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	CITY OF MADISON	
Registration Stateme		
Place Print	COMMITTEE	
Please Print	PLEASE PRINT NAME CLEARLY	
	Name AMU Rountree	
Agenda No.	- Address 1315 Hoven Ct	
10480	Madison W1 5.	3715
Please check the appropriate box:	Please check the appropriate box	::
Support Oppose Neither Support Nor O	AND Wish to speak Do not wish to speak Available to answer questions	
(If you answered "no," STOP; you ne of who you represent and go on to the Name, address and telephone number	red not complete the rest of this form. If you answered "ves," provide	No de the name
		
Are you being paid for your representa	ation?	No
Are you appearing as part of your other (If you answered "no," STOP; you ne question)	er paid duties for this person or organization? Yes XN reed not complete the rest of this form. If you answered "yes," go on	No to the next
Information He	g (Common Council) 5 minutes earing	

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is nmental body?	appearing solely on behalf of your office or for your municipality or Yes No
	vered "yes" to the question, STOP. you answered "no" to the question	You need not complete the rest of this form, except that you must sign , go on to the next question.)
If you are that:	peing paid for your representation,	or if your appearance is part of other paid duties, please be advised
1	Before you engage in lobbying with the City Clerk	as a lobbyist, you or your principal must file an authorization
2	Your principal is not permitted City Clerk	to authorize you to lobby unless you are registered with the
3.		owe more than \$1,000 for lobbying services in any reporting all must file expense statements with the City Clerk for the
	to the City Clerk's website <u>www</u> of the City-County Building, Madiso	v.cityofmadison.com/clerk/index.html or go to the Clerk's Office at on, for more information)
Date	Signa Print	ture Name