	Date:
	CITY OF MADISON
Registration Statement	Common Council
	COMMITTEE
Please Print 02748	PLEASE PRINT CLEARLY
	Name Harry Raichardson
Agenda No	Address 18 Skerman Tev. No. 4
	Madisoniut
Please check the appropriate boxes:	
☐ Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
A	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes

## **REGISTRATION STATEMENT - PAGE 2**

· · · ·	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
•	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)	
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised	
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?	
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fifther the City-County Building, Madison, for more information)	
Date	Signature	
	and the state of the	

	Date: Date:
	CITY OF MADISON
Registration Statement	COMMON COUNCIL COMMITTEE
	COMMITTEE
Please Print 02748	PLEASE PRINT CLEARLY
	Name Marsha Rammel
Agenda No. 60 Weekly recycly	Address 1339 Rutledge St #2
weekly recycly	Medism W 53703
Please check the appropriate boxes:	프로마스 마시아 마시아 프로마스 마시아 마시아 프로마스 마시아 프로마스 트로마스 마시아 마시아 Control control
Support	and Wish to speak
Oppose	<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
☐ Neither Support Nor Oppose	Avanable to answer questions
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Name, address and telephone number of each	person or organization you are representing:
Are you being paid for your representation?	☐ Yes 🔀 No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes

Other Items 3 minutes

## **REGISTRATION STATEMENT - PAGE 2**

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Date	Signature	
	Print Name	