

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: E4WR Name: Bob Ugo AR

DATE: 4-3-10 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? YES NO

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? YES NO

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

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

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings? YES NO

[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? YES NO

Date: Signature Print Name

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: EANR Name: Dea Larson Converse

DATE: 4/3/17 Municipality: Madison

Petition/CUP #/Resolution/Ordinance Amendment/Subject: NCS

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 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:

Clean Lakes Alliance, 150 E Gilman St, Suite 2600,
Madison WI 53703 (608) 255-1000

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?

YES NO

[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 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?.....

YES NO

(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?.....

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: 4/3/17

Signature [Signature]

Print Name Dea Larson Converse

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: FANR Name: Will Henry

DATE: 4/2/17 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?
..... 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? YES NO
[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.]

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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: 4 _____ Signature _____
Print Name _____