Date.	Date:	10-	-10-	-2019
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Registra	ition Statement	COMMITTEE	
		COMMITTEE	
<u>Please Print</u>		PLEASE PRINT CLEARLY	
1	- Politique.	Name David Glomp	•
Agenda No.		Address 1705 Redwood Lane	
	The Budget	Madison, WI 53711	
D1 1 1 1 1			
Please check the app	propriate boxes:		•
		and Wish to speak	
Support		and Wish to speak Do not wish to speak	
Oppose		Available to answer questions	
	upport Nor Oppose	Available to answer questionis	
At this meeting are	you representing an organ	nization or a person other than yourself: Yes No	
(If you answered "n	o." STOP: vou need not	complete the rest of this form. If you answered "yes," provide the	пате
of who you represen	t and go on to the next qi	uestion.)	•
oj wilo your oprobeli	t and go and to the rest of		
Name address and t	elephone number of each	person or organization you are representing:	
1102220	<u></u>		•
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•			
Are you being paid f	or your representation?	☐ Yes ☐ No	
Are you appearing as	s part of your other paid of	luties for this person or organization? Yes No	
(If you answered "no	o," STOP; you need not d	complete the rest of this form. If you answered "yes," go on to the	
question.)	•		next
			next
	•		next
Speaking Limits:		non Council) 5 minutes	next
Speaking Limits:	Information Hearing	3 minutes	next
Speaking Limits:	Information Hearing		next

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

REGISTRATION STATEMENT - PAGE 2

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

- 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?

(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

		• • •		•	
Date.	,	•	,	Signature	
				Print Name	

Date: ___//_//

CITY OF MADISON

Registra	ation Statement -	Finance Committee
		COMMITTEE
Please Print Agenda No		PLEASE PRINT CLEARLY Name Address Stoughtan M 535
Oppose	propriate boxes: While Fort upport Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "n of who you represen	no," STOP; you need not nt and go on to the next qu	anization or a person other than yourself: Yes No tomplete the rest of this form. If you answered "yes," provide the narquestion.) The person or organization you are representing:
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Are you being paid t	for your representation?	☐ Yes ☐ No
Are you appearing a (If you answered "naquestion.)	s part of your other paid of o," STOP; you need not	duties for this person or organization? Yes No to the new Yes," go on to the new Yes," go on to the new Yes,"
Speaking Limits:	Information Hearing	mon Council)5 minutes

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body?
	swered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.)
If you are that:	being 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.
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

			Date.
			CITY OF MADISON
•	Registrat	tion Statement	Finance Committee
<u>Please</u>	Print		PLEASE PRINT CLEARLY
New York State States			
		7	Name Hileen Seymour
Agend	la No.	7	Address 2714 Jacquelyn Dr
	den gang til kassi engal mellen til kanala melle		[((c)(v)() () >3)
Please	check the app	ropriate boxes:	
	Support Oppose – V Neither Su	noving to farting to produce apport Nor Oppose	wish to speak Do not wish to speak Not Moung Available to answer questions
If you	answered "no	ou representing an organi ," STOP; you need not c and go on to the next que	ization or a person other than yourself: \[Yes \) No complete the rest of this form. If you answered "yes," provide the name testion.)
Vame.	address and te	lephone number of each	person or organization you are representing:
	•		
Are you	ı being paid fo	r your representation?	☐ Yes ☐ No
re you If you d uestion	answered "no,	part of your other paid du "STOP; you need not co	luties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
peakin	g Limits:	Public Hearing (Commo	non Council)5 minutes

Other Items......3 minutes

		n elected official or employee who is appearing solely on brumental body?	ehalf of your office or for your municipality or Yes No
(If you	u answe	wered "yes" to the question, STOP. You need not complete	e the rest of this form, except that you must sign
		If you answered "no" to the question, go on to the next que	
If you that:	are be	being 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 y with the City Clerk.	our principal must file an authorization
	2.	Your principal is not permitted to authorize you to lo City Clerk.	bby unless you are registered with the
	3.	If your principal spends or will owe more than \$1,000 period (half year), the principal must file expense s remainder of the calendar year?	
		to the City Clerk's website <u>www.cityofmadison.com/cle</u> of the City-County Building, Madison, for more information	
Date [.] _	10/1	1019 Signature Well	N Slymour
_		Print Name Alect	n Seymour

