REGISTRATION BEFORE COUNTY COMMITTEE	
Committee Name: Name:	Falvin Dame!
DATE of Meeting: 10/21/25 Municipality:	
Petition/CUP #/Resolution/Ordinance Amendment/Subject:	PPIJ 2-4
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:	
Dark County Shariff's Office	
<u> </u>	
COMMENTS:	
2. Are you being paid for your representation or appearing in	cidental 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? (A reporting period is January to June, or July to December.)	
5. Do you anticipate making more than two contacts with the	
hearings or meetings?	esents the district in which you reside.)
(If you checked "NO" to questions 4 and 5 above, STOP ; you do not if you do make more than 2 contacts at a later date, you must then indicating such activity. If you checked "YES" to either question, plusign this form.)	contact the County Clerk's office to file a form
6. If you answered "YES" to question 5, do you understand the spends more than \$500 during the current reporting period, you	
with the County Clerk? ?	
(If you checked "NO" please call the County Clerk at 266-4121 or g Blvd., Room 106A for more information.	go to the Clerk's office at 210 Martin Luther King Jr.,
Date: Signature	
Print Name:	