TO#08687

Date: 2.5-08

CITY OF MADISON

Registration Sta	common Council	
Please Print	PLEASE PRINT CLEARLY	
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	Name Charles Dick	Kerson
Agenda No. 15	Address	
Please check the appropriate b	Neg.	
Thease effect the appropriate b		
Support	and Wish to speak	
Oppose	De not wish to speak Available to answer	
Neither Support	for Oppose	questions
		/
At this meeting are you repres	enting an organization or a person other than yourself: Ye you need not complete the rest of this form. If you answered "y	es No
of who you represent and go o		os, provide inclination
	umber of each person or organization you are representing:	
A Place Fox	riends Bal N Gr. 4	
2105 S	Sherman AUP Ui 531P	
madisini	0. 310	
Are you being paid for your re	presentation?	es No
Are you experience as part of y	our other paid duties for this person or organization?	es UNo
(If you answered "no," STOP question)	you need not complete the rest of this form. If you answered "y	
Speaking Limits: Public	Hearing (Common Council)5 minutes	
Inform	ation Hearing	
Other l	tems 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 l 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:	0		ો	0	<u> 1885.</u>			

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Darius wisco
Agenda No. 15	Address 1852 Fisher St HZ
	madison wi 5371?
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	e Available to answer questions
(If you answered "no," STOP ; you need no of who you represent and go on to the next of	unization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the name question) th person or organization you are representing:
A Place for free	nds Bar N Grill
2105 Sheima	pue minima de la companya della companya della companya de la companya della comp
	13
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	I duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

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Date	Signature
	Print Name