Date: 23 D9

CITY OF MADISON

Registration Statement						
Please Print	COMMITTEE					
	PLEASE PRINT NAME CLEARLY					
41	Name Debra Schwabe McGrath					
Agenda No. 71 ID# 13114	Address 5201 Day Lily P					
	1-1-100 Wrg W1 53711					
Please check the appropriate box:	Please check the appropriate box:					
Support [AND Wish to speak Do not wish to speak					
Oppose Neither Support Nor Oppose	Available to ensure questions					
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At this meeting are you representing an organ (If you answered "no," STOP: you need not	nization or a person other than yourself: Yes No 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 telephone number of each person or organization you are representing:						
YINCA Modison						
1019. Mifflinst						
Madison W1 537	03					
Are you being paid for your representation?	Yes No					
Are you appearing as part of your other paid duties for this person or organization? Yes \[\] No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to the next question.)						
and the contract of the contra	mon Council)5 minutes					
	3 minutes 3 minutes					
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REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

- 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?

(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information)

Date 350

Signature

Print Name

		Date:	2/3/09
	CITY OF MAD	ISON	
Registration Statement -	Common Committee	ouncil	
Please Print			
		PRINT NAME CLEARLY	\circ
	Name	Gayle Ihlen	teld
Agenda No.	Address	1205 Burning Woo	of Way
ID 13114		Gagle Ihlen 1205 Burning Woo Madison, WI	53704
Please check the appropriate box:		Please check the approp	
Support Oppose	AND	☐ Wish to speak ☐ Do not wish to speak	
Neither Support Nor Oppose	e	☐ Available to answer q	luestions
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest o		
Name, address and telephone number of each	h person or organiz	ation you are representing: ングフートイプム	
10(E. M. FEC.	St.		
Malison, WI	53703		
Are you being paid for your representation?		⊠Ye	s 🗌 No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	duties for this pers t complete the rest of	on or organization? Ye of this form If you answered "ye	

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

Speaking Limits:

REGISTRATION STATEMENT - PAGE 2

Are you an elected official	or employee	who is appearing	solely on behalf	f of your office	or for your mur	nicipality or
Are you an elected official other governmental body?					Yes I	vo) No

(If you answered "yes" to the question, **STOP.** You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date	2/3/09	Signature	6 xe	ILLPI	
		Print Name	Gayle	Ihlenfo	Cd