Registration Statement -Finance Committee COMMITTEE Please Print PLEASE PRINT CLEARLY Mahnher Name Agenda No. Address Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Public Hearing (Common Council) 5 minutes

Speaking Limits:

REGISTRATION STATEMENT - PAGE 2 Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization 1. with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting 3. period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

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Date:					٠.	Signature		,		
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1						Print Name	•			

		CITY OF MA	DISON	,		
Registrat	tion Statement	Finance Co	ommittee		· ·	-
Please Print		PLEASE I	PRINT CLEARLY			
	+ 2	Name	Jame	es Mand		
Agenda No/	7 &	Address -	49 6.0H Madis	on, W	Unit	<u>C</u>
Please check the appr	ropriate boxes:					
Support Oppose Neither Su	apport Nor Oppose		Do no	to speak ot wish to speak lable to answer qu	iestions	·
(If you answered "no	ou representing an organ," STOP; you need not a and go on to the next qu	complete the rest	n other than your of this form. If yo	rself: Yes		ie name
Name, address and te	lephone number of each	person or organiz	ation you are rep	resenting:		· · ·
			·.	•		•
		. •	•			•
Are you being paid fo	r your representation?		· .	Yes	. No	
Are you appearing as j If you answered "no, question.)	part of your other paid d "STOP; you need not o	uties for this pers complete the rest o	on or organizatio of this form. If yo	on? Yes ou answered "yes,	No No on to the	he next
Speaking Limits:	Public Hearing (Comm Information Hearing				•	

Date:

Other Items......3 minutes

		ected 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 that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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?
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date _	10/1	0 19 Signature Amy C. Many Print Name James F. Mand
		Time traine 1 to end

		/	,	
Date:	1/1	110	119	

Registr	ation Statement -	- Finance Committee	
	•	COMMITTEE	•
Please Print			•
,		PLEASE PRINT CLEARLY	•
)	Name Sheesenphoogu Mou	
Agenda No		Address	•
·			
Please check the ap	propriate boxes:		.,
	•	and Wish to speak	
Support	• .	Do not wish to speak	
Oppose Noithon	Support Nor Oppos	Available to answer questions	
	support Mor Oppos		
At this meeting are	you representing an orga	anization or a person other than yourself: Yes No	,
(If you answered "	no," STOP; you need no	ot complete the rest of this form. If you answered "yes," provide t	he name
of who you represe	nt and go on to the next q	question.)	
Name, address and	telephone number of eac	ch person or organization you are representing:	. ,
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	•		•
Are you being paid	for your representation?	Yes No	
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Are you appearing a	s part of your other paid	I duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to	the next
question.)	o, Bioi, you need not	tomplete the rest of this form if you districted yes, go one	
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Speaking Limits:		nmon Council)5 minutes	
		3 minutes	
	Office round	initial in the second s	, .

	elected official or employee who is appearing solely on behalf of your office or for your municipality or unental body?
	vered "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 are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to 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
Date	Print Name

Date:	10	OCT	20	19

Registr	ation Statement -	Finance Committee	
•		COMMITTEE	
<u>Please Print</u>		PLEASE PRINT CLEARLY	
		Name <i>C Y N TH</i>	1A ROSKOWIC
Agenda No			ANLEY ST.
			53704
Please check the ag	ppropriate boxes:	and ☑ Wish to	gnadk
Support Oppose Neither S	Support Nor Oppose	Do not	wish to speak le to answer questions
(If you answered "i of who you represe	no," STOP; you need not nt and go on to the next qu	zation or a person other than yourse omplete the rest of this form. If you estion.) Deerson or organization you are represented.	answered "yes," provide the name
•	•		
Are you being paid	for your representation?		Yes No
Are you appearing a (If you answered "n question.)	as part of your other paid of so," STOP; you need not	tties for this person or organization? omplete the rest of this form. If you	Yes No answered "yes," go on to the next
Speaking Limits:	Information Hearing	on Council)5 minutes 3 minutes 	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

