Date:	3	127	/ ₆ 7		:
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Registrat	ion Statement -	Common C	<u>ouncil</u>	
		COMMITTEE		
Please Print	05869	PLEASE P	RINT CLEARLY	
		Name	JOHN SHEN	101
Agenda No		Address	2109 Fox AL	P.
			JOHN SHEN 2109 FOX AL Madison S3	7//
Please check the app	ropriate boxes:		und Wish to speak	
Support			Do not wish to speak	eak
Oppose Noither St	ipport Nor Oppos	Δ	Available to answ	たたい しゅうそう したいしゅう しゅうたい ようしょ しょうきょう
(If you answered "no		t complete the rest	n other than yourself: of this form. If you answered	
Name, address and to	elephone number of each	ch person or organiz	cation you are representing:	
Are you being paid for	or your representation?			Yes □ No
	s part of your other paid o," STOP; you need no		son or organization? of this form. If you answered	· ·
Speaking Limits:	Public Hearing (Con	nmon Council)	5 minutes	
	Information Hearing		3 minutes	
	Other Items	and the state of the first state of the stat	3 minutes	

and the second of the second o	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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:	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	Signature
	Print Name

Date: 03/27/07

Registration Statement	- Common Council
	COMMITTEE
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Please Print 05869	PLEASE PRINT CLEARLY
	Name Carla Klein
Agenda No.	Address 508 W Lake Side
	Madison, WI 5715
	1 1/10a (SOI), W+ 5/15
Please check the appropriate boxes:	
Cunnard	and Wish to speak
M Support	Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Opp	
At this meeting are you representing an o	rganization 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," provide the name
of who you represent and go on to the nex	at question)
	each person or organization you are representing:
Toh Munch	apter Sierra Club members
JOHN JIMK LI	apick sieria (luo millions)
사람들 보고싶은 모양 보고 바람들은	요즘 하실 것 하는 모든 것도 하는 시간 사람들은 하는 것으로 모든 사람이 보고 있다.
	n? ☐ Yes ☐ No
Are you being paid for your representation	n? The state of t
Are you appearing as part of your other p	aid duties for this person or organization?
(If you answered "no." STOP: you need	not complete the rest of this form. If you answered "yes," go on to the next
question)	
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Other Items	3 minutes

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
	ed "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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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?		
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)		
Date <u>03</u> /	127/07 Signature Carla T Klain		
	Print Name Carla TKlein		

Date: 3/27/07

Registration Staten	nent - Common Council	
Please Print 0586 Agenda No/_Z,	PLEASE PRINT CLEARLY Name Seth Now () Address 437 W. Jo	K hnson St. W1 53703
(If you answered "no," STOP ; you of who you represent and go on to	and Wish to speal Do not wish to a Do not wish to a Doppose Oppose In an organization or a person other than yourself: In the need not complete the rest of this form. If you answer.	k to speak answer questions Yes No ered "yes," provide the name
Are you being paid for your represe	entation?	☐ Yes ☐ No
	other paid duties for this person or organization? uneed not complete the rest of this form. If you answ	
Information	ring (Common Council) 5 minutes n Hearing 3 minutes s 3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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 f the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 3/27/07

Registration Statement			
		COMMITTEE	
Please Print	A-610		
	05669	PLEASE PRINT CLEARLY	
		Name BRUCE N	ILLES
Agenda No. 1 2		Address 510 S. Dickii	USON
		MADISON, WI	53703
Please check the appropriate a	priate boxes:		
M Support		and Wish to s	oeak
Oppose		Do not wi	sh to speak
	port Nor Oppo	se Available	to answer questions
			Yes No
At this meeting are you	representing an org	ganization or a person other than yourself: ot complete the rest of this form. If you are	
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		nch person or organization you are represe	化氯化甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲
SIERRA CI	UB, 122 W	WASHINGTON AVE, STES	30, MADION WI
53703			
60023	7-477		
Are you being paid for your representation?			Yes No
	out of your other ma	A duting for this parson or organization?	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 nequestion)			nswered "yes," go on to the next
Speaking Limits:	Public Hearing (Co	ommon Council) 5 minutes	
	Information Hearin	g 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? Yes No
y or which is a second of the second	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
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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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: March 27, 7007

