DECION	RATION BEFORE COUNTY COMMITTÉE
D. Will Wo	
Committee Name:	Name: Junn Je 0500M
DATE: 7/17/18	Municipality: Wetport
Petition/CUP #/Resolution/Ordina	
I dillow Col milebolation of daily	Rango
☐ 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 officia	ally representing an organization or a person other than yourself?
	YES \ \ \ NO
[If you checked "NO," <u>STOP</u> ; you need	I not complete the rest of this form. If you checked "YES," go on to the next question.]
Name, address and telephone numbe	er of each person or organization you are representing:
9	
Comments:	
Comments.	
[If you checked "NO" to the question, So If you checked "YES," turn over to the so If you checked "YES," turn over to the so If you checked "YES," to the question, so you checked "NO," to the question, go of the property of the question, go of the property of the question, go of the question and the question and the question are th	is appearing solely on behalf of your office overnmental body?
5. Do you anticipate making more supervisors other than at public hea (Do not count contacts with the County E	
more than 2 contacts at a later date, you	d 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make must then contact the County Clerk's office to file a form indicating such activity. You "YES" to either question at this time, go on to the next question.]
spends more than \$500 during the c financial disclosure statement with t	nty Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County
Date: 7/17/8018	Print Name Land han tersion
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