Date:	3-	7) -	09	

CITY OF MADISON

Registration Statement -		Common Council		
		COMMITTEE		
Please Print	+- (
i lease i ilit	JD#1257>	PLEASE PRINT CLEARLY		
1		Name Patricia Talen		
Agenda No 🥰	38	Address CESE Pickett		
	<u> </u>	Plymouth, W: 530 73		
Please check the app	ropriate boxes:			
Support		and Wish to speak		
Oppose		Do not wish to speak		
	upport Nor Oppose	Available to answer questions		
	apport to Opposi			
(If you answered "no		inization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name question)		
Name, address and to	elephone number of each	h person or organization you are representing:		
ŕ	•			
		<u> </u>		
	# · · ·			

Are you being paid for your representation?		☐ Yes ☐ No		
		duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the nex		
•				
Speaking Limits:		nmon Council) 5 minutes		
	•	3 minutes		

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question)
If you are 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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: Much 3 2009

CITY OF MADISON

Registration Statement	Common Council		
	COMMITTEE		
Please Print			
1 icase i init	PLEASE F	PRINT CLEARLY	
	Name _	Miney Jensen	
Agenda No.	Address	702 UN High Point Rd	
		Malison, WI	
Please check the appropriate boxes:			
Support		and Wish to speak	
Oppose		Do not wish to speak Available to answer questions	
Neither Support Nor Oppose	3	Available to answer questions	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que. Name, address and telephone number of each address and telephone number of each address.	complete the rest uestion) n person or organize Complete the rest	of this form. If you answered "yes," provide the name	
Madison, WF		8/826-6226	
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.)		son or organization? Yes No of this form. If you answered "yes," go on to the next	
Speaking Limits: Public Hearing (Com Information Hearing Other Items	no service de Reservo de destrutura de marca marca marca de la composición de la composición de la composición	3 minutes	

REGISTRATION STATEMENT - PAGE 2

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
		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 bein	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 ne City-County Building, Madison, for more information)
Date _	Mai	M319 Signature Marcy Tensen