REGISTRATION BEFORE COUNTY COMMITTEE

	ame:	2 au	Saer	Man		
DATE: 10-6-15 MI	unicipality:	Mad	uson			
Petition/CUP #/Resolution/Ordinance Amendment		Res	261	<i>(</i>		
☐ Wish to Speak in Support ☐ Wish to Spea ☐ Registering in Support ☐ Registering in			□ Availab	le for Inforn	nation On	ly
1. On this occasion, are you officially representing [If you checked "NO," STOP; you need not complete the re	YES	□ NO				estion.]
Name, address and telephone number of each person of	or organizati	on you are	representi	ng:		
MOSES			and a second			
Comments:						
2. Are you being paid for your representation or a other paid duties for this person or organization? [If you checked "NO" to the question, <u>STOP</u> ; you need not If you checked "YES," turn over to the next question.]		• • • • • • • • • • • • • • • • • • • •	□	YES		NO
3. Are you an elected official who is appearing solor for your municipality or other governmental both [If you checked "YES," to the question, STOP; you need not you checked "NO," to the question, go on to the next question.	dy? ot complete th					NO is form. Ij
4. Has or will the person or organization you repr on county lobbying activities during the current re (A reporting period is January to June or from July to Dece	porting per			l YES		NO
5. Do you anticipate making more than 2 contacts supervisors other than at public hearings or meeting (Do not count contacts with the County Board supervisor was a supervisor of the county Board supervisor of the coun	ngs?			YES ou reside.)		NO
[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	t the County (lerk's offic	e to file a fo	rm indicating		
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-Puilding Medican for more information.]	ng period, y k?	ou must fi	le a □			NO County
Building, Madison, for more information.]						
Date:	Sign	ature		uvensa:		
	Print N	Name				

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PPJ Name: Leile Pine
DATE:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Res 26/
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ Available for Information Only
I. 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?
B. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?
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 nore 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.]
in ancial disclosure statement with the county clerk?
Date: Signature
Print Name

REGISTRATION BEFORE COUNTY COMMITTEE

Committ	ee Name:_	PPEJ		Name: _	EDWA	RD ;	KUHBR	2/5/			
DATE:_	10/6/	15		Municipal	ity:	MAD	ISON				
Petition/	CUP #/Res	olution/Ordina	nce Amendm	ent/Subjec	t:#	2	- K69	3 26	51		
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L Regist	cring in Su	броге	Li Registerii	ig in Oppos	поп		□ Avan	lable	for Inforn	nation On	шу
		, are you officia 	E	I YES	X	NO) //				estion.]
Name, ad	dress and to	elephone numbe	r of each perso	on or organ	ization y	ou are	e represei	nting	:	*********	
Commen	ts:										
other pa	id duties fo cked "NO"	nid for your repor this person of the question, So turn over to the t	r <mark>organizatio</mark> TOP; you need	n?	• • • • • • • • •		l		YES	_	NO
or for you [If you che	ur municip ecked "YES,	ed official who cality or other g " to the question, go o	overnmental STOP; you nee	body?d not comple	•••••		•••••	□ xcept i	YES that you m	ust sign th	NO is form. I
on county	y lobbying	erson or organ activities durin January to June or	g the current	reporting					YES		NO
superviso	rs other th	te making more an at public he with the County l	arings or me	etings?			t in which		YES reside.)		NO
more than	2 contacts a	to questions 4 an t a later date, you n. If you checked	must then con	tact the Cour	nty Clerk	's offic	e to file a	form	indicating	ever, if you such activ	ı do make vity. You
spends m financial [If you che	ore than \$ disclosure cked "NO"	u understand the 500 during the statement with please call the Comore information	current report the county clunty Clerk at 2	rting period lerk?	d, you m	ust fi	ile a		YES n 106A of	lthe City-C	NO County
Date:	4				Signature						
				Pr	int Name						