REGISTRATION BEFORE COUNTY COMMITTEE

| Committee Name: EA | Name: Dalarsalansal |
|---|--|
| DATE: $\frac{5}{23}/1$ | 9 Municipality: Mades ar |
| Petition/CUP #/Resolution | n/Ordinance Amendment/Subject: |
| ☑ Wish to Speak in Suppor ☐ Registering in Support | t ☐ Wish to Speak in Opposition ☐ Registering in Opposition ☐ Available for Information Only |
| [If you checked "NO," <u>STOP</u> ; | ou officially representing an organization or a person other than yourself? ——————————————————————————————————— |
| | |
| Comments: | |
| other paid duties for this | your representation or appearing incidental to your person or organization? |
| or for your municipality of [If you checked "YES," to the | cial who is appearing solely on behalf of your office r other governmental body? |
| on county lobbying activiti | or organization you represent spend more than \$500 ies during the current reporting period? |
| supervisors other than at I | ing more than 2 contacts with County Board public hearings or meetings? |
| more than 2 contacts at a later | tions 4 and 5 above, <u>STOP</u> ; you need not complete the rest of this form. However, if you do make date, you must then contact the County Clerk's office to file a form indicating such activity. You u checked "YES" to either question at this time, go on to the next question.] |
| spends more than \$500 durinancial disclosure statem [If you checked "NO" please c Building, Madison, for more in | |
| Date: | Print Name Dea La Foor Con L V S |

| REGISTRATION BEFORE COUNTY COMMITTEE |
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| Committee Name: EANR Name: Mark Opitz DATE: 5/23/19 Municipality: City of Much Petition/CUP #/Resolution/Ordinance Amendment/Subject: Res 2019-44 |
| DATE: 5/23/19 Municipality: City of Much |
| Petition/CUP #/Resolution/Ordinance Amendment/Subject: 2019-44 |
| Wish to Speak in Support Wish to Speak in Opposition Wish to Speak - Newtral |
| ☐ Registering in Support ☐ Registering in Opposition ☐ Available for Information ☐ |
| 1. On this occasion, are you officially representing an organization or a person other than yourself? YES DNO [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: |
| City of Middleton |
| V . |
| Comments: |
| 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES INO [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 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: 5/23/19 Signature Mark Onth |
| Date: 5/23/19 Signature Mark Option Print Name Mark Option |

REGISTRATION BEFORE COUNTY COMMITTEE

| Committee Name: Name: Name: MARICHS |
|--|
| DATE: 3-13-19 Municipality: JOWN OF MIDDLE TOX |
| Petition/CUP #/Resolution/Ordinance Amendment/Subject: FLoop レルム |
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| ☐ 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: 7346 WAYS 15 E Ros MIDDLE TON WI. 53562 |
| 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: 5-23-19 Signature R. Hunnels Print Name Dick Hinzucks |