CITY OF MADISON

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Registration S	Statement	Name of Board, Comm	littee or Commission	n	-			
· Name	Jean L	SUNDS	· · · · · ·	Date	(),	6/		
Address	1110 Du	&Kin .			•			-
Suppo	nt	Oppose		i Do	h to Spe Not Wisl ilable to	ak 1 to Speak Answer (Questions	
(If you answered '	"no," STOP; you need	ting an organization or I not complete the rest of this	3 301 111 23 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, –		nex t questio	n.)	□No
Name, address	and telephone nu	mber of each person or	organization ye	ou are repré	senting:			1 / 4 4 4 4 1 10
							<u> </u>	
Ana ross haise	paid for your repr	escutation?	•		•	•	· D Yes	□No
Are you appear		r other paid duties for t stions, STOP. You need not	his person or or complete the rest o	ganization! of this form.			☐ Yes	□No
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		-	on Statement -				ioinalitu	or other
governmental	body?	who is appearing sole STOP. You need not complete on to the next questions.)	ly on behalf of	of your off	at you mus	or your i tsign ihis fo	Yes	∏ No
If you are bein	ng paid for your re	presentation, or if your	appearance is I	oart of other	paid dut	ies, do yo	u understand	that;
1. ·	. Lithing on a labbuist you or your principal must file an						☐ Yes	∐ No
2.	registered with		•		•		. TYes	□No
3.	reporting period with the City Cl	I spends or will owe m I (calendar quarter), the erk for the remaining q	uarters of the c	alendar yea	17	•	☐ Yes	□No
(If you answered County Building,	"no" to any of the la Madison, for more in	st three questions, please cal Ormation.)	II the City Clerk at	266-4601 or	go to the C	ierk's Office	e at Room 103 c	f the City-
Date .	· · ·	Signature					 .	
····-		Print Name	·					