Clear Form REGISTRATION BEFORE	COUNTY COMMITTEE
Committee Name: PP+T Name	e: Sean Buske
	y: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject	\mathcal{D}
Wish to Speak in Support	Wish to Speak in Opposition
☐ Wish to Register in Support	☐ Wish to Register in Opposition
	Available for Information Only
On this occasion, are you officially representing an organiza (If you checked "NO" <u>STOP</u> ; you do not need to complete the rest Name, address and telephone number of each person or organization.	t of the form. If you checked "YES" go to the next question.)
COMMENTS:	
2. Are you being paid for your representation or appearing	ng 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? (If you checked "YES" to the question, STOP; you do not need go to the next question.)	
4. Has or will the person or organization you represent s	pend more than \$500 on county lobbying activities
during the current reporting period? (A reporting period is	January to June, or July to December.) YES NO
5. Do you anticipate making more than two contacts with	the County Board supervisors other than at public
hearings or meetings? (Do not count contacts with the County Board supervisor who	
(If you checked "NO" to questions 4 and 5 above, STOP ; you of if you do make more than 2 contacts at a later date, you must indicating such activity. If you checked "YES" to either questions sign this form.)	then contact the County Clerk's office to file a form
6. If you answered "YES" to question 5, do you understand spends more than \$500 during the current reporting period	
with the County Clerk? ?	
(If you checked "NO" please call the County Clerk at 266-4121 Blvd., Room 106A for more information.	or go to the Clerk's office at 210 Martin Luther King Jr.,
Date: <u>6/22/23</u> Signat	ture:
Print N	Name: Sean Sulke

Clear Form	REGISTRATI	ON BEFORE CO	OUNTY COMMITTEE
Committee Name:	PPOS	Name:	Soan Busko
	6100103	Municipality:_	
DATE of Meeting:	6/22/25		10 C ()
Petition/CUP #/Res	solution/Ordinance Am	endment/Subject:	BC C'I
	Wish to Speak in Sup	oport	Wish to Speak in Opposition
l	Wish to Register in S	Support	☐ Wish to Register in Opposition
			Available for Information Only
			n or a person other than yourself? TYES X NO the form. If you checked "YES" go to the next question.)
Name, address and	telephone number of ea	ch person or organiza	ation you are representing:
COMMENTS:	-		
	paid for your represent	ation or appearing i	ncidental to your other paid duties for this
			YES NO
	o" to the question, <u>STOP</u>		complete the rest of this form. If you checked "YES",
3. Are you an elec	cted official who is app	earing solely on beh	nalf of your office or for your municipality or
_	S" to the question, STO		complete the rest of this form. If you checked "YES",
4. Has or will the	person or organization	you represent spen	d more than \$500 on county lobbying activities
		-	uary to June, or July to December.) YES NO
5. Do you anticipa	ate making more than t	wo contacts with the	e County Board supervisors other than at public
hearings or meeting	ıgs?		resents the district in which you reside.)
if you do make more	e than 2 contacts at a lat	er date, you must thei	not need to complete the rest of this form. <u>However,</u> n contact the County Clerk's office to file a form please continue to the question below. Y <u>ou must also</u>
			nat if the person or organization you represent you must file a financial disclosure statement
•			YES _ NC
(If you checked "NC Blvd., Room 106A fe		Clerk at 266-4121 or	go to the Clerk's office at 210 Martin Luther King Jr.,
Date: 6/23	133	Signature	: 5 Mel
/ /		Print Nam	ne: Segn Bulke