CITY OF MADISON

Registratio		Common Council		
<u>Please Print</u>	05869	PLEASE PRINT CLEARLY		
Agenda No. ⁄ 🔾 🤇	prdloance) 05564)	Name Jennifer Feyerherm Address 122 W. Washington Madison, W1 53703		
Please check the appro	priate boxes:			
Support Oppose Neither Sup	port Nor Oppose	and 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," provide the name of who you represent and go on to the next question)				
Name, address and tele	phone number of each p	person or organization you are representing:		
Are you being paid for	your representation?	⊠ Yes □ No		
Are you appearing as p (If you answered "no," question)	art 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		
	Information Hearing	non Council) 5 minutes 3 minutes 3 minutes		

Are you an el other governm	lected 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 be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 <u>3/\$</u>	27/2007 Signature Clant Afrychim Print Name Jennifer Feyl Cherm

Date: 3/27/07

Registrati	on Statement -	Common Council
Please Print	0-615	
	05869	PLEASE PRINT CLEARLY
		Name Elsen Bruxkewit
Agenda No.	2	Address 5/34 Raynolds Alve
		Addition of the second of the
		Vaenake's Wit
Please check the appr	onriate boxes	
i icase check the appi	oprate boxes.	는 사람들은 사람들은 사람들이 되었다. 그 등에 가는 사람들은 사람들이 되었다. 그는 것이다.
Support		and Wish to speak
Oppose		☐ Do not wish to speak ☐ Available to answer questions
Neither Su	pport Nor Oppos	se
At this meeting are w	u rapresenting an org	anization or a person other than yourself: Yes No
		of complete the rest of this form. If you answered "yes," provide the name
	and go on to the next	
3 7		
Name, address and te	iepnone number of eac	ch person or organization you are representing:
Are you being paid to	or your representation?	?
Are you appearing as	part of your other paid	d duties for this person or organization? Yes No
(If you answered "no		ot complete the rest of this form. If you answered "yes," go on to the next
question)		
Speaking Limits:	Public Hearing (Cor	mmon Council) 5 minutes
	Information Hearing	
医多性性 化氯化物 化电子电影电子	Other Items	The commence of the minutes of the fact that the contract of the contract the contract of the

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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:	sing 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
	Print Name

Date: $\frac{3}{21/27}$

Registration		nmon Council
Please Print	COMMI	PLEASE PRINT CLEARLY
Agenda No. 12 — Gile# 0	5869	Name ROSE LETOUENEAU Address DIS FEISCH Rol MANISM WI 53711
	ort Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions or a person other than yourself: Yes
(If you answered "no," SI of who you represent and s	FOP; you need not complete	te the rest of this form. If you answered "yes," provide the name
Name, address and telepho	one number of each person	n or organization you are representing:
Are you being paid for you	ar representation?	☐ Yes ☑ No
		For this person or organization? Yes No sete the rest of this form If you answered "yes," go on to the next
Inf	blic Hearing (Common Co ormation Hearing her Items	

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?
	ed "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 bein that:	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 he City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 3-27-07

Registration	on Statement -	Common Council
		COMMITTEE
Please Print		
Flease Time	05867	PLEASE PRINT CLEARLY
		Name JON P. MORTRUD
		Name $JUN + IIIOKIKU'$
Agenda No. 12		Address 2982 BOSSHARD DR.
		MADISON WI 53711
Please check the appro	opriate boxes:	
Support		and ├─Wish to speak ☐ Do not wish to speak
Oppose		Available to answer questions
Neither Su	pport Nor Oppo	se
		Van No
At this meeting are yo	ou representing an organical ways	ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name
of who you represent of		
oj wilo your epi esem .		
Name, address and tel	ephone number of ea	nch person or organization you are representing:
		? Tyes 7No
Are you being paid fo	r your representation	
Are you appearing as	part of your other pa	id duties for this person or organization? Yes No
(If you answered "no,	" STOP; you need r	not complete the rest of this form. If you answered "yes," go on to the next
question)		
Speaking Limits:		ommon Council) 5 minutes 3 minutes
	Information Hearin	3 minutes

