		CITY OF MADISON
Registrati	on Statement - ַ	Economic Development Committee
lease Print	3	PLEASE PRINT CLEARLY Name JOSH DUGGAN Address 1506 WINDFIELD WM MIDDLETON, UI 53567
lease check the appro	opriate boxes:	
Support Oppose Neither Su	pport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
If you answered "no, f who you represent	," STOP; you need no and go on to the next o	enization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name question.) The person or organization you are representing:
Are you being paid fo	or your representation?	☐ Yes ☐ No
Are you appearing as If you answered "no question.)	part of your other paid o," STOP; you need no	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

Date:_

REGISTRATION STATEMENT - PAGE 2

NEGICITATION STATEMENT - PAGE 2
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?
(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 repre sentation, 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 per mitted 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 statem ents with the City Clerk for the remainder of the calendar year?
Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)
Date $5/15/27$ Signature
Print Name JUSH DUCKAN

Date: 5 (15 24

CITY OF MADISON

Registration Statement -	Economic Development Committee COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Karen Reice
Agenda No	Address 216 Post Road Madrson WI 53713
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of	t complete the rest of this form. If you answered "yes," provide the name
Urban Commu	th person or organization you are representing:
2116 Post Pd Madizon WI 537	13
Are you being paid for your representation?	☐ Yes ☑ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	I duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council) 5 minutes g3 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

Are you other go	an ele	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you d this form	answere n. If yo	ed "yes" to the question, STOP. 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:	ire bein	ng paid for your repre sentation, 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	2.	Your principal is not per mitted 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 lobby ing services in any reporting period (half year), the principal must file expense statem ents with the City Clerk for the remainder of the calendar year?
(Please Room 10	go to 03 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: 5(15/24

CITY OF MADISON

Registration	n Statement - ַ		c Develo	<u>pment Con</u>	nmittee	and the second s
Please Print		COMMITTEE				
<u> </u>		PLEASE	PRINT CLEA	ARLY		
		Name	Tyler ?	Srunsell Frey Street		
Agenda No		Address	4620 E	Fren Street	#10	
			-	J		
Please check the approp	riate boxes:		,			
Support			and 🔽	Wish to speak	ζ	
Oppose				Do not wish to	o speak	
^ ^	port Nor Oppos	e		Available to a	ınswer quest	ions
At this meeting are you (If you answered "no," of who you represent and Name, address and telep	STOP; you need not ad go on to the next quantity of each of the next quantity.	t complete the rest nuestion.) h person or organ	t of this form	ı. If you answe		☐ No provide the name
608-561-UCAN	J					
2116 Post Roal	, Malison. W.	53713				
Are you being paid for	your representation?				Yes	☑ No
Are you appearing as pa (If you answered "no," question.)					☑ Yes ered "yes,"	No go on to the next
	Public Hearing (Con Information Hearing Other Items		.3 minutes			

REGISTRATION STATEMENT - PAGE 2

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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?		
(If you answer this form. If yo	red "yes" to the question, STOP. 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 repre sentation, or if your appearance is part of other paid duties, please be advised		
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(Please go to Room 103 of th	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 <u>5/15</u>	S/2024 Signature		
	Print Name Tyler Brunsell		