IDH 07992 Date: 2/26/2008

## **CITY OF MADISON**

Registration Statement	COMMITTEE	ouncil		
Please Print	PLEASE PI	RINT CLEARLY		
	Name	1 0 1011 70	Mers	
Agenda No. 48	Address _	Ledell Ze 570 N C	Carro	U 8t
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 organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of	other than yourself: of this form. If you ans	☐ Yes wered "yes,"	No provide the name
Name, address and telephone number of each	person or organiza	ation you are represent	ing:	
Are you being paid for your representation?			☐ Yes	□No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this pers complete the rest	on or organization? of this form. If you ans	Yes [wered "yes,"	□ No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		minutes		

## **REGISTRATION STATEMENT - PAGE 2**

	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, <b>STOP.</b> 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.
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 the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 2/26/69
T NICHOLS
3RDD5 PK #204
NWI
ish to speak
not wish to speak
ailable to answer questions
ourself: Yes No
f you answered "yes," provide the name
representing:

## **CITY OF MADISON**

Registration Statement	Common Council
(현실로 19 일본) 전기 등 1 전 등 1 전 등 1 전 등 1 전 등 1 전 등 1 전 등 1 전 등 1 전 등 1 전 등 1 전 등 1 전 등 1 전 등 1 전 등 1 전 등 1 전 등 1 전 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1 전 : 1	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name TRENT NICHOLS  Address 5325 BRODY PR #ZU4  MADISON MI
Agenda No.	Address 5325 BRODY OK #ZU4
	MADISON MI
Please check the appropriate boxes:	
Support	and ☐ Wish to speak  Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ	nization or a person other than yourself: Yes No
of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name uestion)
	n person or organization you are representing:
Name, address and telephone number of each	The solid of organization you are representing.
	☐ Yes ☐ No
Are you being paid for your representation?	
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
- r	mon Council) 5 minutes
	3 minutes

## **REGISTRATION STATEMENT - PAGE 2**

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Date	Signature
	Print Name