Date: 1/25/10

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No	obtained from agenda	Name JW Address(LIA K+	TOISOI	J gr	
Please check the app	propriate boxes:					
	speak vish to speak e to answer questions		Oppose Wish to spe Do not wish Available to		tions	
	you representing an organization o," STOP; you need not comple			Yes wered "yes,"	□ No go on to the n	ext
Name, address and	elephone number of each person	or organization	you are represent	ing:		
ALDER	MANIC DIST	2127	13.	:		
Are you being paid	for your representation?			Yes	□No	
	s part of your other paid duties for one of your other paid duties for one of complete of the			☐ Yes wered "yes,"	□ No go on to the n	ext
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minu	ites			

Registration Statement - Page 2

Are you governt		lected official who is appearing solely on behalf of your office or for your municipality or other 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 a that:	are bei	ng 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? Yes No
	2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
'	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?
		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City County Building, Madison, for more information.)
Date _		Signature
		Print Name

Date: 9 - 29 - 70

City of Madison Registration Statement – Alcohol License Review Committee

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1/2	PLEASE	E PRINT (CLEA	ARLY
Agenda No. 19 Required – Can be of on registration table.	158 btained from agenda	Name Address	ри 60 Ма	cas Prodiquez 4 S. Park St Idison WJ 53715
Please check the appr	ropriate boxes:			
Support Wish to s Do not w Available	speak ish to speak e to answer questions	,		Oppose Wish to speak Do not wish to speak Available to answer questions
At this meeting are y (If you answered "no question)	ou representing an organization, "STOP; you need not comp	on or a perso lete the rest	on other	er than yourself: Yes No is form If you answered "yes," go on to the next
Name, address and te	elephone number of each perso	on or organi	zation	1 you are representing:
				· · · · · · · · · · · · · · · · · · ·
Are you being paid f	or your representation?			☐ Yes ☐ No
Are you appearing as (If you answered "no question)	s part of your other paid duties p, " STOP; you need not comp	s for this per plete the res	son o t of th	or organization?
Speaking Limits:	Public Hearing Information Hearing Other Items		.5 mir	nutes

Registration Statement - Page 2

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Date	Signature
	Print Name