Date: 6/18/14

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

	414	Name Jeff Mauray	
Agenda No. 34	287 418	Address 703 University	ity Au
Required – Can be on registration table	obtained from agenda	Madirm W.	
on registration table			·
Please check the ap	propriate boxes:		
Do not	epeato wish to speak le to answer questions	Oppose Wish to speak Do not wish to Available to a	
At this meeting are	you representing an orga	nization or a person other than yourself:	
No-STOP - yo	u are done with this form	!	
Yes - go on to th	ne next question		
		n person or organization you are representing 703 University Aw.	g: 608-207-0000
	·	,	,
Are you being paid	for your representation?		Yes No
Are you appearing a	s part of your other paid	duties for this person or organization?	
☐ No - <i>STOP - yo</i>	u are done with this form		
Yes - go on to th	e next question		
Speaking Limits:	Public HearingInformation Hearing Other Items	5 minutes5 minutes	

Registration Statement - Page 2

Are yo	ou an e imental	elected official who is appearing solely on behalf of your office or for your municipality or other Yes No
(If you this fo	answei rm. If ye	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 that:	are bei	ing 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?
	3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.
(If you Office	answer at Roor	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	6/	Signature SH Maury
· -		Print Name Jith Maurer

Date:	6	<u> </u>	8-	/_	9	
					_,	

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No Required — Can be on registration table	obtained from agendà	Name	ATTY RICK PETRI
			Oppose Wish to speak Do not wish to speak Available to answer questions
At this meeting are	you representing an organization	n or a person oth	er than yourself:
☐ No - <i>STOP</i> - you	u are done with this form		
Yes - go on to th	e next question		
	elephone number of each perso		
	MADISON FASH	MARKE	
			1
	·		
Are you being paid f	or your representation?	,	Yes No
Are you appearing as	s part of your other paid duties	for this person or	organization?
☐ No – STOP - you	are done with this form		
Yes - go on to the	next question		
Speaking Limits:	Public HearingInformation Hearing	5 min	utes utes

Registration Statement - Page 2

Are y	ou an e nmental	elected official who is ap body?	pearing solely	on behalf of your of	fice or for	your mun Yes	icipality or 🗵 No	other (
(If you this fo	u answei orm. If y	red "yes" to the question, ou answered "no" to the q	STOP. You ne	eed not complete the res to the next question.)	st of this for	n, except t	hat you musi	t sign
If you that:	are bei	ing paid for your represen	ntation, or if yo	our appearance is part of	of other paid	d duties, d	o you under	stand
	1.	Before you engage in lo with the City Clerk?	bbying as a lo	bbyist, you or your prir	ncipal must	file an aut Yes	horization No	
	2.	Your principal is not powith the City Clerk?	ermitted to au	thorize you to lobby u	nless the pr	incipal is Yes	registered No	
	3.	Your principal must fil calendar year regardless	e expense state of the amount	ements with the City spent on lobbying.	Clerk for th	ne remaind Yes	der of the	
(If yoı Office	u answe at Rooi	red "no" to any of the las m 103 of the City-County 1	rt three questio Building, Madi	ns, please call the City son, for more informati	Clerk at 26 on.)	6-4601 or	go to the Cl	erk's
Date	6	18-14	Signature	an 5 w	A.			
			Print Name	assw	PETRI			(