Date: <u>Au 18 236</u>1

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE COMMITTEE Print

Please Print		PLEASE PRINT CLEARLY	,
_Agenda No		Name Cuel Address 101 Acad	Rud 10 WT 537/7
Please check the appr	opriate boxes:		
Support Oppose Neither Su	pport Nor Oppose	and Wish to sp Do not wi Available	peak sh to speak to answer questions
(If you answered "no,		ion or a person other than yourself: plete the rest of this form. If you an on.)	
Name, address and tel	lephone number of each pers	son or organization you are represe	nting:
		· · · · · · · · · · · · · · · · · · ·	
Are you being paid fo	r your representation?		☐ Yes ☑ No
		es for this person or organization? plete the rest of this form. If you ar	☐ Yes ☑ No nswered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	,	

Other Items......3 minutes

REGISTRATION STATEMENT - PAGE 2

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
100	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign f you 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
	Print Name

Date: 5/18/1

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE

COMMITTEE

Please Print		PLEASE PRIN	YT CLEARLY		
Agenda No		Name 4	achul C	snin	
Please check the appro	priate boxes:				•
At this meeting are you (If you answered "no, of who you represent a	oport Nor Oppose a representing an organizat "STOP; you need not com and go on to the next question ephone number of each per	plete the rest of to	Do not wish Available to ther than yourself: this form. If you answers	n to speak o answer ques \tag{Yes} wered "yes,") (M)
	·				
Are you being paid for	your representation?			Yes	☐ No
	part of your other paid dutients of your other paid dutients of you need not compared to the paid of the paid dutients of your other paid and your			☐ Yes wered "yes,"	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 mi	inutes		

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form. If	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 be 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 Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature Jachul Alburi
	Print Name 400hl C. Guin

	Date: 8/17/11
	CITY OF MADISON
Registration Statement	
Please Print	PLEASE PRINT CLEARLY
Agenda No. Scriena	Name Benden Korhl Address 30 N Hancock St Madism, W 53703
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question.)
Name, address and telephone number of ea	ach person or organization you are representing:
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need r question.)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
	ommon Council)5 minutes ag

REGISTRATION STATEMENT - PAGE 2

Are you an elected other government	ed official or employee who is appearing solely on behalf of your office or for your municipality or tal body?
(If you answered this form. If you d	"yes" to the question, STOP. You need not complete the rest of this form, except that you must sign inswered "no" to the question, go on to the next question.)
If you are being that:	paid for your representation, or if your appearance is part of other paid duties, please be advised
1. B	efore you engage in lobbying as a lobbyist, you or your principal must file an authorization ith the City Clerk.
2. Y	our principal is not permitted to authorize you to lobby unless you are registered with the ity Clerk.
pe	your principal spends or will owe more than \$1,000 for lobbying services in any reporting eriod (half year), the principal must file expense statements with the City Clerk for the mainder of the calendar year?
(Please go to th Room 103 of the 0	e City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)
Date S/C	1/11 Signature Breide Whl Print Name Breide Wonkel
•	Print Name Breede Workel