REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Name:	Kevin Gray & Kimberlyann Wilken
DATE: 7 - 23 - 20 (5 Municipal	lity:
Committee Name: Name: Name: Name:	et: Public Comment
☐ Wish to Speak in Support ☐ Wish to Speak in Op	position
☐ Registering in Support ☐ Registering in Oppos	
1. On this occasion, are you officially representing an organization of the YES [If you checked "NO," STOP; you need not complete the rest of the Name, address and telephone number of each person or organization.	□ NO is form. If you checked "YES," go on to the next question.]
Name, address and telephone number of each person or organ Bethel Luthern 421-3127	conner wild
Comments:	
2. Are you being paid for your representation or appearing other paid duties for this person or organization?	□ YES ☑ NO
3. Are you an elected official who is appearing solely on to or for your municipality or other governmental body? [If you checked "YES," to the question, <u>STOP</u> ; you need not comply you checked "NO," to the question, go on to the next question.]	□ YES 💆 NO
4. Has or will the person or organization you represent spon county lobbying activities during the current reporting (A reporting period is January to June or from July to December.)	
5. Do you anticipate making more than 2 contacts with C supervisors other than at public hearings or meetings? (Do not count contacts with the County Board supervisor who represents the county	□ YES □ NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need more than 2 contacts at a later date, you must then contact the Coumust also sign this form. If you checked "YES" to either question of	nty Clerk's office to file a form indicating such activity. You
6. If "YES," do you understand that if the person or orga spends more than \$500 during the current reporting periodinancial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121 or Building, Madison, for more information.]	od, you must file a
•	Signature Kevin GRAS/ Kimberlyannwi
Pt	rint Name