REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name; AN	SON FOOTE N	ame: It was	AN FOTE		¥.	
DATE: 09 11 19	M	unicipality: <u>V</u>	140150N			
Petition/CUP #/Resolution						
ITI Wigh to Consol in Con-					<u> </u>	
☐ Wish to Speak in Support ☐ Registering in Support	☐ Registering i	ak in Opposition n Opposition	☐ Availab	le for Inform	ation O	nly
1. On this occasion, are ye	area de la constante de la con	VEC T	NO	·		uestion.]
Name, address and telephon	e number of each person of	or organization ye	ou are representir	ng:		
Comments:	·				•	
2. Are you being paid for yother paid duties for this paid to the qualifyou checked "NO" to the qualifyou checked "YES," turn ov	erson or organization? estion, STOP: you need not	************	П	YES		ŅO
3. Are you an elected office or for your municipality or [If you checked "YES," to the question of the guestion of the guestio	other governmental bod uestion, <u>STOP</u> ; you need no	ly? t complete the rest		YES t that you must	□ sign th	NO is form. J
4. Has or will the person of on county lobbying activities (A reporting period is January to	s during the current ren	orting neriod?	e than \$500	YES		ΝO
Do you anticipate making supervisors other than at property (Do not count contacts with the	blic hearings or meeting	28?		YES reside.)		NO
[If you checked "NO," to questi more than 2 contacts at a later o must also sign this form. If you	ate, you must then contact th	ne County Clerk's	office to file a form	n indicativa en	r, if you ch activ	do make ity, You
6. If "YES," do you unders spends more than \$500 duri inancial disclosure statement of you checked "NO" please cal Building, Madison, for more info	ng the current reporting it with the county clerk? the County Clerk at 266-41	period, you mu	st file a	YES m 106A of the	□ N City-Co	I O ounty
Date:		: Signature				
		Print Name				

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: U/A	Name: AnneTigan
DATE: Q- 11-19	Municipality:
Petition/CUP #/Resolution/Ordinance Amends	ment/Subject:
☐ Wish to Speak in Support ☐ Wish to	Speak in Opposition
	ing in Opposition
	the rest of this form. If you checked "YES," go on to the next question.]
a la lieu a projection	1 Wave provided written comments American or appearing incidental to your 9-11-19
comments: In wear of Specialization	August Worker William States
2. Are you being paid for your representation of other paid duties for this person or organization [If you checked "NO" to the question, STOP; you need If you checked "YES," turn over to the next question.]	on?
3. Are you an elected official who is appearing or for your municipality or other governmental [If you checked "YES," to the question, STOP; you nee you checked "NO," to the question, go on to the next question.	body?
4. Has or will the person or organization you re on county lobbying activities during the current (A reporting period is January to June or from July to D	reporting period?
5. Do you anticipate making more than 2 conta supervisors other than at public hearings or med (Do not count contacts with the County Board supervisors)	etings? U VES U NO
[If you checked "NO," to questions 4 and 5 above, <u>STO</u> more than 2 contacts at a later date, you must then contains also sign this form. If you checked "YES" to either	P; you need not complete the rest of this form. However, if you do make act the County Clerk's office to file a form indicating such activity. You r question at this time, go on to the next question.]
6. If "YES," do you understand that if the person spends more than \$500 during the current reporting financial disclosure statement with the county classification of the county Clark at 26 Building, Madison, for more information.]	ting period, you must file a
Date:	Signature
	Print Name

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name:	AIRPORT	Commission Name:	Mary)	lo Walter	5	
		Munici				
Petition/CUP #/Re	solution/Ordi	nance Amendment/Sub	ject: <u></u>	355 ~	- 62	
☐ Wish to Speak in ☐ Registering in St		⊠ Wish to Speak in Opp □ Registering in Opp		□ Availal	ole for Inform	nation Only
[If you checked "NO,	" <u>STOP</u> ; you nee	cially representing an or	this form. If you	N O u checked "YE	S," go on to t	
Comments:						
other paid duties if [If you checked "NO" If you checked "YES, 3. Are you an elector for your municity [If you checked "YES,	or this person to the question, turn over to the ted official who cality or other to the question	epresentation or appear or organization? STOP: you need not complete next question.] o is appearing solely on governmental body? stop: you need not complete on to the next question.]	lete the rest of t	his form.	YES I YES of that you mu	□ NO □ NO (st sign this form.]
4. Has or will the j	person or orga activities duri	nization you represent s ng the current reportin or from July to December.)	g period?	han \$500 □	YES	□ NO
supervisors other th	an at public h	e than 2 contacts with 6 carings or meetings? Board supervisor who repr			YES ou reside.)	□ NO
more inan z contacis a	i a taier aate, yo	nd 5 above, <u>STOP;</u> you nee u must then contact the Cou I "YES" to either question	unty Clerk's off	îce to file a for	m indicatino s	er, if you do make such activity. You
spends more than \$! inancial disclosure	500 during the statement with please call the Co	hat if the person or orgicurrent reporting period the county clerk? county Clerk at 266-4121 or n.]	od, you must	file a ···· □	YES om 106A of th	□ NO ne City-County
Date:			: Signature			
		Pı	int Name			