REGISTRATION BEFORE COUNTY COMMITTEE		
Committee Name:	ver	
DATE: 5/7/19 Municipality: Madis	sion	
Petition/CUP #/Resolution/Ordinance Amendment/Subject:		
☐ Wish to Speak in Support ☐ Registering in Support ☐ Registering in Opposition ☐ ☐ Registering in Opposition ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Available for Information	ı Only
1. On this occasion, are you officially representing an organization or a po	erson other than yourself	?
[If you checked "NO," STOP; you need not complete the rest of this form. If you check	cked "YES," go on to the nex	t question.]
Name, address and telephone number of each person or organization you are re-	epresenting:	
Comments:	·	
2. Are you being paid for your representation or appearing incidental to yother paid duties for this person or organization?	□ YES	NO NO
3. Are you an elected official who is appearing solely on behalf of your of or for your municipality or other governmental body?	□ YES /X	NO n this form. If
4. Has or will the person or organization you represent spend more than on county lobbying activities during the current reporting period?(A reporting period is January to June or from July to December.)	\$500 □ YES	NO NO
5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?	<b>D</b> YES  n which you reside.)	NO NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not complete the tempore than 2 contacts at a later date, you must then contact the County Clerk's office to must also sign this form. If you checked "YES" to either question at this time, go on to	o file a form indicating such	
6. If "YES," do you understand that if the person or organization you repspends more than \$500 during the current reporting period, you must file financial disclosure statement with the county clerk?	a 	NO ty-County
Date: Signature		
Print Name	EKICHWY	ts

This is not a solar