		Date:	,00
	CITY OF MADISON		
Registration Statement -	Common Counci		
Please Print 0467년	PLEASE PRINT CI	LEARLY	
Agenda No.	Name Address	CHARD ARNE	s PR.
Please check the appropriate boxes:		NADISON. WI	
Support Oppose Neither Support Nor Oppose	and [Wish to speak Do not wish to spea Available to answer	
At this meeting are you representing an orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	t complete the rest of this fo		
Name, address and telephone number of eac	h person or organization yo	u are representing:	
Store House Re	velopment		
32, E M	AIN ST.		
MADISON US	53705		
Are you being paid for your representation?		Y	es No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)			
Information Hearing	mmon Council) 5 minute 3 minute 3 minute	S	

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, STOP. 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 b that:	eing 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?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature Em/
	Print Name $R/G = S_{00}$

	CITY OF MADISON
Registration Statement	Common Council
Please Print O4674	PLEASE PRINT CLEARLY
Agenda No.	Name Helen Bradbury Address 100 Sherman Ave
	Madison, WI 53703
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of each Stone House Deve	· · · · · · · · · · · · · · · · · · ·
321 E. MAIN	
MADISAN WI	21-6000
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 not question)	duties for this person or organization?
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. 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)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	The state of the s

Date:	12500	7
	13.4	

CITY OF MADISON

Registrati	on Statement	Common	Coun	ıcil
Please Print	24674	PLEASE	PRINT	CLEARLY
		Name	Mav	isha Rummel
Agenda No.		A ddrace	1320	1 Rufledge St #2
		Addiess	1331	
Please check the appro	opriate boxes:			
Support			and	☐ Wish to speak ☐ Do not wish to speak
Oppose Neither Su	pport Nor Oppose			Available to answer questions
(If you answered "no, of who you represent a	u representing an organi "STOP; you need not co and go on to the next que ephone number of each	complete the res	st of this	s form. If you answered "yes," provide the name
	Marquette 1	I'hood A	506	
	V			
Are you being paid for	your representation?			☐ Yes ☐ No
, ,, ,	part of your other paid d "STOP; you need not c	_		organization? Yes No No s form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items			utes

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
-	ered "yes" to the question, STOP. 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)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information)
Date	Signature
	Print Name