		Date: 7~1
	CITY OF MA	DISON
Registration Statement	Common (ouncil
Please Print	PI FASI	E PRINT NAME CLEARLY
Agenda No. 17 - Parton	Name Address	Rosmanylee
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	complete the resi	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organ	zation you are representing:
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 not question)	duties for this per complete the res	son or organization?
Speaking Limits: Public Hearing (Com Information Hearing Other Items		

REGISTRATION STATEMENT - PAGE 2

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you a that:	ire bei	ng 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?
Room 1		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date		Signature Print Name

		Date:
	CITY OF MAD	ISON
Registration Statement -	Common Co	ouncil
Please Print		
	PLEASE	PRINT NAME CLEARLY
#/7	Name _	Jimay Powers
Agenda No.	Address _	72 Ches W
11081		Mysn
Please check the appropriate box:		Please check the appropriate box:
Support		☐ Wish to speak
Oppose	AND	Do not wish to speak
Neither Support Nor Oppos	e	Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest of question)	of this form. If you answered "yes," provide the name
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)		on or organization?
Speaking Limits: Public Hearing (Con Information Hearing		minutes minutes

3 minutes

Other Items

REGISTRATION STATEMENT - PAGE 2

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Date _	Signature Print Name