## CITY OF MADISON Registration Statement for Common Council Organizational Committee

Name of our entreme	Date 3/3/09 reterendum-			
Support Oppose Neither Support or Oppose	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:  (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)  Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?  Are you appearing as part of your other paid duties for this person of the your answered "no" to both these questions, STOP. You need not complete the results of the your part of your persons.	☐ Yes ☒ No or organization? ☐ Yes ☒ No rest of this form.			

## Registration Statement - Page 2

governmenta (If you answere	ublic official who is appearing solely on behalf of your office or for your rail body? If yes" to the question, STOP. You need not complete the rest of this form except that you muse the fire" to the question, go on to the next questions.)	🗌 Yes 🗌 No
lf you are b understand t	eing paid for your representation, or if your appearance is part of other hat:	paid duties, do you
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?	☐ Yes ☐ No
2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?	☐ Yes ☐ No
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?	☐ Yes ☐ No
	d "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Cl nty Building, Madison, for more information.)	erk's Office at Room 103
Date	Signature	
	Print Name	·

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## CITY OF MADISON Registration Statement for Common Council Organizational Committee

Name George Mauranij Address 4209 Rock Crost RD Midellotar - W 7	Date 3/3/09  Item School referendicing			
Support Oppose Neither Support or Oppose	<ul><li>✓ Wish to Speak</li><li>☐ Do Not Wish to Speak</li><li>☐ Available to Answer Question</li></ul>	ns		
At this meeting are you representing an organization or a person other than yourself:  (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)  Name address and telephone number of each person or organization you are representing:				
Modellety (vess plans from School	☐ Yes 🖾N	_ _ _		
Are you being paid for your representation?  Are you appearing as part of your other paid duties for this (If you answered "no" to both these questions, STOP. You need not con If you answered "yes," turn over to the next question.	person or organization? 🗘 Yes 🔲 N			

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