Date.	Date:	9	1	CP		
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City of Madison Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE

Please Print					
Agenda No		Name Address	Richard 17-22 Nadisor	Heinema Chad	nn bourne
Please check the appropriat	e boxes:				
Support Wish to speak Do not wish to Available to an			☐ Do no	to speak ot wish to speak able to answer qu	estions
At this meeting are you rep. (If you answered "no," ST question.)					No No on to the next
Name, address and telephor	ne number of each person	or organiz	zation you are rep	resenting:	
	gustainasili	7	Committee	C	
Are you being paid for you	representation?			Yes	No
Are you appearing as part o (If you answered "no," STo question.)					
Info	lic Hearingrmation Hearing				

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Are you governme		ected official who is appearing solely on behalf of your office or for your municipality or other pody?
(If you ar this form.	nswere . If you	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are that:	e bein	g paid for your representation, or if your appearance is part of other paid duties, do you understand
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 the principal is registered with the City Clerk?
3.		If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
(If you an Office at .	iswere Room	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name