

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Homeless Issues Name: Brenda Konkell
DATE: 7/6/14 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: C2

☒ Wish to Speak in Support ☒ Wish to Speak in Opposition ☐ Available for Information Only
☐ Registering in Support ☐ Registering in Opposition

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.]

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:

7/6/14

Signature

Brenda K Konkell

Print Name

Brenda K Konkell

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: _____ Name: Dave Peters

DATE: _____ Municipality: _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Wish to Speak in Support | <input type="checkbox"/> Wish to Speak in Opposition | <input type="checkbox"/> Available for Information Only |
| <input type="checkbox"/> Registering in Support | <input type="checkbox"/> Registering in Opposition | |

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Date: 7-7-2016

Signature

Dave Peters

Print Name

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: _____ Name: RONNIE BARRETT
DATE: 7/6/16 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

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..... ☐ 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:

RONNIE BARRETT

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.

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Date: _____ Signature: _____

Print Name: _____