## REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: C - C Home PSI 133	Name: Patricia La Cross
DATE: F=66, 2017	Municipality: Mad. 507
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Any Resource Cester	
	eak in Opposition
☐ Registering in Support ☐ Registering	g 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 other paid duties for this person or organization [If you checked "NO" to the question, <u>STOP</u> ; you need not fixed the checked "YES," turn over to the next question.]	? YES
3. Are you an elected official who is appearing so or for your municipality or other governmental by [If you checked "YES," to the question, <u>STOP</u> ; you need you checked "NO," to the question, go on to the next que	$egin{array}{cccccccccccccccccccccccccccccccccccc$
4. Has or will the person or organization you report on county lobbying activities during the current of the Areporting period is January to June or from July to De	reporting period? 🗆 YES 🗖 NO
5. Do you anticipate making more than 2 contact supervisors other than at public hearings or meet (Do not count contacts with the County Board supervisors)	tings?   YES  NO
	P; you need not complete the rest of this form. However, if you do make act the County Clerk's office to file a form indicating such activity. You question at this time, go on to the next question.]
6. If "YES," do you understand that if the perso spends more than \$500 during the current report financial disclosure statement with the county cle [If you checked "NO" please call the County Clerk at 26 Building, Madison, for more information.]	ting period, you must file a
Date:	Signature
	Print Name