Date:	
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Please Print				,	
Agenda No		Name	Bradley 4700 Sign	Hutt	Drive
			Middleti	on W	
Please check the appro	opriate boxes:				53562
Support Wish to sp Do not wis Available to			Oppose  Wish to spea Do not wish Available to		tions
	u representing an organization " STOP; you need not compl			Ves vered "yes,"	No go on to the next
	ephone number of each perso cial Real Esta		ion you are representi	ng:	
3001 W.Bu	etline thuy	STE. 20	2		
MADISOP	WI 569 5	3713			
Are you being paid for	your representation?			Yes	(No
	part of your other paid duties "STOP; you need not compl			Yes vered "yes,"	☐ No go on to the next
	Public Hearing Information Hearing				

1,5	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes Yes				
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)				
If you are being that:	ng 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 answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date 8(1	Signature Bladly A Hell  Print Name Brondy Hutter				

Data.			
Date:			

Please Print		Elkington
Agenda No.	moralle	Name Address  Address
Please check the app	ropriate boxes:	Ma use into
	speak vish to speak e to answer questions	Oppose  Wish to speak  Do not wish to speak  Available to answer questions
		nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," go on to the next
Name, address and to	elephone number of each	person or organization you are representing:
	· ·	Vecan Hoven Lentral
		ad offer and
		pregnant ceo
Are you being paid for	or your representation?	☐ Yes ☐ No
		duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	3 minutes 3 minutes 3 minutes
		about Proper it ame
		no als no reflection
		(See Back)

08/01/13-

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
If you are be that:	ing 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 answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date 7-7-17 Signature Print Name				

Date:	8/	1	
	- 1		

Please Print	
Agenda No	Name PRIL Salkin Address 944 Automn Woods Lo Oregon Wi 53575
Please check the appropriate boxes:	
Support  Wish to speak  Do not wish to speak  Available to answer questions	<ul><li>□ Oppose</li><li>□ Wish to speak</li><li>□ Do not wish to speak</li><li>□ Available to answer questions</li></ul>
At this meeting are you representing an organiz (If you answered "no," STOP; you need not conquestion.)	exation or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," go on to the next
Name, address and telephone number of each p	erson or organization you are representing:
RASCIE	
4801 Forest Run RD	
Madison, W. 53704	
Are you being paid for your representation?	▼Yes □ No
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not co question.)	ties for this person or organization?  Yes No omplete the rest of this form. If you answered "yes," go on to the next
Information Hearing	

	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  \[ \sum Yes \sum No \]				
	(If you answered "yes" to the question, <b>STOP.</b> 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 be that:	being 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?  Yes No				
(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date 8/1/18 Signature Print Name Poil Salk.0					

Date: 8(//3

### City of Madison Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE

Please Print

			ſ		
-	t 0.1	Name	thomas t	orlo	0s(LX
Agenda No. 1	policy	Address	1139 Pa	clive	Rue
			MADIGI	N. WI	5376t
Please check the appr	opriate boxes:				
	peak sh to speak to answer questions	X	Oppose Wish to spea Do not wish Available to	ık to speak answer ques	tions
	ou representing an organization of the contract of the contrac			☐ Yes wered "yes,"	No go on to the next
Name, address and tel	ephone number of each po	erson or organizatio	on you are representi	ng:	
Are you being paid fo	r your representation?			Yes	☐ No
	part of your other paid dut			☐ Yes vered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	3 mi	nutes		

Are you governn		ected official who is appearing solely on behalf of your office or for your municipality or other body?  Yes No
		ed "yes" to the question, <b>STOP.</b> 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 a that:	re bein	ng 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	2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3	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?
		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

Date: 445 3

# City of Madison Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE

Please Print

Agenda No.	17 Review	Name	Pave 45 St Ualisda	Lylew L,WI	Planes 193713
Please check the ap	propriate boxes:			,	
	speak wish to speak le to answer questions		Oppose Wish to spea Do not wish Available to	ak to speak answer ques	tions
	you representing an organization," <b>STOP;</b> you need not co.			Yes wered "yes,"	No go on to the next
Name, address and	telephone number of each pe	erson or organizatio	on you are representi	ng:	
Are you being paid	for your representation?			Yes	□ No
	as part of your other paid dut no," <b>STOP;</b> you need not con			☐ Yes wered "yes,"	□ No go on to the next
Speaking Limits:	Public Hearing Information Hearing	3 mi			

	ou an el mental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you that:	are beir	ng 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?
		ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's a 103 of the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