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or numental body?
	wered "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.)
Date 🗧	3-27-07 Signature 1011. 11/0/Auc
	Print Name JON P. MORTRUD
电流 网络电影影影电路	

Date: MARCH 27 2007

Registration Statement - Common Council		
	COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
	Name GARY WERNER	
Agenda No. 12 05869	Address 2302 LAKELAND AVE.	
	Name GARY WERNER Address 2302 LAKELAND AVE. MADISON 53704	
Please check the appropriate boxes:		
⊠ Support	and Wish to speak	
Oppose	Do not wish to speak Available to answer questions	
Neither Support Nor Oppos		
(If you answered "no," STOP ; you need no of who you represent and go on to the next of	anization or a person other than yourself: Yes No Not complete the rest of this form. If you answered "yes," provide the name question) The person or organization you are representing:	
Traine, address and telephone named of each		
Are you being paid for your representation?	보건성인 트리기 가입성으로 마루 모임 경우 전 전 전 보호 함께 가입니다. * 하나 유연 전 전 전 기계 [10] [10] [10] [10] [10] [10] [10] [10]	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	d duties for this person or organization? Yes No No to complete the rest of this form. If you answered "yes," go on to the next	
	nmon Council) 5 minutes	
Information Hearing Other Items	3 minutes 3 minutes	

	lected 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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Date	Signature
	Print Name

Date: Mach 27/07

Registrat	tion Statement -	Common Council
		COMMITTEE
Please Print		
		PLEASE PRINT CLEARLY
		Name Brent Sahrbur
Agenda No. <u>/</u>	02861	Address SS29 Gettle Aue
		Name Brent Sa. h.sbur- Address SS29 Gettle Ase Madison W1 53705
Please check the app	ropriate boxes:	
		and Wish to speak
Support		Do not wish to speak
Oppose Noithor S	upport Nor Oppose	Available to answer guestions
1 ventuer S	apport ivor Oppose	
At this meeting are y	ou representing an organ	nization or a person other than yourself: Yes No
(If you answered "no	o," STOP; you need not	complete the rest of this form. If you answered "yes," provide the name
of who you represent	t and go on to the next q	uestion)
Name, address and to	elephone number of each	n person or organization you are representing:
		마이크 등 사용을 보는 것이 되었다. 그는 것이 되었다는 것이 되었다는 것이 되었다는 것이 되었다.
Are you being paid f	or your representation?	☐ Yes ✓ No
Are you being paid I	or your representation:	
		duties for this person or organization? Yes X No
(If you answered "no question)	o," STOP; you need not	complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:		mon Council) 5 minutes
	Information Hearing	3 minutes

	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answe this form If y	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.)
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(Please go 1 Room 103 of	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: MARCIT 27 07

Registratio	n Statement	COMMITTEE	Junen			
Please Print		PLEASE P	RINT CLEARLY			
oco Agenda No. ↓>	12869	Name Address	LYFU 1 1202 GL MADISON	LBET	مع	
Please check the approp	riate boxes:					
Support Oppose Neither Sup	port Nor Oppose		nd Wish Do n Avai	to speak ot wish to sp lable to answ	eak ver quest	ions
At this meeting are you (If you answered "no," of who you represent ar	STOP; you need not	complete the rest (other than you of this form. If y	rself: ou answered		□ No provide the name
Name, address and telep	phone number of each	person or organiz	ation you are re	presenting:		
Are you being paid for	your representation?				Yes	No
Are you appearing as pa (If you answered "no," question)	art of your other paid of STOP; you need not	duties for this pers complete the rest	on or organizati of this form. If y	on? [ou answered] Yes d "yes,"	☐ No go on to the next
	Public Hearing (Comi Information Hearing Other Items		s minutes			

