



Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. 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 being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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. Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.  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 \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 6-18-2014

# City of Madison Registration Statement – Alcohol License Review Committee

*You must register before the ALRC considers your item.*

PLEASE PRINT CLEARLY

Agenda No. <u>21</u> Required – Can be obtained from agenda on registration table.
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Name Jeff Halter

Address \_\_\_\_\_

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:

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

Henry Vilas Zoo 702 South Randall Ave

\_\_\_\_\_

\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Speaking Limits:

- Public Hearing.....5 minutes
- Information Hearing.....5 minutes
- Other Items.....3 minutes

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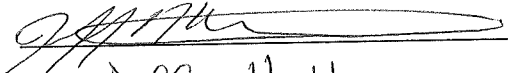
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Date 6.18.2014

Signature 

Print Name Jeff Halter

Date: 6/18/14

### City of Madison Registration Statement – Alcohol License Review Committee

*You must register before the ALRC considers your item.*

PLEASE PRINT CLEARLY

Agenda No. <u>21</u> Required – Can be obtained from agenda on registration table.
---

Name Alison Prange  
 Address 606 S. Randall Ave  
53715

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:

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

Friends of the Zoo 6082589490  
same as above for address

Are you being paid for your representation?

- Yes  No

Are you appearing as part of your other paid duties for this person or organization?

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Information Hearing.....	5 minutes
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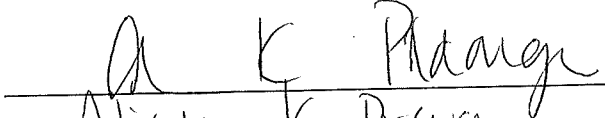
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Date 6/18/14

Signature   
Print Name Alisha K Prange