Date: <u>Aug / 20/3</u>

### City of Madison Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE

Please Print

Agenda No. Public Comment Name Chad Whiteside Address 106 Charleen Ln Madison WI 537/4
Please check the appropriate boxes:
Support EDC Policy Wish to speak Do not wish to speak Available to answer questions  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: 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.)
Name, address and telephone number of each person or organization you are representing:
United Food and Commercial Workers Local 14
Are you being paid for your representation?
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

	ou an el mental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are beir	ng 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?
		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

I would propose adding the following language to the EDC Recommended Policy on Page 2 under Madison's goals for the use of TIF include:

The City of Madison will encourage Project Labor Agreements for developers and their tenants to remain neutral during Union organizing activity in order to receive TIF funds, which will foster family supporting jobs and job retention. Labor organizations will have access to the worksite. However, no labor organization will interfere with production or duties of employees.

of a series of the series of t

Date: 8/1/13

Please Print			
Agenda No. <u>5</u> C	Name Address	She Pastor 2502 gre	respe
Please check the appropriate boxes:  Support  Wish to speak  Do not wish to speak  Available to answer ques	if you have a any he can't he can't he stions	Oppose Change Wish to speak Do not wish to spea Available to answer	k
At this meeting are you representing (If you answered "no," STOP; you requestion.)  Name, address and telephone number	need not complete the rest of t	this form. If you answered "	
Are you being paid for your represen	tation?		es □ No
Are you appearing as part of your oth (If you answered "no," STOP; you nate question.)	ner paid duties for this person	or organization?	es □ No
Information I	g3 mi Hearing3 mi 3 mi	nutes	

Are you an ogovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other Yes No
(If you answe this form. If y	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are be that:	ing 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?
	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 8-143

Please Print			4		
Agenda No	5	Name Address	OL BOUCURCA BY & LANDS. WADISING	PALL WI	
Please check the appr			,		
	peak ish to speak to answer questions		Oppose  Wish to spea Do not wish Available to	to speak	stions
	ou representing an organization," STOP; you need not complete			☐ Yes vered "yes,'	☐ No " go on to the next
Name, address and te	lephone number of each person	or organization	you are representing	ng:	
				п	
Are you being paid fo	or your representation?			Yes	Νο
	part of your other paid duties for "STOP; you need not complet				No go on to the next
Speaking Limits:	Public HearingInformation Hearing	3 min	utes		

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other Yes  No
	ered "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 be that:	ing 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 answe Office at Roo	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 8/1/2013

# City of Madison Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE

Please Print

Agenda No. Support  Address 52/0 Aspen Way  Madison, WI
Please check the appropriate boxes:
Support  Wish to speak  □ Do not wish to speak □ Available to answer questions  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: Yes No (If you answered "no," <b>STOP</b> ; 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:
- Byrlding and Construction Trades Cancel of
Building and Construction Trades Cancil of South Central Wisconsin
Are you being paid for your representation?
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

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?						
		d "yes" to the question, <b>S</b> I answered "no" to the qu		red not complete the rest of to the next question.)	this form, except t	hat you must sign
If you are that:	bein	g paid for your representa	ation, or if yo	our appearance is part of or	ther paid duties, d	o you understand
1.		Before you engage in lobby with the City Clerk?	bying as a lo	bbyist, you or your principa	al must file an auth	norization No
2.		Your principal is not perwith the City Clerk?	mitted to aut	thorize you to lobby unless		registered No
3.			the principa	more than \$500 for lobbying the statement of the most file expense statement of the stateme		Clerk for
				ns, please call the City Cle son, for more information.)		go to the Clerk's
Date 8/1/2013 Signature David Branson						

Date:			
i late:			
Date.			

Please Print		
Agenda No.	Name Address	arole Schaetter 22 aprile Meador 1890 WI 53575
Please check the appropriate boxe	es:	
Support  Wish to speak  Do not wish to speak  Available to answer of		Oppose  Wish to speak Do not wish to speak Available to answer questions
	ing an organization or a person othe ou need not complete the rest of this	er than yourself: Yes No No s form. If you answered "yes," go on to the next
	nber of each person or organization	you are representing:
madiso	n WI537	0)
Are you being paid for your repre	sentation?	Yes No
	other paid duties for this person or ou need not complete the rest of this	organization? Yes No No s form. If you answered "yes," go on to the next
Information	aring3 minu on Hearing3 minu 1s3 minu	ntes

governmental	body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are bei that:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand
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(If you answer Office at Roon	red "no" to any of the last three questions, please eall the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)
Date _	Signature Signature
ŕ	Print Name (Carole Schaeffer

Date:	3-1-13	

Please Print Name Agenda No. Address Please check the appropriate boxes: Support Oppose Wish to speak Wish to speak Do not wish to speak Do not wish to speak Available to answer questions Available to answer questions At this meeting are you representing an organization or a person other than yourself: Yes (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? Yes Are you appearing as part of your other paid duties for this person or organization? (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...... 3 minutes

