Date:			

City of Madison Registration Statement – Madison Election Advisory Committee

You must register before the Madison Election Advisory Committee considers your item.

Please Print		
Agenda No	·	Name Reeman hel Address // Wille
Please check the app	propriate boxes:	
	speak wish to speak le to answer questions	Oppose Wish to speak Do not wish to speak Available to answer questions
		tion or a person other than yourself: Yes nplete the rest of this form. If you answered "yes," fo on to the nex
Name, address and t	elephone number of each pe	rson or organization you are representing:
		·
	· · · · · · · · · · · · · · · · · · ·	
Are you being paid t	for your representation?	Yes No
		tes for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing	

Registration Statement - Page 2

Are you a governmer	n elected official who is appearing solely on behalf of your office or for your municipality or other tal 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 that:	being paid for your representation, or if your appearance is part of other paid duties, do you understand
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 the principal is registered with the City Clerk?
.3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	wered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's oom 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date:		

Yes

City of Madison Registration Statement – Madison Election Advisory Committee

You must register before the Madison Election Advisory Committee considers your item.

Please Print	
Agenda No. <u>16493</u>	Name Rolf Rodefeld Address 602 5 Thornton Ave Madison WI
Please check the appropriate boxes:	
	Oppose Wish to speak Do not wish to speak Available to answer questions or a person other than yourself: Yes No ete the rest of this form. If you answered "yes," go on to the next
Name, address and telephone number of each person	n or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No

(See Back)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

question)

Speaking Limits:

Are you appearing as part of your other paid duties for this person or organization?

Public Hearing 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

Registration Statement - Page 2

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		Print Name