

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name Lois Wendorf
Address 1608 W. Thurgate Dr.
Somerville WI 53548

Date 1-8-08
Item 08620

- Support**
 Oppose
 Neither Support or Oppose

- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

MDSA

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" to both these questions, **STOP**. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.)