

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: CC HIC Name: RONNIE BARBEN
DATE: 5/7/18 Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: LONG TERM OVERNIGHT STORAGE

☒ 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:

SANCTUARY, INC.,

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: 5/7/18

Signature: Ronnie Barben
Print Name: RONNIE BARBEN

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: CCRIC Name: Patricia Lalross
DATE: 5/7 Municipality: _____
Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

<input checked="" 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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[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:

MSD

Comments:

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Date: 5/7 Signature: Patricia Lalross
Print Name: Patricia Lalross