REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Name:	Hope Jende
DATE: 3/26/19 Munici	pality: Madisov
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 607 and 629	
☐ Wish to Speak in Support☐ Registering in Support☐ Wish to Speak in Support☐ Registering in Opport	**
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	
Name, address and telephone number of each person or organization you are representing:	
Madison W1 53715 (608)	258-9490 Randall AVE
Comments:	
2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES 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 on county lobbying activities during the current reporti (A reporting period is January to June or from July to December.	ng period? 🗖 YES 💆 NO
5. Do you anticipate making more than 2 contacts with supervisors other than at public hearings or meetings? (Do not count contacts with the County Board supervisor who re	
[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: Marche, 2019	Signature Hopefeede
	Print Name Hove Kendle