## REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PPNJ-PWT Name:	Gicela Wilson
DATE: Municipality:	
Petition/CUP #/Resolution/Ordinance Amendment/Subject:	
☐ Wish to Speak in Support ☐ Registering in Support ☐ Registering in Opp	
1. On this occasion, are you officially representing an organization or a person other than yourself?  ———————————————————————————————————	
Name, address and telephone number of each person or org	anization you are representing:
1244 Morrison CT 53703	
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 on county lobbying activities during the current reporting (A reporting period is January to June or from July to December.	ng period? 🗖 YES 💢 NO
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:	Signature
	Print Name
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