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Date:	1/1/04	<u> </u>

CITY OF MADISON

Registration Statement	Common Council	
	COMMITTEE	
Please Print		
	PLEASE PRINT CLEARLY	
	Name Scott GRUE	
Agenda No.	Address	
10#15225		
Please check the appropriate boxes:		
Support Oppose	and Wish to sp	
Neither Support Nor Oppose	Available t	o answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que. Name, address and telephone number of each	complete the rest of this form. If you ans uestion)	
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 not question)		Yes No swered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 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? [Yes No
		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 that:	ı are b	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

Date: 9-1-09

CITY OF MADISON

Registration Statement	- Common Council	3	
	COMMITTEE		
Please Print	PLEASE PRINT CLEARLY		
	Name CSEMA	ans LE	B
Agenda No. 2	Address U w lens	4	
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Oppose NOT ON C	ONSENI Do not wish	i to speak answer ques	tions
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At this meeting are you representing an or	ganization or a person other than yourself:	Yes "	DO TO THE TOTAL PROPERTY OF THE TOTAL PROPER
of who you represent and go on to the next	not complete the rest of this form. If you ans t question)	werea yes,	provide ine name
Nome address and talanhone number of e	ach person or organization you are represent	ino.	
Name, address and telephone number of e	non person or organization you are represent	·	• .
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Are you being paid for your representation	n?	Yes	□No
		☐ Yes	□No
Are you appearing as part of your other pa (If you answered "no," STOP; you need to	not complete the rest of this form. If you ans		
question.)			
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REGISTRATION STATEMENT - PAGE 2

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Date		Signature
		Print Name