Date: 1/13/25

CITY OF MADISON Registration Statement for FACILITIES, PROGRAMS & FEES SUBCOMMITTEE

PLEASE PRINT CLEARLY

Agenda No File No Please provide copy to parks staff Title of handout:	Name Address	Michael 1921 Jep	Rense	
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	AND	Wish to s Do not w Available	ish to spe	ak er questions
At this meeting, are you representing an organizat If you answered "no" STOP; you nee If you answered "yes" provide the natoring organization you are representing:	ed not complete the	rest of this form.	Yes h person or	No
Are you being paid for your representation?			☐ Yes	No
Are you appearing as part of your other paid dutie	es for this person or	r organization?	Yes	No
 If you answered "no" STOP; you If you answered "yes" complete p 		the rest of this fori	n.	
Speaking Limits: Public Hearing (Common Information Hearing Other Items	3 min	utes		

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you ans this form. I	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are l	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.
	to the City Clerk's website <u>www.cityofmadison.com/clerk/</u> or go to the Clerk's Office at Room 103 of the ty Building, Madison, for more information.)
Date	Signature
	Print Name