Date: 2-24-09

CITY OF MADISON

Common Council

Registration Statement -

COMMITTEE Please Print PLEASE PRINT CLEARLY Please check the appropriate boxes: Wish to speak Support Oppose - nelder to bereerred Do not wish to speak Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP; you need not 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: No Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Speaking Limits: Public Hearing (Common Council).....5 minutes Information Hearing 3 minutes Other Items 3 minutes

		_	REGISTRATIO	N STATEMENT - PAGE 2			
		ected official or emplo ental body?	yee who is appe	aring solely on behalf of	your office	or for you	nr municipality or
				need not complete the rest n to the next question)	of this form	ı, except t	hat you must sign
If you that:	are bei	ng paid for your repre	esentation, or if	your appearance is part of	of other pai	đ duties, j	please be advised
	1	Before you engage is with the City Clerk.	n lobbying as a l	obbyist, you or your princ	cipal must f	ile an auti	horization
	2.	Your principal is no City Clerk	t permitted to au	nthorize you to lobby unle	ess you are	registered	l with the
	3.		he principal mu	more than \$1,000 for lobb st file expense statement			
		the City Clerk's we he City-County Buildi		fmadison.com/clerk/index more information)	html or g	o to the	Clerk's Office at
Date ϵ	2-,	24-09	Signature	Muan	Sich) MH	7
_	ι	, ,	Print Name	•		/)

	CITY OF MADISON
Registration Statement	Common Council
Please Print	
	PLEASE PRINT CLEARLY
αJ	Name Olok chart
Agenda No.	Address 332000
11531	
Please check the appropriate boxes:	
Trease effect the appropriate boxes.	
Support Oppose - New (-Fe)	and Wish to speak Do not wish to speak
Neither Support Nor Oppose	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	complete the rest of this form. If you answered "yes," provide the name testion)
	1 Greater Medison
701 C Wa	Sh
(e63-2005	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid of (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
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Date:

REGISTRATION STATEMENT - PAGE 2

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are beithat:	ng 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?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the Clerk's Office at the Clerk's Madison, for more information)
Date	24/09 Signature 21