REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: AEZ MASTER PLAN Name: RON SHUTVET					
DATE: 8-20-2018 Municipality: Madison					
Petition/CUP #/Resolution/Ordinance Amendment/Subject: EA. Destaration District					
 □ Wish to Speak in Support □ 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? YES NO [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:					
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? ☐ YES ☐ NO (A reporting period is January to June or from July to December.)					
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? [If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]					
Date: Signature					
Print Name					

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Æ C Mass DATE: 8 - 2 0 - 3 Petition/CUP #/Resolution/Ordin	Jer Plan Dreysight Name:	RON SHU	TVET	
DATE: 8-20-	ZO18 Municipality: _	Madison		
Petition/CUP #/Resolution/Ordin	nance Amendment/Subject:_ <i>E</i>	B. Revisc	I Masa	er Plan
☐ Wish to Speak in Support ☐ Registering in Support	☐ Wish to Speak in Opposition☐ Registering in Opposition		e for Informati	on Only
1. On this occasion, are you office [If you checked "NO," STOP; you need Name, address and telephone numbers.	YES eed not complete the rest of this form	NO If you checked "YES,	" go on to the r	e lf? next question.]
Comments:				
2. Are you being paid for your r other paid duties for this person [If you checked "NO" to the question, If you checked "YES," turn over to the	n or organization?	□	YES	□ NO
3. Are you an elected official whor for your municipality or other [If you checked "YES," to the question you checked "NO," to the question, g	r governmental body? on, <u>STOP</u> ; you need not complete the			□ NO sign this form.
4. Has or will the person or orgon county lobbying activities dur (A reporting period is January to June	ring the current reporting perio		YES	□ NO
5. Do you anticipate making mosupervisors other than at public (Do not count contacts with the Count	hearings or meetings?	П	YES u reside.)	□ NO
[If you checked "NO," to questions 4 more than 2 contacts at a later date, y must also sign this form. If you check	you must then contact the County Cl	lerk's office to file a for	m indicating su	
6. If "YES," do you understand spends more than \$500 during the financial disclosure statement with [If you checked "NO" please call the Building, Madison, for more information of the statement with the	he current reporting period, yo ith the county clerk?	u must file a	YES om 106A of the	□ NO City-County
Date:	Signa	ture	1000	
	Print Na	ame		