		,	•	•			
Date:	•			 Signature			
_				 •		, , ,	
				Print Name			

Date: 10/10/2019

CITY OF MADISON

Registration Statement - F	inance Committee
	OMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Pon Ferber
Agenda No. 1, 2	Address 4700 Allis Ave
	Madison, W1 53716
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organizat	ion or a person other than yourself: Yes No
(If you answered "no," STOP; you need not come of who you represent and go on to the next questi	plete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each per-	son or organization you are representing:
Four Laker Group 5	ierra Club
754 Williamson St	
Madison, WI 53	703
Are you being paid for your representation?	☐ Yes ☑ No
Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comparestion.)	es for this person or organization? Yes No No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Information Hearing	3 minutes

REGISTRATION STATEMENT - PAGE 2 Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization , 1. with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting 3. period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at

		• • •					,	
Date ·		•	_ ·	Signature _	 ,			
		•		Print Name				

Date:	10	(O-	19

Registration Statement -Finance Committee COMMITTEE Please Print PLEASE PRINT CLEARLY Mainella Name Agenda No. Address Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

Are you an e	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign
this form. If y	you answered "no" to the question, go on to the next question.)
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	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

Date: 10/10/19

CITY OF MADISON

Registration Statement -_

Finance Committee

COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. Address City of Madisas Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council) 5 minutes Speaking Limits: Information Hearing......3 minutes Other Items......3 minutes

Are you an electrother governmen	ed official or employee who is appearing solely on behalf of your office or for your municipality or tal body?
	"yes" to the question, STOP. You need not complete the rest of this form, except that you must sign
this form. If you d	answered "no" to the question, go on to the next question.)
If you are being that:	paid for your representation, or if your appearance is part of other paid duties, please be advised
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	our principal is not permitted to authorize you to lobby unless you are registered with the ity Clerk.
рe	your principal spends or will owe more than \$1,000 for lobbying services in any reporting eriod (half year), the principal must file expense statements with the City Clerk for the mainder of the calendar year?
	e City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)
Date	Signature Anh McRey 257
	Print Name Amber McReynolds

Registration Statement -

Finance Committee

COMMITTEE Please Print PLEASE PRINT CLEARLY Name Agenda No. Address Please check the appropriate boxes: Wish to speak and Support Do not wish to speak Oppose Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council) 5 minutes Speaking Limits:

Other Items......3 minutes

REGISTRATION STATEMENT - PAGE 2 Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization 1. with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting 3. period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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Date .	•		Signature	
			Print Name	

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Date:	10	00	14
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Registr	ation StatementF	Finance Co	mmittee		
, 1 - 1 3 ·		COMMITTEE			• •
Please Print			•		•
		PLEASE P	RINT CLEARLY		•
		Name _	TAYLOR I	HETZMAN	
Agenda No		Address _	2722 EAF	WETTE AV	#-2
			MADISON,	NI 53704	
Please check the ap	opropriate boxes:				· .
Support Oppose				peak ish to speak to answer questio	ns
(If you answered "i of who you represe	you representing an organiza no," STOP; you need not con nt and go on to the next quest	nplete the rest o	f this form. If you a	nswered "yes," pro	No ovide the name
Name, address and	telephone number of each per	rson or organiza	tion you are represe	nung:	
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Speaking Limits:	Public Hearing (Common Information Hearing	3 1			•

Are you an eleother government	ected 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 beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 10/10/19

CITY OF MADISON

Registration Statement -

Finance Committee

COMMITTEE Please Print PLEASE PRINT CLEARLY Name Agenda No. Address Please check the appropriate boxes: Wish to speak and Support Do not wish to speak Oppose - MPD PEO move to Parking Utility. Neither Support Nor Oppose Available to answer questions At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council) 5 minutes Speaking Limits: Information Hearing......3 minutes Other Items.....3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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.)
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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 Laron R. Anderson Print Name Havon R. Anderson

