Committee Name: Lakes + Watershed Your Name: Maria Powell
DATE of Meeting: 1/23/20 Municipality You Reside in: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: PFAS Update
Wish to Speak in Opposition
☐ Wish to Register in Support ☐ Wish to Register 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 do not need to complete the rest of the form. If you checked "YES" go to the next question.)
Name, address and telephone number of each person or organization you are representing:
Midwest Environmental Unstice Organization
COMMENTS:
2. Are you being paid for your representation or appearing incidental to your other paid duties for this
person or organization? YES NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? YES NO (If you checked "YES" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? YES NO (A reporting period is January to June, or July to December.)
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? YES NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
6. If you answered "YES" to question 5, 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?? YES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.
Date: 1/23/20 Signature: Maria Powell Printed Name: Maria Powell
Printed Name: Maria Powch

REGISTRATION BEFORE COUNTY COMMITTEE Committee Name: Your Name: DATE of Meeting: Municipality You Reside in: ____ Petition/CUP #/Resolution/Ordinance Amendment/Subject: after precentation Wish to Speak in Opposition Wish to Speak in Support Wish to Register in Support Available for Information Only 1. On this occasion, are you officially representing an organization or a person other than yourself? ₩ YES (If you checked "NO" STOP; you do not need to complete the rest of the form. If you checked "YES" go to the next question.) Name, address and telephone number of each person or organization you are representing: Lake View sue Malls COMMENTS: 2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES NO NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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?

YES l NO (If you checked "YES" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? YES L NO (A reporting period is January to June, or July to December.) 5. Do you anticipate making more than two contacts with the County Board supervisors other than at public hearings or meetings? YES □ мо (Do not count contacts with the County Board supervisor who represents the district in which you reside.) (If you checked "NO" to questions 4 and 5 above, STOP; you do not need to 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.) 6. If you answered "YES" to question 5, 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? Tes NO

(If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.

Date: Signature: Printed Name:

REGISTRATION BEFORE COUNTY COMMITTEE
Committee Name: WATER WATERSTEP Your Name: 1 CANTEN MISICIME
DATE of Meeting: 1/23 Municipality You Reside in: CTA, UN 18
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition →
☐ Wish to Register in Support ☐ Wish to Register in Opposition ☐ Wish to Register in Opposition
Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? YES DO (If you checked "NO" STOP; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)
Name, address and telephone number of each person or organization you are representing: SAFE SILIES CLEAN WATCH WI
NO-1-39s at 11WAX
COMMENTS:
(If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? YES NO (If you checked "YES" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? TES NO (A reporting period is January to June, or July to December.)
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public hearings or meetings? YES NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.) (If you checked "NO" to questions 4 and 5 above, STOP; you do not need to 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
6. If you answered "YES" to question 5, 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? ? YES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.
Date:
Printed Name: Kasa Missis Missis

REGISTRATION BEFORE COUNTY CONVINITIES
Committee Name: 4104 Wettershed Your Name: Harry Richardson
DATE of Meeting: Municipality You Reside in: Municipality You You Reside in: Municipality You
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
Wish to Register in Support
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" <u>STOP</u> ; you do not need to complete the rest of the form. If you checked "YES" go 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? YES NO
(If you checked "NO" to the question, <u>STOP</u> ; you do not need to complete the rest of this form. If you checked "YES", go 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? YES NO (If you checked "YES" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? YES NO
(A reporting period is January to June, or July to December.)
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? YES NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
6. If you answered "YES" to question 5, 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?? YES NO
(If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.
Date: Signature:
Printed Name:

REGISTRATION BEFORE COUNTY COMMITTEE
Committee Name: Lakes a Watershed Your Name: ar lands ness
DATE of Meeting: Municipality You Reside in:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: FAS
Wish to Speak in Opposition
☐ Wish to Register in Support ☐ Wish to Register in Opposition
Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? \[\begin{align*} YES \\ NO \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
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? YES NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? YES NO (If you checked "YES" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
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during the current reporting period? YES NO (A reporting period is January to June, or July to December.)
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(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However,</u> 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
6. If you answered "YES" to question 5, 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?? TYES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.
Date: Signature:
Printed Name:

