

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: PWT Name: MICHAEL RYANJOY

DATE: 1/26/16 Municipality: MADISON

Petition/CUP #/Resolution/Ordinance Amendment/Subject: RES. 442

Wish to Speak in Support, Wish to Speak in Opposition, Registering in Support, Registering in Opposition, Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself? YES NO

Name, address and telephone number of each person or organization you are representing: TENNEY NURSERY AND PARENT CENTER 1321 E. MIFFLIN ST. MADISON, WI

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? YES NO

3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? YES NO

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? YES NO

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings? YES NO

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? YES NO

Date: 1/26/16 Signature: [Signature] Print Name: MICHAEL RYANJOY