## REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: The Act NR Committeeme: Kebecca Buer
DATE: 5/26/16 Municipality: Macal Soz
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 28 059
<ul> <li>✓ Wish to Speak in Support</li> <li>☐ Registering in Support</li> <li>☐ Registering in Opposition</li> <li>☐ Available for Information Only</li> </ul>
1. On this occasion, are you officially representing an organization or a person other than yourself?  YES DO  [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:  Dane Co Lakes & Waleys hed Commission
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?   ☐ 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: 5/26/11  Signature Rebresse L. Power
Till radice Vocal I ONC

## REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name:_	EANR	Name:	Paul Dea	irlove		
DATE: 5/26/16		Municip				
Petition/CUP #/Res	olution/Ordina	nce Amendment/Subj	ect: 2016 R	ES-059		
☐ Wish to Speak in ☐ Registering in Sup		☐ Wish to Speak in O☐ Registering in Opp	* *	☐ Available	for Information	n Only
		ally representing an or YES not complete the rest of t		O		
Name, address and te	elephone number	r of each person or orga	nization you a	are representing	g:	
Cleun Lakes					***************************************	
Madison, WI Comments:	m St. # 2600					
Comments:	53703 601	8-255-1000				
[If you checked "NO" If you checked "YES,"	to the question, <u>S</u> " turn over to the i		lete the rest of t	his form.	YES	□ NO
or for your municip [If you checked "YES,	oality or other g	is appearing solely on sovernmental body? STOP; you need not compon to the next question.]				NO gn this form. I
on county lobbying	activities durin	ization you represent ag the current reporting from July to December.	g period?		YES	☑ NO
supervisors other th	nan at public he	e than 2 contacts with earings or meetings? Board supervisor who rep			YES reside.)	□ NO
more than 2 contacts a	at a later date, you	nd 5 above, <u>STOP;</u> you ne nust then contact the Co "YES" to either question	ounty Clerk's of	fice to file a form	n indicating such	
spends more than \$ financial disclosure	500 during the statement with please call the Co	nat if the person or orgentered reporting per the county clerk? bunty Clerk at 266-4121 on]	iod, you must	file a	YES I m 106A of the C	□ NO City-County
Date:	2		Signature	Faul D. D.	enilog	
			Print Name	Faul D. De	arloy	