Date:	

## City of Madison Registration Statement – Madison Election Advisory Committee

You must register before the Madison Election Advisory Committee considers your item.

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Please Print					
Agenda No	6 928	Name /	Rolf Roa	lefeld hointon	
Please check the ap	propriate boxes:				
At this meeting are	wish to speak ble to answer questions you representing an organiz	zation or a person other	er than yourself:	to speak answer questions  Yes VN	No
(1) you answered r question.)	no," <b>STOP;</b> you need not co	ompiete the rest of thi	s Jorm 15 you ans	wered "yes," go on	to the nexi
Name, address and	telephone number of each p	person or organization	you are represent	ing:	
Are you being paid	for your representation?			Yes N	lo
	ns part of your other paid du no," <b>STOP;</b> you need not co				
Speaking Limits:	Public Hearing Information Hearing				

## Registration Statement - Page 2

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	ered "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 be that:	eing 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?
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	7-	12	 

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Please Print			$\bigcirc$		
Agenda No. 2 -	-06923	Name Address	osmary	lean	
Please check the app	propriate boxes:				
Support Wish to Do not vo Availab	speak wish to speak le to answer questions			speak vish to speak le to answer ques	stions
	you representing an organi no, '' <b>STOP;</b> you need not d				No ego on to the next
Name, address and t	telephone number of each	person or organizat	ion you are repres	senting:	
Are you being paid	for your representation?			Yes	☐ No
	s part of your other paid do," <b>STOP;</b> you need not d				No go on to the next
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