Committee Name: Lake & Water	Your Name:
DATE of Meeting:	Municipality You Reside in:
Petition/CUP #/Resolution/Ordinance Ame	endment/Subject:
☐ Wish to Speak in Support	☐ Wish to Speak in Opposition
☐ Wish to Register in Support	☐ Wish to Register in Opposition
	Available for Information Only
☐ YES 💆 NO	resenting an organization or a person other than yourself? I to complete the rest of the form. If you checked "YES" go to the next
,	ch person or organization you are representing:
COMMENTS:	
1.	ation or appearing incidental to your other paid duties for this
-	NO you do not need to complete the rest of this form. If you checked "YES",
3. Are you an elected official who is appe	aring solely on behalf of your office or for your municipality or
-	NO; you do not need to complete the rest of this form. If you checked "YES",
4. Has or will the person or organization	you represent spend more than \$500 on county lobbying activities
during the current reporting period? \(\simega\) (A reporting period is January to June, or July	Y .
5. Do you anticipate making more than tw	vo contacts with the County Board supervisors other than at public
hearings or meetings? YES (Do not count contacts with the County Board)	NO I supervisor who represents the district in which you reside.)
if you do make more than 2 contacts at a late.	ove, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However,</u> r date, you must then contact the County Clerk's office to file a form to either question, please continue to the question below. You must also
	you understand that if the person or organization you represent reporting period, you must file a financial disclosure statement
with the County Clerk?? ☐ YES [If you checked "NO" please call the County Clerk, Room 106A for more information. Date: ☐	NO Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr.,
Printed Na	andre a Retrined

Committee Name: Lakes & Water shop Comm Your Name: DANIBL LIPPITT
DATE of Meeting: 123-20 Municipality You Reside in: MADISON
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
Wish to Register in Support Fig. 5355 Antis Fins are cleaned up at Rus
1. On this occasion, are you officially representing an organization or a person other than yourself? \[\begin{align*} \text{YES} & \text{NO} \\ \text{STOP}; \text{ you do not need to complete the rest of the form. If you checked "YES" go to the next question.)} \]
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? YES NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
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other governmental body? TES NO (If you checked "YES" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
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6. If you answered "YES" to question 5, 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?? TYES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.
Date: Signature:
Drintad Names

Committee Name: Lakey & Watershad Commission Your Name: GLENN MITROPF
Committee Name: Lakey & Workship Commission Your Name: GENN MITROPF DATE of Meeting: Y23 ZO Municipality You Reside in: MADISTN
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
☐ Wish to Register in Support ☐ Wish to Register in Opposition ★ Constru
Available for Information Only at Truck until water & So contoni ration is oddresses
1. On this occasion, are you officially representing an organization or a person other than yourself?
□ YES 🗵 NO
(If you checked "NO" <u>STOP</u> ; you do not need to complete the rest of the form. If you checked "YES" go 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? YES NO (If you checked "NO" to the question, <u>STOP</u> ; you do not need to complete the rest of this form. If you checked "YES", go 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? YES NO (If you checked "YES" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
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during the current reporting period? YES NO (A reporting period is January to June, or July to December.)
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6. If you answered "YES" to question 5, 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?? YES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.
Date: Signature:
Printed Name:

