REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: DATE: Municipality: Petition/CUP #/Resolution/Ordinance Amendment/Subject: (1) Wish to Speak in Support ☐ Wish to Speak in Opposition ☐ 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 [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: C.R.A.N.E.S. Comments: 2. Are you being paid for your representation or appearing incidental to your [If you checked "NO" to the question, <u>STOP</u>; 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 [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 (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?..... I 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 6. If "YES," do you understand that if the person or organization you represent

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.]

spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk?...... [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:	(81)		Signature	(*)
-		-		

Print Name

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: EANR Name: Den Larse Convers
DATE: Municipality: Mades
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Clearlakes Erosis Grant
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
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?
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?
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?
Date: 6/4/18 Signature
Print Name De Lassa Cana

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Lakes tWatashed Nam	e: Simo	a Wids	vand	
DATE: 6-14-18 Muni	cipality: <u>M</u>	adison		
Petition/CUP #/Resolution/Ordinance Amendment/Su	abject: Lal	e Levels		
		☐ Available fo	or Information	Only
1. On this occasion, are you officially representing an YI [If you checked "NO," <u>STOP</u> , you need not complete the rest	ES 🙀 N of this form. If you	O checked "YES," g	-	
Name, address and telephone number of each person or o	organization you a	are representing:		
Comments:				
2. Are you being paid for your representation or apportunity of the paid duties for this person or organization? [If you checked "NO" to the question, STOP, you need not configure the checked "YES," turn over to the next question.]			ES ,	X NO
3. Are you an elected official who is appearing solely or for your municipality or other governmental body? [If you checked "YES," to the question, STOP; you need not c you checked "NO," to the question, go on to the next question	? omplete the rest of		YES And you must sign	1
4. Has or will the person or organization you represe on county lobbying activities during the current report (A reporting period is January to June or from July to Decemb	ting period?		ZES J	Į NO
5. Do you anticipate making more than 2 contacts wis supervisors other than at public hearings or meetings (Do not count contacts with the County Board supervisor who	?	, 🗓 Y	ES peside.)	▼ NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you more than 2 contacts at a later date, you must then contact the must also sign this form. If you checked "YES" to either quest	County Clerk's of	fice to file a form in	ndicating such a	
6. If "YES," do you understand that if the person or spends more than \$500 during the current reporting period financial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-412 Building, Madison, for more information.]	period, you must	file a	ES □ 106A of the City	NO y-County
Date: 6-14-18	Signature	Sun l	Vista	
	Print Name	Simon	Vidstra	end

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Cold 18 Name: Delarga Converse
DATE: Lakes - Water shed Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Leplate
Wish to Speak in Support □ Wish to Speak in Opposition □ 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?
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 UNO [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?
4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?
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 mak 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 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: 6/14/18 Signature AA
Print Name Den Larson Convers