Are you an el other governr	lected 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.)
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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	: 3/27/	07
		CITY OF MADISON		
Registrati	on Statement -	Common Council COMMITTEE		
Please Print Agenda No. 12	05869	PLEASE PRINT CLEARLY Name Joseph Donobne Address 314 N. Ingo soll	# 1	
Please check the appr	opriate boxes:			
Support Oppose Neither Su	pport Nor Oppos	and Wish to speak Do not wish to Available to an	speak swer questi	ons
(If you answered "no,	ou representing an org ," STOP; you need no and go on to the next	anization or a person other than yourself: ot complete the rest of this form If you answere question.)	Yes ed "yes," p	⊠ No provide the name
Name, address and te	lephone number of ea	ch person or organization you are representing		
Are you being paid fo	or your representation		☐ Yes	□No
Are you appearing as (If you answered "no question)	part of your other pai ," STOP; you need n	d duties for this person or organization? ot complete the rest of this form. If you answer	Yes yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Co	mmon Council) 5 minutes		

3 minutes

Other Items

and the second of the second o	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No		
	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)		
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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 f the City-County Building, Madison, for more information)		
Date	Signature		
	Print Name		

Date: 3 27 0 7

Registrati	on Statement -	COMMITTEE COMMITTEE	CII		
Please Print	05869	PLEASE PRINT	()		
Agenda No. 12		in the state of th	my E 118 D. Facision	zhni Rnclin W15	H 14187. 37103
Please check the appr	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppo	and (e		peak sh to speak to answer ques	tions
At this meeting are yo (If you answered "no, of who you represent	." STOP; you need no	anization or a person other tomplete the rest of this question)	er than yourself: s form. If you an	Yes Yes,"	No provide the name
Name, address and te	lephone number of ea	ch person or organization	you are represe	nting:	
Are you being paid for	or your representation			☐ Yes	□No
Are you appearing as (If you answered "no question)	part of your other pai," STOP; you need n	d duties for this person or to complete the rest of thi	organization? is form If you a	☐ Yes nswered "yes,"	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Co Information Hearin Other Items		utes		

	elected official or employee who is appearing solely on behalf of your office or for you nmental body?	r municipality or No
	wered "yes" to the question, STOP. You need not complete the rest of this form, except t f you answered "no" to the question, go on to the next question.)	hat you must sign
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, p	please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an auth with the City Clerk.	norization
2.	Your principal is not permitted to authorize you to lobby unless you are registered City Clerk.	l with the
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any period (half year), the principal must file expense statements with the City Cler remainder of the calendar year?	
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the (of the City-County Building, Madison, for more information)	Clerk's Office at
Date	Signature	
	Print Name	

					Date:		
		CITY OF MA	DISON				
Registrat	ion Statement -	Common (Council				
Please Print Agenda No. 12	05869		PRINT CLE		MAN Goedda	C	
Agentia IVO		Address		<u>. w.</u>	DOEHEM		
Please check the app	ropriate boxes:						
Support Oppose Neither S	upport Nor Oppos	i e	and D		speak wish to speak le to answer q	uestions	
(If you answered "ne	you representing an orga o," STOP; you need no t and go on to the next o	t complete the re	son other tha st of this form	n yourse	lf:	s No s," prbvide the n	ame
Name, address and t	elephone number of eac	ch person or organ	nization you	are repre	senting:		
Are you being paid	for your representation?) (1)				es 🗌 No	
Are you appearing a (If you answered "n question)	s part of your other paid o, " STOP; you need no	d duties for this po of complete the re	erson or orga st of this for	nnization' m. If you	?		next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	g nama ang ang ang ang ang ang ang ang ang an	3 minutes				

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	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 bei that:	ing 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?
	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:
		CITY OF MADISON
Registration	on Statement	Common Council COMMITTEE
Please Print Agenda No. 12 (0)	dinance 05869)	PLEASE PRINT CLEARLY Name Joseph Richie Address 501 N Henry St Apr 502 Midison, WI 53703
Please check the appro	opriate boxes:	
Support Oppose Neither Su	pport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no,	ou representing an orga " STOP; you need not and go on to the next q	anization or a person other than yourself: Yes \(\sum \) No ot complete the rest of this form. If you answered "yes," provide the name question)
Name, address and te	lephone number of eac	ch person or organization you are representing:
Are you being paid fo	or your representation?	? □ Yes □ No
Are you appearing as (If you answered "no question)	part of your other paid," STOP; you need no	d duties for this person or organization?
Speaking Limits:	Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

Are you an e other governi	lected 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:	sing 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?
	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