KEV RAU UA NTEJ LUB ROJ SIB THAM HAUV NROOG

Lub Npe Kev Sab Laj:	- Wotevsters	Koj Lub Npe:
HNUB TIM ntawm Kev Sab Laj:	Kh	nev Nruab Nroog uas Koj Nyob:
Daim Ntawv Thov Kev Caij Ncees/CUI Lus Txib Kev Hloov Pauv Tshiab/Hais		Yam Tshiab/
☐ Xav Kom Pab Hais hauv Kev	/ Txhawb Pab	☐ Xav Kom Hais Lus Hauv Kev Khib Siab
☐ Xav Kom Rau Npe hauv Kev	Txhawb Pab	☐ Xav Kom Rau Npe hauv Kev Tawm Tsam
	☑ Tsuas Siv Tau	rau Cov Ntaub Ntawv Xwb
1. Nyob rau lub sij hawm puag ntsig	*	sawv cev rau ib lub koom haum lossis ib tus neeg uas tsis yog
koj tus kheej puas yog? YOG (Yog tias koj kos rau "TSIS YOG" TSUM Yog tias koj kos rau "YOG" mus rau nqe	; koj tsis tas ntxiv lus	teb rau qhov seem ntawm daim ntawv ntxiv lawm.
Lub npe, qhov chaw nyob thiab tus xov t	ooj ntawm txhua tus	neeg lossis lub koom haum koj sawv cev tam:
COV LUS POM:		
2. Puas yog koj tab tom raug them n	yiaj rau koj qhov ke	v sawv cev lossis kev tshwm sim raws kev ib sij huam
	e lus nug, <u>TSUM</u> ; koj	ssis lub koom haum no?
3. Koj puas yog tus neeg hauj lwm ra	ug xaiv tsa tus uas	tau tuaj sawv cev rau koj lub chaw ua hauj lwm lossis
	g, TSUM; koj tsis tas	tsoom fwv?
4. Puas yog tus neeg lossis lub koon	n haum uas koj saw	v cev rau tau siv lossis yuav siv nyiaj ntau dua \$ 500
rau cov kev khiav dej num ntawm lub (Ncua kev tshaj qhia yog Lub lb Hlis Ntuj	nroog nyob rau ncu txog Lub Rau Hli Ntu	ua kev tshaj qhia tam sim no?
5. Koj tos tsoom tias yuav tsim cov k neeg saib xyuas hauj lwm yam uas tsi:	ev tiv tauj uas ntau s yog hauv cov kev	dua ob zaug nrog Pawg Thawj Coj Hauv Nroog cov mloog tu plaub lossis cov rooj sib tham rau pej
xeem puas yog?(Tsis txhob suav cov kev tiv tauj nrog Pav	wg Thawj Coj cov nee	eg saib xyuas tus uas sawv cev rau lub cheeb tsam uas koj nyob.)
ntawm daim ntawv no ntxiv lawm. <u>Txawm</u> koj yuav tsum tiv tauj rau chaw hauj lwm	<u>li cas los xij</u> , yog tias ntawm Tus Neeg Pal	nge 5 saum toj no, <u>TSUM</u> ; koj tsis tas ntxiv lus teb rau qhov seem s koj tuaj yeem tiv tauj ntau tshaj 2 zaug ntawm hnub tim dhau los, b Saib Xyuas Hauv Nroog (County Clerk) txhawm rau xa daim ntawv ob nge lus nug tib si, thov mus rau nge lus nug hauv qab.Koj yuav
6. Yog hais tias koj teb tias "YOG" ra haum koj sawv cev rau siv ntau tshaj \$	u nqe lus nug 5, koj 500 thaum lub sij h	j puas to taub hais tias yog tias tus neeg lossis lub koom awm tam sim no qhia lub sij hawm, koj yuav tsum xa ib
(Yog tias koj kos rau "YOG" thov hu rau T lub chaw hauj lwm ntawm Tus Neeg Pab	us Neeg Pab Saib X Saib Xyuas ntawm 2	Xyuas Hauv Nroog (County Clerk)? YOG TSIS YOG yuas Hauv Nroog (County Clerk) ntawm 266-4121 lossis mus rau 10 Martin Luther King Jr., Blvd., Room 106A yog xav paub ntxiv.)
Hnub Tim: $1/23/20$	Kos npe:	Jelly Young
	Sau Npe:	SALLY YOUNG

Committee Name: Lakes & Watershed Commission Your Name: Kevin Conningham
DATE of Meeting: Municipality You Reside in:
Petition/CUP #/Resolution/Ordinance Amendment/Subject: F-35 construction /demolition at Fraderic Trugs
Wish to Speak in Support Wish to Speak in Opposition
☐ Wish to Register in Support ☐ Wish to Register in Opposition
Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? \[\subseteq \text{YES} \] NO (If you checked "NO" \(\text{STOP} \) you do not need to complete the rest of the form. If you checked "YES" go 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? YES NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? YES NO (If you checked "YES" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? YES NO (A reporting period is January to June, or July to December.)
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? YES NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.)
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6. If you answered "YES" to question 5, 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?? YES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.
Date: 23JAN2020 Signature:
Printed Name: Kevin Constagham

