## REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: EANR Name: CARYL ERRETL
DATE: 10/10/2019 Municipality: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
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?  [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?
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

DATE: \_\O_\O_\O_\O_\O_\O_\O_\O_\O_\O_\O_\O_\O	Committee Name: 1= A	Name:	liz iv	25501	
Wish to Speak in Support	DATE: \O\\o\\	Municipality	: Madisa	<u> </u>	
Registering in Support	Petition/CUP #/Resolution	n/Ordinance Amendment/Subject:_	Budget		
1. On this occasion, are you officially representing an organization or a person other than yourself?    YES		2		ilable for Inform	ation Only
YES   NO					
Name, address and telephone number of each person or organization you are representing:    War   War				other than you	rself?
Comments:  2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?				'YES, " go on to th	e next question.]
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2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization?   [If you checked "NO" to the question, STOP: you need not complete the rest of this form.  If you checked "TES," 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?   [If you checked "YES," to the question, STOP: you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.]  4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?   [If 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, STOP: 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 "TES" 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 must file a	Warns				
other paid duties for this person or organization?	Comments:				
[If you checked "YES," to the question, STOP, you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.]  4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period?	other paid duties for this [If you checked "NO" to the q If you checked "YES," turn o	person or organization?	he rest of this form.	.□ YES	□ NO
on county lobbying activities during the current reporting period?	[If you checked "YES," to the	question, STOP; you need not complete	the rest of this form o	…□ YES except that you mu	
Supervisors other than at public hearings or meetings?	on county lobbying activit	ties during the current reporting pe			□ NO
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	supervisors other than at	public hearings or meetings?			□ NO
spends more than \$500 during the current reporting period, you must file a	more than 2 contacts at a later	r date, you must then contact the County	Clerk's office to file	a form indicating	
financial disclosure statement with the county clerk?	spends more than \$500 du financial disclosure statem [If you checked "NO" please of	uring the current reporting period, nent with the county clerk? call the County Clerk at 266-4121 or go	you must file a	□ YES	□ NO he City-County
				, .	<b>.</b>
Date: Signature	Date:	Sig	gnature		•

## REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: EANR	Name:	Doctar	Sai Conva		
DATE:	Municipalit	ty:			
Petition/CUP #/Resolution/Ordinan					
	☐ Wish to Speak in Oppo ☐ Registering in Opposit		☐ Available fo	or Informatio	on Only
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[If you checked "NO," <u>STOP</u> ; you need r	not complete the rest of this			go on to the ne	ext question.]
Name, address and telephone number	of each person or organiz	zation you are	e representing:		
,				•	
Comments:				_	
2. Are you being paid for your reprother paid duties for this person or [If you checked "NO" to the question, <u>ST</u> If you checked "YES," turn over to the n	organization?		(A) Y	ES	□ NO
3. Are you an elected official who is or for your municipality or other go [If you checked "YES," to the question, So you checked "NO," to the question, go or	vernmental body? <u>TOP</u> ; you need not complete			YES aat you must s	NO No ign this form. I
4. Has or will the person or organic on county lobbying activities during (A reporting period is January to June or	the current reporting p			ÆS .	Û⊠(NO
5. Do you anticipate making more supervisors other than at public hea (Do not count contacts with the County B	rings or meetings?	•••••		ES eside.)	□ NO
[If you checked "NO," to questions 4 and more than 2 contacts at a later date, you must also sign this form. If you checked "	must then contact the Count	ty Clerk's offic	e to file a form i	ndicating suci	
6. If "YES," do you understand the spends more than \$500 during the c financial disclosure statement with t [If you checked "NO" please call the Cou Building, Madison, for more information.	urrent reporting period the county clerk?nty Clerk at 266-4121 or go	, you must fi	le a 	TES 106A of the C	□ NO City-County
Date: 10/10/19	Si	ignature	12	and the second s	