

Date: 21 MAY 13

CITY OF MADISON

Registration Statement - BUILDING, FIRE & CODE
COMMITTEE

Please Print

Agenda No. 4

PLEASE PRINT CLEARLY

Name LOU HOST-JABLONSKI

Address 30 LAUSING ST.
MADISON, WI

Please check the appropriate boxes:

☒ **Support**
☐ **Oppose**
☐ **Neither Support Nor Oppose**

and ☒ **Wish to speak**
☐ **Do not wish to speak**
☐ **Available to answer questions**

At this meeting are you representing an organization or a person other than yourself: ☒ Yes ☐ No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

SASV NEIGHBORHOOD ASSOCIATION

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No

*(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 21 May 2013

CITY OF MADISON

Registration Statement -

COMMITTEE

Please Print

Agenda No. 4 Bonfires

PLEASE PRINT CLEARLY

Name

John Steines

Address

3327 Chicago Ave
Madison, WI 53714

Please check the appropriate boxes:



Support



Oppose



Neither Support Nor Oppose

and



Wish to speak



Do not wish to speak



Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☒ Yes ☐ No

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Friends of Starkweather Creek

Are you being paid for your representation?

☐ Yes

☒ No

Are you appearing as part of your other paid duties for this person or organization?

☐ Yes

☒ No

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Date

21 May 2013

Signature

John Steines

Print Name

JOHN STEINES

Date: 5.21.13

CITY OF MADISON

Registration Statement -

COMMITTEE

Building Code

Please Print

Agenda No.

#4 Bonfires

PLEASE PRINT CLEARLY

Name

Alder Marsha Rummel

Address

1029 Spaight St W

Please check the appropriate boxes:



Support



Oppose



Neither Support Nor Oppose

and



Wish to speak



Do not wish to speak



Available to answer questions

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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Alder District 6

Are you being paid for your representation?

☐ Yes

☐ No

Are you appearing as part of your other paid duties for this person or organization?

☐ Yes

☐ No

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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