REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: EANR	Name:	Bab Upk	o the	
DATE: 4-3-10	Municipality	-		
Petition/CUP #/Resolution/Ordin	ance Amendment/Subject:_			
☑ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Oppos☐ Registering in Opposition		ilable for Inform	ation Only
1. On this occasion, are you office	ially representing an organiz	zation or a person	other than you	rself?
[If you checked "NO," <u>STOP</u> ; you nee	d not complete the rest of this for	m. If you checked	'YES," go on to th	e next question.]
Name, address and telephone numb	er of each person or organizat	ion you are represe	enting:	
Comments:				
2. Are you being paid for your re other paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization?	• • • • • • • • • • • • • • • • • • • •	.□ YES	□ NO
3. Are you an elected official who or for your municipality or other [If you checked "YES," to the question you checked "NO," to the question, go	governmental body?			□ NO st sign this form. I
4. Has or will the person or orga on county lobbying activities duri (A reporting period is January to June	ing the current reporting per			□ NO
5. Do you anticipate making more supervisors other than at public he (Do not count contacts with the County)	nearings or meetings?	***********	☐ YES ch you reside.)	□ NO
[If you checked "NO," to questions 4 c more than 2 contacts at a later date, yo must also sign this form. If you checke	ou must then contact the County	Clerk's office to file	a form indicating	
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement wit [If you checked "NO" please call the C Building, Madison, for more information	e current reporting period, y th the county clerk? County Clerk at 266-4121 or go to	ou must file a	□ YES	□ NO he City-County
Date:	Sign	nature		
	Print '			

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name:	EANR	Name:	Doal	arsen Com	varize		
DATE: $\frac{4}{3}$	14	Municipa	ılity: <u> </u>	alison			- STATISATO Produce a balance et a mán excesso como
Petition/CUP #/Reso	•				***************************************		
☑ Wish to Speak in S ☐ Registering in Supp	1 1	Vish to Speak in Oppo	• •	☐ Available	e for Informa	tion On	ly
1. On this occasion, [If you checked "NO,"]		⊠ YES		0			estion.]
Name, address and tel	ephone number of ea	ach person or orga	nization you a	re representing	g:		
ClearLa	kes Alliance	, 150 E Gi	Ima, 5+	, 5 a t 2 0	1600		
Magli-	537c	23 (608)d55	-1000	,		
Comments:							
2. Are you being paid other paid duties for [If you checked "NO" to If you checked "YES,".	r this person or organization of the question, <u>STOP</u> ;	anization?you need not comple			YES		NO
3. Are you an electe or for your municipa [If you checked "YES," you checked "NO," to to	llity or other govern to the question, <u>STOP</u> ;	mental body?; you need not comp	• • • • • • • • • • • • • • • • • • • •				NO is form.
4. Has or will the poon county lobbying a (A reporting period is Ja	ctivities during the	current reporting			YES	Œ	NO
5. Do you anticipate supervisors other that (Do not count contacts v	ın at public hearing	s or meetings?	• • • • • • • • • • • • • • • • • • • •	🗖	YES u reside.)	Ø	NO
[If you checked "NO," t more than 2 contacts at must also sign this form.	a later date, you must	then contact the Co	unty Clerk's off	ice to file a forn	n indicating s		
6. If "YES," do you spends more than \$5 financial disclosure s [If you checked "NO" p Building, Madison, for r	00 during the curre tatement with the clease call the County C	nt reporting periounty clerk?	od, you must	file a	YES om 106A of th		NO ounty
Date: 4/3/	177		Signature	81 /2	Aggregation of the second seco		
,		F	Print Name	Declare	e Canus	5_6	

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DATE: 4/2//2	Municipality:	
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☐ Wish to Speak in Support☐ Registering in Support	☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information C	Only
[If you checked "NO," <u>STOP</u> ; you n	icially representing an organization or a person other than yourself? YES NO eed not complete the rest of this form. If you checked "YES," go on to the next question of each person or organization you are representing:	uestion.]
Comments:		
other paid duties for this perso	representation or appearing incidental to your n or organization?	NO
or for your municipality or other	on, <u>STOP</u> ; you need not complete the rest of this form except that you must sign t	NO this form. I
<u>-</u>	ganization you represent spend more than \$500 iring the current reporting period?	NO
supervisors other than at public	tore than 2 contacts with County Board the hearings or meetings?	NO
more than 2 contacts at a later date,	4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you must then contact the County Clerk's office to file a form indicating such acked "YES" to either question at this time, go on to the next question.]	
spends more than \$500 during to financial disclosure statement w	d that if the person or organization you represent the current reporting period, you must file a with the county clerk?	NO -County
Date:	Signature	
	Print Name	