## REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Name:	JUDY KAROFSKY
DATE: 3 24/19 Municipality:	MATSON
Petition/CUP #/Resolution/Ordinance Amendment/Subject:_	607 and 629
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition	
<ul><li>☐ Wish to Speak in Support</li><li>☐ Registering in Support</li><li>☐ Wish to Speak in Opposition</li><li>☐ Registering in Opposition</li></ul>	
1. On this occasion, are you officially representing an organization or a person other than yourself?	
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 beha or for your municipality or other governmental body? [If you checked "YES," to the question, <u>STOP</u> ; you need not complete to you checked "NO," to the question, go on to the next question.]	YES NO
4. Has or will the person or organization you represent spend on county lobbying activities during the current reporting per (A reporting period is January to June or from July to December.)	
5. Do you anticipate making more than 2 contacts with Counsupervisors other than at public hearings or meetings?(Do not count contacts with the County Board supervisor who represent	YES 🗆 NO
[If you checked "NO," to questions 4 and 5 above, <u>STOP</u> ; you need not more than 2 contacts at a later date, you must then contact the County Counts also sign this form. If you checked "YES" to either question at this	Clerk's office to file a form indicating such activity. You
6. If "YES," do you understand that if the person or organiza spends more than \$500 during the current reporting period, y financial disclosure statement with the county clerk? [If you checked "NO" please call the County Clerk at 266-4121 or go to Building, Madison, for more information.]	ou must file a YES INO
Date: Sign.	Name TUDITH F. KAROFSKY