Date: 9-13-2009

## **CITY OF MADISON**

Registration Statement -	Common Council
Please Print    15978   Agenda No.   Or o	PLEASE PRINT NAME CLEARLY  Name  Address  69020144  Punt
Please check the appropriate box:	Please check the appropriate box:  Wish to speak  Do not wish to speak
Oppose Neither Support Nor Oppos  At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of	Available to answer questions  anization or a person other than yourself: Yes Available to answer questions  The complete the rest of this form. If you answered "yes," provide the name
	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 Anote You complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon 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, <b>STOP.</b> 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 b 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 f the City-County Building, Madison, for more information)
Date	Signature
	Print Name

	_ /		
Date:	9/1	5/19	

## **CITY OF MADISON**

Registration Statement	Common Council COMMITTEE
Please Print #15978	PLEASE PRINT CLEARLY
Agenda No.	Name Jonathan Chrojiceuc Address 936 Williamson Stitt 1 Madison, WI S3703
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose 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	ization or a person other than yourself:  \[ \sum \text{Yes} \sum \text{No} \] complete the rest of this form If you answered "yes," provide the name testion)
Are you being paid for your representation?  Are you appearing as part of your other paid of	☐ Yes ☐ No duties for this person or organization? ☐ Yes ☐ No
question)  Speaking Limits: Public Hearing (Communication Hearing)	complete the rest of this form. If you answered "yes," go on to the next  mon Council) 5 minutes 3 minutes 3 minutes

## **REGISTRATION STATEMENT - PAGE 2**

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•		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date _	9-	15-09 Signature
		Print Name Tonathan Chunicek