	Particular Control of the Control of
	CITY OF MADISON (Who ged)
Registration Statement -	Common Council
Please Print ID#13482	COMMITTEE PRINT CLEARLY
Agenda No. 38	Name <u>Halles Mywalle Har The</u> Address <u>Hall Townshile Har The</u> Montena WI
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organism (If you answered "no," STOP; you need not of who you represent and go on to the next of t	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization 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 no question.)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
	mmon Council) 5 minutes 3 minutes 3 minutes

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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	vered "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 both	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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name