REGISTRO ANTE EL COMITÉ DEL CONDADO Dane (o Lakes + Worshod 1/2 Lance Grean Su nombre: ____ Nombre del comité: Municipalidad en la que reside: FECHA de la reunión: _ Petición/N.º de CUP/Resolución/Enmienda de la ordenanza/Tema: _ Deseo intervenir en contra Deseo intervenir a favor Deseo registrarme en contra Deseo registrarme a favor Disponible solo con fines informativos 1. En esta ocasión, ¿representa oficialmente a una organización u a otra persona que no sea usted? 🔲 SÍ 🔲 NO (Si marcó la opción "NO", DETÉNGASE; no debe completar el resto del formulario. Si marcó la opción "Sí", continúe con la siguiente pregunta). Nombre, dirección y número de teléfono de cada persona u organización a la que está representando: COMENTARIOS: 2. ¿Está recibiendo remuneración por su representación o comparece como consecuencia de sus otras (Si marcó la opción "NO" como respuesta a la pregunta, DETÉNGASE; no debe completar el resto del formulario. Si marcó la opción "Sĺ", continúe con la siguiente pregunta). 3. ¿Es un funcionario electo que comparece solamente en nombre de su oficina o para su municipalidad u otro organismo del gobierno?□ sí (Si marcó la opción "Sí" como respuesta a la pregunta, DETÉNGASE; no debe completar el resto del formulario. Si marcó la opción "NO", continúe con la siguiente pregunta). 4. ¿La persona u organización que representa ha gastado o gastará más de \$500 en actividades de cabildeo (Un período de informe tiene lugar desde enero a junio o desde julio a diciembre). 5. ¿Anticipa que hará más de dos contactos con los supervisores de la Junta del Condado que no tengan lugar (No tenga en cuenta los contactos con el supervisor de la Junta del Condado que represente el distrito en el que usted reside). (Si marcó la opción "NO" como respuesta a las preguntas 4 y 5 anteriores, <u>DETÉNGASE</u>; no debe completar el resto del formulario. Sin embargo, si no hizo más de 2 contactos en una fecha posterior, debe comunicarse con la oficina del Secretario del Condado para presentar un formulario que indique dicha actividad. Si marcó la opción "Sí" en cada pregunta, continúe con la siguiente pregunta. También debe firmar este formulario). 6. Si respondió "SÍ" a la pregunta 5, ¿comprende que si la persona u organización a la que usted representa gasta más de \$500 durante el período de informe actual, usted debe presentar una declaración de su situación financiera

(Si marcó la opción "NO", llame al Secretario del Condado al 266-4121 o diríjase a la oficina del Secretario en

Nombre en letra de imprenta:

210 Martin Luther King Jr., Blvd., Room 106A para obtener más información).

Committee Name: Laker & Watermed Your Name: Michael Fari
DATE of Meeting: 1/23/20 Municipality You Reside in: Madusa
Petition/CUP #/Resolution/Ordinance Amendment/Subject: PFAS ISSuc
Wish to Speak in Support Wish to Speak in Opposition
☐ Wish to Register in Support ☐ Wish to Register 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 do not need to complete the rest of the form. If you checked "YES" go 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
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5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? YES NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
6. If you answered "YES" to question 5, 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?? TYES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.
Date: Signature:
Printed Name:

Committee Name: DC Cales & Water Reyour Name: Salar Moore
DATE of Meeting: 1/22 (2020 Municipality You Reside in: Malion
Petition/CUP #/Resolution/Ordinance Amendment/Subject:
□ Wish to Speak in Support いがかつ がらみつ Wish to Speak in Opposition
☐ Wish to Register in Support ☐ Wish to Register in Opposition
Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? \[\textstyle \text{YES} \text{NO} \text{NO} \text{NO} \] (If you checked "NO" \(\text{STOP} \); you do not need to complete the rest of the form. If you checked "YES" go 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? YES NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? YES NO (If you checked "YES" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go 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? YES NO (A reporting period is January to June, or July to December.)
5. Do you anticipate making more than two contacts with the County Board supervisors other than at public
hearings or meetings? YES NO (Do not count contacts with the County Board supervisor who represents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, <u>STOP</u> ; you do not need to complete the rest of this form. <u>However</u> , 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. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)
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with the County Clerk?? YES NO (If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.
Date: Signature:
Printed Name:

REGISTRATION BEFORE COUNTY COMMITTEE
Committee Name: LEW Comm Your Name: Mathew Miller
DATE of Meeting: 1/23/2020 Municipality You Reside in: Madr 20 Das
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Hudson Erosion
☐ Wish to Speak in Support ☐ Wish to Speak in Opposition
☐ Wish to Register in Support ☐ Wish to Register in Opposition
Available for Information Only
1. On this occasion, are you officially representing an organization or a person other than yourself? [I YES NO (If you checked "NO" STOP; you do not need to complete the rest of the form. If you checked "YES" go 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? YES NO (If you checked "NO" to the question, STOP; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)
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Date: Signature:
Printed Name