REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Howeless	Isves Committee Name:	Torrie	Kapp 1	weller		
DATE: 43.17	Municip	ality: <u>Muo</u>	Lison			
Petition/CUP #/Resolution/Ordinance Amendment/Subject: introduction						
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in O☐ Registering in Oppo		☐ Available f	for Information	Only	
1. On this occasion, are you of [If you checked "NO," STOP; you	PT YES					
Name, address and telephone nu	imber of each person or orga	anization you are	e representing:			
Comments:						
2. Are you being paid for you other paid duties for this pers [If you checked "NO" to the quest If you checked "YES," turn over the person of	son or organization? ion, <u>STOP</u> ; you need not comp			YES	□ NO	
3. Are you an elected official or for your municipality or of [If you checked "YES," to the question you checked "NO," to the question	her governmental body? stion, STOP; you need not com		□	YES that you must sig	NO on this form. If	
4. Has or will the person or of on county lobbying activities of (A reporting period is January to J	during the current reportir	ng period?	an \$500	YES	NO NO	
5. Do you anticipate making supervisors other than at pub (Do not count contacts with the Co	lic hearings or meetings?			YES reside.)	□ NO	
[If you checked "NO," to question more than 2 contacts at a later dat must also sign this form. If you ch	te, you must then contact the Co	ounty Clerk's offic	ce to file a form	indicating such	f you do make activity. You	
6. If "YES," do you understa spends more than \$500 during financial disclosure statement [If you checked "NO" please call to Building, Madison, for more information. Date:	g the current reporting per with the county clerk? the County Clerk at 266-4121 c	riod von must f	ilea 🔻	YES In 106A of the C	NO ity-County	
		Print Name	ine ka	ex Muc	ller	

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Name: Dane Felly
DATE: 3-2-2917 Municipality:
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
 □ Wish to Speak in Support □ 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 DNO [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? I YES INO [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
Print Name