City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Add	Α Α	ST ST
Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support			<u> </u>
Oppose	*	*	W. W
Neither support nor oppose			
I wish to speak			*
Available for information only			
If you answered "no," STOP; you ne			
If you answered "no," STOP; you ne uestion.)	ed not complete the	e rest of this form. If you as	nswered "yes," go on to the next
If you answered "no," STOP ; you nequestion.) Name, address and telephone number of	ed not complete the	e rest of this form. If you as	nswered "yes," go on to the next
If you answered "no," STOP; you ne question.) Name, address and telephone number of the control	ed not complete the of each person or or ation? r paid duties for thi	rest of this form. If you as a reganization you are represes sperson or organization?	nswered "yes," go on to the next nting: Yes No
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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 be that:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand				
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 the principal is registered with the City Clerk?				
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?				
(If you answe Office at Roo	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)				
	Sept of Signature Print Name TANY A ROBILSH				

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Agenda No. 29	Nam Addi		SOCIAISICI # 3/0	
		MADISON	W/ 53703	
Please check the appropriate boxes:		,		
	01880	01881	01985	
	Referendum	Hardship Exemption	Repealing smoking ban	
Support	X			
Oppose				
Neither support nor oppose				
I wish to speak		X	X	
Available for information only				
Name, address and telephone number of ASBALL RESTAULING MADISM, WI 5370	RANT	ganization you are represe	enting:	
Are you being paid for your representation	n?		☐ Yes 💆 No	
Are you appearing as part of your other paid duties for this person or organization? 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.)				
Speaking Limit:		4 minutes		
REGISTRANT # 65 (See Back)				

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Date	Signature
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Agenda No. 29	Nam Add		Winburn Hage Grove ld
Please check the appropriate boxes:			
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<u> </u>
Oppose			·
Neither support nor oppose			
I wish to speak			
Available for information only			
(If you answered "no," STOP; you need question.) Name, address and telephone number o			
Are you being paid for your representat	ion?		☐ Yes ☐ No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for thi d not complete the	s person or organization? e rest of this form. If you ar	Yes No No nswered "yes," go on to the next
Speaking Limit:	•••••••	4 minutes	
REGISTRANT # 49	(See	Back)	

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(If you ansv Office at Ro	
Office at Ro	Signature
Office at Ro	Signature Print Name
Office at Ro	



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Agenda No. 29	Nam Addr		Harris Iman St. Apt 4E W 53783		
Please check the appropriate boxes:					
Support	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban		
Oppose					
Neither support nor oppose	\sim	X	X		
I wish to speak	X	*	X		
Available for information only					
(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:					
Are you being paid for your representation	n?		Yes No		
Are you appearing as part of your other paid duties for this person or organization? 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.)					
Speaking Limit:	••••••	4 minutes			
REGISTRANT # (See Back)					

	Registration Statement - Page 2
Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or oth lbody?
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Date	Signature
Date	Signature Print Name

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	PRINT NAME CLEARLY			
Agenda No. 29	Nam Addi	1500	SHELTON J. Dayton Edison, W15307.	
Please check the appropriate boxes:				
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban	
Support				
Oppose Neither support nor oppose	X	X	X	
I wish to speak	•			
Available for information only				
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