## REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name:	Name:	Dusty Si	Pola			
DATE: 3-24-19	Municip	ality: <u>201</u>	3 60	7 62	9	
Petition/CUP #/Resolution/Ordin	ance Amendment/Subj	ect:				
☐ Wish to Speak in Support	☐ Wish to Speak in C	Innosition				
Registering in Support	☐ Registering in Opp	~ ~	☐ Availab	le for Inform	nation On	ly
1. On this occasion, are you office	YES	NO NO				estion.]
Name, address and telephone number VILAS	per of each person or orga	nization you are	e representir	ng:		
Comments:						
2. Are you being paid for your roother paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the	or organization? <u>STOP</u> ; you need not complete			YES		NO
3. Are you an elected official whor for your municipality or other [If you checked "YES," to the question, go the checked "NO," to the question, go	<b>governmental body?</b> n, <u>STOP</u> ; you need not comp		E			<b>NO</b> s form. Ij
4. Has or will the person or orga on county lobbying activities during (A reporting period is January to June	ing the current reportin	g period?		YES		NO
5. Do you anticipate making mossupervisors other than at public large (Do not count contacts with the County)	nearings or meetings?			YES ou reside.)	_	NO
If you checked "NO," to questions 4 contacts at a later date, you must also sign this form. If you checke	ou must then contact the Co	ounty Clerk's offic	ce to file a for	rm indicating		
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Chailled Building, Madison, for more informations.	e current reporting perich the county clerk? County Clerk at 266-4121 or	iod, you must f	ile a □			<b>NO</b> ounty
Date:		Signature D	A	0018		
	1	Print Name	Sty 5	TIOLI		