Date: 6/18/14

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Annual de la companya del companya del companya de la companya de		****)	- 1 1	1 . 11
Agenda No	obtained from agenda	Name	Jathleen 1601 M	Such Lineval 1	fornt R
on registration table			Madison		· .
Please check the app Support Wish to Do not v	propriate boxes:		Oppose Wish to specific Do not wish Available to		ns
At this meeting are	ou representing an organizati	on or a person oth	er than yourself:		
	ı are done with this form		·		
Yes - go on to the	e next question				
Name, address and to	elephone number of each pers Uno Chucag	\mathcal{L}	you are representi	ng:	
	7601 M	neral c	Fourt de		
	Madesin	-, WI			
Are you being paid f	or your representation?	•		☐ Yes 🏻	₫ No
Are you appearing as	part of your other paid duties	s for this person or	organization?		
☐ No – STOP - you	are done with this form		·		
Yes - go on to the	next question				
Speaking Limits:	Public HearingInformation Hearing	5 min	utes		

Registration Statement - Page 2

gover	nmental	body?		y on behalf of your office		TH THE	,
(If yo this fo	u answei orm. If yo	red "yes" to the question, ou answered "no" to the c	STOP. You ne	eed not complete the rest of i to the next question.)	this form, except to	hat you must si	ign
If you that:	ı are bei	ng paid for your represer	ntation, or if yo	our appearance is part of oth	her paid duties, de	o you understa	ınd
	1.	Before you engage in lowith the City Clerk?	bbying as a lo	bbyist, you or your principa	l must file an auth	norization No	
	2.	Your principal is not p with the City Clerk?	ermitted to au	thorize you to lobby unless	the principal is a	registered No	
	3.	Your principal must fil calendar year regardless	le expense state of the amount	tements with the City Clerl spent on lobbying.	k for the remaind Yes	er of the No	
(If yo: Office	u answer e at Roon	red "no" to any of the las n 103 of the City-County .	st three questic Building, Madi	ons, please call the City Cler ison, for more information.)	rk at 266-4601 or	go to the Cler	k's
Date	6/	18/14	Signature Print Name	Kuthle S Karll	Shelter een S	ie (Yn	<u>(</u>