5	governmental body?						
	vered "yes" to the question you answered "no" to the				rm, except t	hat you must sign	
If you are b that:	eing paid for your represe	ntation, or if you	r appearance is p	part of other pa	id duties, d	o you understand	
1.	Before you engage in l with the City Clerk?	obbying as a lobb	yist, you or your	principal mus	t file an auth	norization No	
2.	Your principal is not pwith the City Clerk?	permitted to author	orize you to lobb	by unless the p	orincipal is a	registered  No	
3.	If your principal spend period (calendar quarte the remaining quarters	r), the principal i	nust file expense				
(If you answ Office at Roo	ered "no" to any of the la om 103 of the City-County	st three questions Building, Madiso	, please call the n, for more infor	City Clerk at 2 mation.)	66-4601 or	go to the Clerk's	
Date <b>§</b>	-1-B	Signature Print Name	Jann	Burish			

Date: Aug 1-13

Please Print			0			
Agenda No		Name Address	Ro	d Meyer 1438 N.	Stoup	hton Rd.
Please check the appro	opriate boxes:					
Support  Wish to sp Do not win Available	peak sh to speak to answer questions			Oppose  Wish to speak Do not wish to Available to a	o speak	tions
At this meeting are yo (If you answered "no, question.)	u representing an organizatio " STOP; you need not comp	on or a pers lete the res	on othe st of this	r than yourself: form. If you answe	Yes ered "yes,"	No go on to the next
Name, address and tel	ephone number of each perso	on or organ	ization	you are representin	g:	
Are you being paid for	r your representation?				Yes	🔀 No
	part of your other paid duties "STOP; you need not comp					No go on to the next
Speaking Limits:	Public Hearing		.3 minu	tes		

	re you an elected official who is appearing solely on behalf of your office or for your municipality or othe overnmental body?					
(If you answe this form. If y	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)					
If you are be that:	ng 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 answe Office at Room	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's In 103 of the City-County Building, Madison, for more information.)					
Date	Signature					
	Print Name					

Date: _	8-2-13	

Please Print		/			
Agenda No		Name	orey M-6 1438 M Madison	overn V Stovo W±	6+8 n Rd
	- EdC		Oppose  Wish to spea Do not wish Available to		stions
(If you answered "no, question.)	ou representing an organization of the content of the content of the content of each person of each person or the content of the content of each person or the content or the content of each person or the content or t	mplete the rest of t	his form. If you ans	•	☐ No ' go on to the next
Are you being paid fo	r your representation?			Yes	No
	part of your other paid dut "STOP; you need not con			Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	3 mi	nutes		

	ou an e nmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bei	ng 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?
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		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

Please Print

2.300	Name	JAKE BAI	LEY	
Agenda No. Comment	Addre	ss 1607 S. F	ARK	ST
		MADISON	WI	53715
Please check the appropriate be	oxes:			
Support  Wish to speak  Do not wish to spe  Available to answe	ak r questions	Oppose Wish to spe Do not wish Available to		stions
At this meeting are you represe (If you answered "no," STOP, question.)			☐ Yes wered "yes,"	☐ No ' go on to the next
Name, address and telephone n	umber of each person or org	anization you are represent	ing:	
UNITED FOOD A	ND COMMERCI	AL WORKERS	Loca	-L 1473
Are you being paid for your rep	presentation?		Yes	☐ No
Are you appearing as part of you (If you answered "no," STOP; question.)			∑ Yes wered "yes,"	
Informa	Hearingtion Hearingems	3 minutes		

	are you an elected official who is appearing solely on behalf of your office or for your municipality or other overnmental body?					
		<b>OP.</b> You need not complete the rest of tion, go on to the next question.)	this form, except that you must sign			
If you are bei that:	ng paid for your representation	on, or if your appearance is part of ot	her 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?					
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		ree questions, please call the City Cler ding, Madison, for more information.)	rk at 266-4601 or go to the Clerk's			
Date	Sią	gnature				
	Pri	nt Name				

D			
Date:			
Date.			

Please Print				r	
Agenda No		Name Address	Savid N DY S. Par Madison		3710
Please check the ap	propriate boxes:		Lagison	W J	<i>D</i> [/3
At this meeting are (If you answered "r question.)	speak wish to speak le to answer questions you representing an organiz no, "STOP; you need not contellephone number of each po	omplete the rest of th	ner than yourself: his form. If you ans	n to speak o answer ques  Yes wered "yes,"	□No
Are you being paid	for your representation?			Yes	□No
	as part of your other paid du no, " <b>STOP;</b> you need not co			☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public HearingInformation Hearing Other Items	3 mir	nutes		

Are you an egovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name