	Cli	Y OF MADISON	
Registra		ommon Council	······
Please Print IC	3 CON	PLEASE PRINT CLEARLY  Name  Address  Address	NON E REED CHIEFTAIN LOOKE SON, WI 5374
Please sheck the app	propriate boxes:		
Support Oppose Neither S	upport Nor Oppose	Do no	to speak ot wish to speak able to answer questions
(If you answered "no of who you represen	you representing an organization on the competent of the second of the second of the second of the second of each personal content of each persona	lete the rest of this form. If yon	ou answered "yes," provide the name
Are you being paid i	for your representation?		☐ Yes ☐ No
	s part of your other paid duties o," STOP; you need not comp		on?
Speaking Limits:	Public Hearing (Common C Information Hearing Other Items	3 minutes	

Date:

## **REGISTRATION STATEMENT - PAGE 2**

	elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or large transfer of Yes No		
(If you ansv this form Ij	vered "yes" to the question, <b>STOP.</b> 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 I that:	being 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 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		