Date: 1\10/1

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE

Please Print	•			
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	3	Name (Kachel	Gvin	
_Agenda No		Address		
Dloogo shools the ann	venriata hoved			
Please check the app	nopriate boxes.			
Support Oppose	·,	Do 1	h to speak not wish to speak	
	upport Nor Oppose	/ Ava	ilable to answer que	estions
		tion or a person other than you nplete the rest of this form. If y		☐ No " provide the name
	t and go on to the next quest			1
Name, address and to	elephone number of each per	rson or organization you are re	epresenting:	
Are you being paid f	for your representation?		Yes	☐ No
		tes for this person or organizat inplete the rest of this form. If		☐ No " go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing			

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. 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 b that:	eing 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 the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 11/10/11

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE

Please Print	PLEASE PRINT CLEARLY
_Agenda No	Name Brude Lonbul Address 30 N Huncoch SC Madyson
Please check the appropriate boxes:	
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 organization (If you answered "no," STOP; you need not comp of who you represent and go on to the next question. Name, address and telephone number of each persent.	plete the rest of this form. If you answered "yes," provide the name on.)
ramo, address and telephone number of each person	on or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comp question.)	s for this person or organization? Yes No No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Conference of Information Hearing	

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on beh nmental body?	alf of your office or for your municipality Or Yes No
(If you answe this form. If	wered "yes" to the question, STOP. You need not complete the fyou answered "no" to the question, go on to the next question.	he rest of this form, except that you must sign on.)
If you are be 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 you with the City Clerk.	ir principal must file an authorization
2.	Your principal is not permitted to authorize you to lob City Clerk.	by unless you are registered with the
3.	If your principal spends or will owe more than \$1,000 f period (half year), the principal must file expense staremainder of the calendar year?	for lobbying services in any reporting tements with the City Clerk for the
(Please go Room 103 o	o to the City Clerk's website <u>www.cityofmadison.com/cler.</u> of the City-County Building, Madison, for more information.	<u>k/index.html</u> or go to the Clerk's Office at)
Date	Signature	
	Print Name	

	CITY OF MADISON
Registra	ation Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No حُ	MADILON, W/ 53015
At this meeting are (If you answered "rof who you represent	and Wish to speak Do not wish to speak Available to answer questions you representing an organization or a person other than yourself: Yes No no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name at and go on to the next question.) telephone number of each person or organization you are representing:
Are you appearing a	for your representation? Yes No as part of your other paid duties for this person or organization? Yes No no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Council)5 minutes Information Hearing

Date:

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.)
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date _		Signature
		Print Name