

CITY OF MADISON

Registration Statement

City County Homeless Issues Committee
Name of Board, Committee or Commission

Name JOHN REVHL
Address

Date 6/3/19
Item C1 Listening session

- Support
- Oppose
- Wish to Speak
- Do Not Wish to Speak
- Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," 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 No
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.)

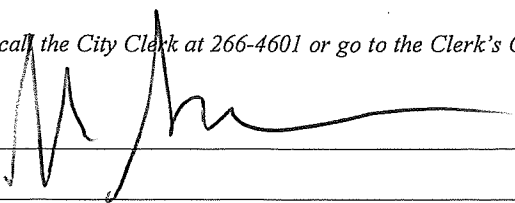
Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No
(If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered "no" to the question,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

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 6-3-2019

Signature 
Print Name _____

CITY OF MADISON

Registration Statement

City County Homeless Issues Committee
Name of Board, Committee or Commission

Name Corey Brown
Address 1015 East Washington

Date 6/3/19
Item C1 Listening session

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

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Date 6-3-19

Signature Corey Brown
Print Name Corey Brown

CITY OF MADISON

Registration Statement

City County Homeless Issues Committee
Name of Board, Committee or Commission

Name Sharon Bell
Address PO Box 45602
Madison 53744

Date 6/3/19
Item C1 Listening session

- Support
- Oppose
- Wish to Speak
- Do Not Wish to Speak
- Available to Answer Questions

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Date 6/3/19

Signature [Signature]
Print Name Sharon Bell