Date: 6/6/06

CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print 03151	PLEASE PRINT CLEARLY
Agenda No. 124	Name Lisa Subeck Address 8185. Gammon Rol Hit Madison, WF 53719
Please check the appropriate boxes:	는 경기 이상 그는 사람이 있는 보고 있었다. 그는 것이 되는 것이 되었습니다.
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each	n person or organization you are representing:
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)	duties for this person or organization? Yes No complete the rest of this form If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 be that:	ing 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?		
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)		
Date	Signature		
	Print Name		

Date: 6-6-06

CITY OF MADISON

Kegisuau		COMMITTEE			
Please Print	03151	PLEASE	PRINT CLEARLY		
Agenda No. 10	24 visory Commet/	Address	Paul Mal 4825 Bay Madison	Field	Terract
Please check the appro					
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Are you being paid for	r your representation?			☐ Yes ▷	≰ No
Are you appearing as full (If you answered "no, question)	part of your other paid du "STOP; you need not co	ities for this pe complete the res	rson or organization? t of this form. If you answ	☐ Yes ered "yes," go	Mo on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing		.5 minutes 3 minutes 3 minutes		

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