CITY OF MADISON

Registra	ition Statement	Fina	nce C	omn	nittee				
	_	СОММІТ	TEE			•			• '
Please Print			,		٠.			•	•
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A state of the second s		. ,		**.					
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Neither S	upport Nor Oppose	ung u	PAGE TO		Availab	le to ansv	wer ques	tions	
				•			· .	<u> </u>	
At this meeting are	you representing an organ	ization o	r a perso	n oth	er than yourse	lf: [] Yes	No.	
(If you answered "n	o," STOP; you need not o	complete	the rest	of thi	s form. If you	answered	i yes,	proviae	tne name
oj wno you represen	t and go on to the next qu	esiion.)						•	
Name, address and t	elephone number of each	person o	r organi:	zation	you are repre	senting:	•		
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				•		•			
Are wow heing naid f	or your representation?				•		Yes	NO No	
Ale you oeing paid i	or your representation:	•					1 ~	. [
Are you appearing as	s part of your other paid d	uties for	this pers	on or	organization?		Yes .	⊠ No	
	o," STOP; you need not c	omplete	the rest	of thi.	s form. If you	answerec	t "yes," t	go on to	the next
question.)	· · · · · · · · · · · · · · · · · · ·	·	•		•				
Speaking Limits:	Public Hearing (Comm	on Coun	cil)5	minu	ites	•			
- L	Information Hearing								•
	Other Items		3	minu	ites				

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are that:	being 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 <u>(</u>	-10-19 Signature AS
	Print Name Adam Beha

Date: 10/10/19

CITY OF MADISON

Registration Statement - Finance Com	nittee
COMMITTEE	
Please Print PLEASE PRIN	IT CLEARLY
Name R_{ϵ}	ebecca Mugford
Agenda No. Address 68	37 Liffemore Dr #104
M.	adison, WI 53718
Please check the appropriate boxes:	
Support MPD Oppose Moving PEO's to Parking Utility Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organization or a person of (If you answered "no," STOP; you need not complete the rest of the of who you represent and go on to the next question.)	ner than yourself:
Name, address and telephone number of each person or organization	n you are representing:
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duties for this person of (If you answered "no," STOP; you need not complete the rest of the question.)	r organization?
Speaking Limits: Public Hearing (Common Council)5 min Information Hearing	utes

		elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
		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:	are be	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.
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•	-	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 [.] _	10/1	10/19 Signature B. M. Grue Print Name Rebecca Muatord

Date: 10/10/19

CITY OF MADISON

Registra	ition Statement -	Finance C	ommittee	-	
		COMMITTEE			•
Please Print	·	PLEASE	PRINT CLEARLY		
		Name	Travor Carl	•	
Agenda No.	1	Address	1710 Lake 1	Point Dr	
		•			
Please check the ap	propriate boxes:		· · ·		
Support Oppose Neither S	Moving PEOn to Purk; upport Nor Oppose			oeak sh to speak to answer questions	3
(If you answered "n of who you represen	you representing an orgar o, "STOP; you need not t and go on to the next quelephone number of each	complete the rest uestion.)	of this form. If you an	swered "yes," prov	No vide the name
		•	٠.	•	
		. •	•		. •
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 on, "STOP; you need not on	luties for this pers complete the rest	on or organization? of this form. If you and		No n to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3	minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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 are be 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.
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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 <u>10</u> /	10/19 Signature I Male Trevor Car

		CITY OF MA	ADISON			
Registrat	tion Statement	Finance C	ommittee		-	- .
Please Print	•	PLEASE	PRINT CLEARLY			
		Name	hate In	11M		
Agenda No.		Address	Moder	1 AL	71\	
Please check the app	ropriate boxes:					
Support Oppose Neither Su	ipport Nor Oppose	·		speak wish to speak ble to answer qu	estions	
(If you answered "no	ou representing an organ," STOP; you need not a and go on to the next qua	complete the resi	on other than yourse t of this form. If you	lf: Yes answered "yes,	☐ No " provide tł	ne name
Name, address and te	lephone number of each	person or organi	zation you are repre	senting:		
,	•			·.		
•			• .		· ·	•
	•	. •		· .		
Are you being paid fo	r your representation?			Yes	. \square No	
Are you appearing as If you answered "no, question.)	part of your other paid do "STOP; you need not c	uties for this per omplete the rest	son or organization? of this form. If you	Yes Yes answered "yes,	∏ No " go on to t	he next
Speaking Limits:	Public Hearing (Comm Information Hearing	•		•		

Date:

Other Items.......3 minutes

•	REGISTRATION STATEMENT - PAGE 2
	n elected official or employee who is appearing solely on behalf of your office or for your municipality of ernmental body?
	swered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.)
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	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)

Signature

Print Name

Date · _