

CITY OF MADISON  
Registration Statement for  
Common Council Organizational Committee

2

Name JAY YOUNG  
Address TOWN OF CROSS PLAINS

Date 11/9/10  
Item 4 25

- 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:  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:

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Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
If you answered "yes," turn over to the next question.)

## Registration Statement - Page 2

Are you a public 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 questions.)*

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. 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 \_\_\_\_\_

Signature \_\_\_\_\_

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

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

Name DAVIN PICKELL  
Address 17 MERRILL CREST DR.  
MADISON WI 53705

Date 11/9/10  
Item 5

- 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:  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:

IATSE 251  
AISCME 60

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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