solely on behalf of your office r for your municipality or other governmental body? ————————————————————————————————————
Has or will the person or organization you represent spend more than \$500 n county lobbying activities during the current reporting period?
Do you anticipate making more than 2 contacts with County Board spervisors other than at public hearings or meetings?
f 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 ore than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You ust also sign this form. If you checked "YES" to either question at this time, go on to the next question.]
If "YES," do you understand that if the person or organization you represent sends more than \$500 during the current reporting period, you must file a nancial disclosure statement with the county clerk?
ate: Signature
Print Name

Committee Name: EAWK Name: Maurieu McCarolly
DATE: 23 Oct 17 Municipality: Dang
Petition/CUP #/Resolution/Ordinance Amendment/Subject: wudaat
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition Registering in Support ☐ Registering in Opposition ☐ Available for Information Only
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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:
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: 10/23/17 Signatur Mauree Mc Carullo Print Name Maureen Mc Carullo

Committee Name: EANR Name: Sharon Corrigon
DATE: 10/25/17 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 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:
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?
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.]
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 financial disclosure statement with the county clerk?
Date: Signature
Print Name

Committee Name: EAUL Name	: Cas - Color overtt
DATE: /0-73-17 Munic	cipality:
Petition/CUP #/Resolution/Ordinance Amendment/Su	bject: EANR-0-03
Wish to Speak in Support □ Wish to Speak in Support □ Registering in Support □ Registering in O	± ±.
1. On this occasion, are you officially representing an YE Uf you checked "NO" STOP: you need not complete the rest.	
Name, address and telephone number of each person or or	
Comments:	
2. Are you being paid for your representation or apper other paid duties for this person or organization? [If you checked "NO" to the question, <u>STOP</u> ; you need not con If you checked "YES," turn over to the next question.]	
3. Are you an elected official who is appearing solely or for your municipality or other governmental body? [If you checked "YES," to the question, <u>STOP</u> ; you need not co you checked "NO," to the question, go on to the next question.	\square YES \square NO implete the rest of this form except that you must sign this form. If
4. Has or will the person or organization you represent on county lobbying activities during the current report (A reporting period is January to June or from July to December	ting period? □ YES □ NO
5. Do you anticipate making more than 2 contacts with supervisors other than at public hearings or meetings? (Do not count contacts with the County Board supervisor who is	\square YES \square NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you more than 2 contacts at a later date, you must then contact the must also sign this form. If you checked "YES" to either questi	need not complete the rest of this form. However, if you do make County Clerk's office to file a form indicating such activity. You on at this time, go on to the next question.]
6. If "YES," do you understand that if the person or of spends more than \$500 during the current reporting positionancial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121 Building, Madison, for more information.]	eriod, you must file a
Date:	Signature
	Print Name