Date: 4 4 66

## **CITY OF MADISON**

Registration Statement -	Common Council
Please Print 03150  Agenda No. 35	PLEASE PRINT CLEARLY  Name TIM SCHALLY  Address 100 East Wiscomm Avene
Please check the appropriate boxes:  Support	and Wish to speak  Do not wish to speak
	Available to answer questions  anization or a person other than yourself: Yes No at complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	ch person or organization you are representing:
TRAVELOCITY PRICELINE	
Are you being paid for your representation?	) À∀es □ No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question)	d duties for this person or organization? Yes A No ot complete the rest of this form. If you answered "yes," go on to the next
	mmon Council) 5 minutes 3 minutes 3 minutes

## **REGISTRATION STATEMENT - PAGE 2**

Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 bein that:	ng 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?	
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)	
Date 4	14/06 Signature SchALLY	