REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name:	EANIR	Nai	ne: Paul	Dearlove	•	
DATE: 10 -	27-16	Mu	nicipality:	Madison		
Petition/CUP #/Res	colution/Ordina	nce Amendment/	Subject:	Open ?	Bridg 4	·
■ Wish to Speak in□ Registering in Su	4.4	☐ Wish to Speak☐ Registering in	~ ~		ailable for Inforn	nation Only
1. On this occasion [If you checked "NO,			ÆS I	□ NO		
Name, address and t	elephone number	r of each person or	organization	you are repres	senting:	
Chean Luke		<u> </u>		N		
150 E. Giln	19 5t, #2600 US 53703	608-255	-1808		r a	
Comments:						*
2. Are you being p other paid duties f [If you checked "NO" If you checked "YES,	or this person of the thick the following th	r organization? TOP: you need not	mg mei	dental to your		3cholarship Cur
3. Are you an elector for your municipal [If you checked "YES, you checked "NO," to	pality or other g	overnmental bod STOP; you need no	y?t complete the			☑ NO wust sign this form. If
4. Has or will the on county lobbying (A reporting period is	activities durin	g the current rep	orting perio			⊠ NO
5. Do you anticipa supervisors other to (Do not count contact	han at public he	arings or meetin	gs?		□ YES ich you reside.)	⊠ NO
[If you checked "NO, more than 2 contacts must also sign this for	at a later date, you	must then contact	the County Cle	rk's office to file	e a form indicating	
6. If "YES," do yo spends more than sfinancial disclosure [If you checked "NO" Building, Madison, fo	500 during the estatement with please call the Co	current reporting the county clerk ounty Clerk at 266-4	g period, you ?	must file a	☐ YES	□ NO the City-County
	** .				*	
Date:	-27-16		Signati	ire Faul 1	D. Deul	ore
			Drint No.	ne Ravil	Demiclone	a.

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: <u>EANR</u> Name	: Darwin Lynde
DATE: / 5/22 //6 Munic	cipality:
DATE: / 5/27/16 Munic Petition/CUP #/Resolution/Ordinance Amendment/Su	bject: Budget Amendment
☐ Wish to Speak in Support ☐ Wish to Speak in ☐ Registering in Support ☐ Registering in O	
1. On this occasion, are you officially representing an YE [If you checked "NO," STOP; you need not complete the rest of	
Name, address and telephone number of each person or or	
3310 Lathen Dr. Madison 224-6.	(
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, STOP; you need not conf you checked "YES," turn over to the next question.]	□ YES 📜 NO
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 \nearrow NO complete the rest of this form except that you must sign this form. If
4. Has or will the person or organization you represe on county lobbying activities during the current repor (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	? □ YES 💆 NO
- · · · · · · · · · · · · · · · · · · ·	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 tion at this time, go on to the next question.]
6. If "YES," do you understand that if the person or spends more than \$500 during the current reporting p financial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-412 Building, Madison, for more information.]	period, you must file a
Date: /0/27//6	_ Signature AD R - Signature
+ Warls Clark - AEC derestor	Print Name DARWIN R. LYNDE

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Name: Yelocca Toward
DATE: 10/27/16 Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: FANR C-4 FANR O-2 Open Resolution
☑ 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 DNO [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?
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: Signature
Print Name