#18600



AVAILABLE TO ANSWER QUESTIONS FORM

Date: 6-15-20/0

**CITY OF MADISON** 

Registra	tion Statement -	Common Cou	uncil		
•		COMMITTEE			
The second secon	······································	PLEASE P	RINT CLEARLY		
Agenda No.	32	Name	Dong Hur Potter Law 15 Ellis Po	sh Inc	
		Address	15 Ellis Pa	Her Ct	. 53711
Please check	one:	AND	Please check		
Support			Availab	le to ansv	wer
Oppose			question	ns	
<b>Neither</b>	Support Nor Op	pose			
(If you answered "no of who you represent Name, address and	you representing an organo," <b>STOP</b> ; you need no not and go on to the next of the telephone number of each of the state of	ot complete the rest of question) ch person or organizat	this form If you answ	ng:	********
Are you being paid	for your representation?	•		Yes	☐ No
	ns part of your other paid to, " STOP; you need no			LYes vered "yes,"	☐ No go on to the next
Speaking Limits:	Information Hearing	nmon Council) 5 n 3 n 3 n	ninutes		

## **REGISTRATION STATEMENT - PAGE 2**

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
,	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are be that:	ing 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?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature Print Name  Dong Hwsh

Date:	



## AVAILABLE TO ANSWER QUESTIONS FORM

## **CITY OF MADISON**

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 32	Name EugENE POST  Address 15 ELLIS POTTER CT  MADISON WH
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Op	Available to answer questions
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of ea	ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation	
Are you appearing as part of your other part (If you answered "no," STOP; you need n question.)	id duties for this person or organization? \square  Yes \square  No ent complete the rest of this form. If you answered "yes," go on to the next
1 0	ommon Council) 5 minutes 3 minutes

(SEE BACK)

	REGISTRATION STATEMENT - PAGE 2		
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Date <u>Co</u>	/15/10 Signature $\frac{1}{\text{Eugent}}$ Print Name $\frac{1}{\text{Eugent}}$		