Committee Name:	HHN	Name:	ER:18	Femrit &	-
	6				
DATE: 6 -08 -/	tion/Ordinanc	e Amendment/Subj	ect: Resolu	stion of (02
☑ Wish to Speak in Suppo☐ Registering in Suppo	port L	☐ Wish to Speak in C☐ Registering in Opp	pposition	☐ Available for I	
1. On this occasion, an	e vou officially	v representing an o	rganization or	a person other that	n vourself?
			DN	IO	
[If you checked "NO," <u>ST</u>					n to the next question.j
Name, address and telep	hone number o	of each person or org	anization you	are representing:	
Comments:					
2. Are you being paid other paid duties for t [If you checked "NO" to If you checked "YES," tu	his person or o the question, <u>STC</u>	organization? OP; you need not comp		□ YES	NO NO
3. Are you an elected or for your municipali [If you checked "YES," to you checked "NO," to the	ty or other gov the question, <u>ST</u>	vernmental body? <u>COP</u> ; you need not com		YE	
4. Has or will the per on county lobbying ac (A reporting period is Jan	tivities during	the current reportin	ng period?		S D NO
5. Do you anticipate a supervisors other than (Do not count contacts wi	at public hear	rings or meetings?			
[If you checked "NO," to more than 2 contacts at a must also sign this form.	later date, you n	nust then contact the C	ounty Clerk's o	ffice to file a form indi	cating such activity. You
6. If "YES," do you us spends more than \$500 financial disclosure sta [If you checked "NO" ple Building, Madison, for more than the statement of the statement	O during the cuntement with the court with the cour	nrent reporting per he county clerk? nty Clerk at 266-4121 of	riod, you mus	t file a	
Date: 6 - 08 - (0		Signature	who Fings	it
			Print Name <u>E</u>	R: K FEMR.	72

Committee Name: Name: Name:
DATE: 6/8/1/e Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 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?
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: Signature Signature Print Name

Committee Name: HHM Name: Raven Hhavo							
DATE: 6-8-16 Municipality:							
Petition/CUP #/Resolution/Ordinance Amendment/Subject:							
Wish to Speak in Support Wish to Speak in Opposition							
Wish to Speak in Support ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Informat	tion Only						
	100						
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:							
C							
Comments:							
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?	NO NO						
3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?	NO t sign this form. I						
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5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings?	□ NO						
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Date: Signature Signature Muy							
Print Name							