Date: 8/1/36

CITY OF MADISON

Registra	tion Statement -	Common Council COMMITTEE
Please Print Agenda No.	04005 13	PLEASE PRINT CLEARLY Name Scott Lewis Address 106 E. Doty St. Madison, W. 53703
Please check the app Support Oppose Neither S	oropriate boxes: upport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "n of who you represen	o," STOP; you need no it and go on to the next q	nization or a person other than yourself: Yes Ao t complete the rest of this form. If you answered "yes," provide the nam question.) h person or organization you are representing:
Are you being paid	for your representation?	☐ Yes 괻No
Are you appearing a (If you answered "n question)	s part of your other paid o," STOP; you need no	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Information Hearing	nmon 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 nmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question)
If you are 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
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Date: AULUST 1 206

CITY OF MADISON

Registration S	tatement - Common C	Council	
Please Print	PLEASE	E PRINT CLEARLY	
Agenda No. 23	Name Address	JOHN W. SUZTON s 104 KING	
Please check the appropriate	boxes:		
Support Oppose Neither Suppor		and Wish to speak Do not wish to speak Available to answer questions	
		rson other than yourself: Yes No est of this form. If you answered "yes," provide the	name
Name, address and telephon	e number of each person or organi	nization you are representing:	
Are you being paid for your	representation?	☐ Yes ☐ No	
	your other paid duties for this per P; you need not complete the rest	person or organization?	next
Infor	c Hearing (Common Council) mation Hearing r Items	3 minutes	

REGISTRATION STATEMENT - PAGE 2

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Date	Signature		
	Print Name		