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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print 06830,070	PRINT NAME CLEARLY
Agenda No. 0/830 24 E 115	Name Jean Cowden Address S679 Comanche Wa Madison W153709
Please check the appropriate boxes:	
(If you answered "no," STOP ; you need question)	Oppose Wish to speak Do not wish to speak Available to answer questions Organization or a person other than yourself: Yes No I not complete the rest of this form. If you answered "yes," go on to the next each person or organization you are representing:
Are you being paid for your representation	on?
	paid duties for this person or organization? Yes No land the next of this form. If you answered "yes," go on to the next
Information Hear	5 minutes ring 5 minutes 3 minutes

Registration Statement - Page 2

	u an el mental l	lected official who is appearing solely on behalf of your office or for your municipality of other body?	
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)	
If you that:	are beir	ng paid for your representation, or if your appearance is part of other paid duties, do you understand	
	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?	
	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?	
(If you Office	answer at Roon	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's In 103 of the City-County Building, Madison, for more information)	
Date _	8	Signature Har works Print Name Jelling Course Alen	

Date: 8[7]07

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print	PRINT NAME CLEARLY
06830, 67041 Agenda No. 244115	Name Bill White Address 2708 Lacad Avre Madisan
Please check the appropriate boxes:	
question)	Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions anization or a person other than yourself: ☐ Yes ☐ No at complete the rest of this form. If you answered "yes," go on to the next
Name, address and telephone number of each	Cherokee Port
Are you being paid for your representation) ☐YES ☐ No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question)	d duties for this person or organization? ☐ Yes 길 사이ot complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits: Public Hearing Information Hearing Other Items	g5 minutes

Registration Statement - Page 2

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Date <u>{</u>	7/07 Signature Will Huth
	Print Name Wnt. White