TD#08380

Date:	1.	1/	2	2,	/ <u>o</u>	8		

Registration Statement	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Tom LANOGRAF
Agenda No	Name Tom LANDGRAF Address 104 ASN ST MADISON, M
	madison, m
Di	
Please check the appropriate boxes:	
Support	and Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
At this meeting are your representing an experi	nization 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," provide the name
of who you represent and go on to the next qu	uestion)
Name, address and telephone number of each	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
the contract of the contract o	3 minutes

e you an elected official or employee who is appearing solely on behalf of your office or for your municipality or er governmental body?
you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign s form. If you answered "no" to the question, go on to the next question)
you are being paid for your representation, or if your appearance is part of other paid duties, please be advised t:
1 Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
 Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
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?
ease go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at om 103 of the City-County Building, Madison, for more information)
te $(/21)$ Signature Signature
Print Name for LAGO620F

Date:	***************************************	22	08	
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Registration Statement	Common Council COMMITTEE
Please Print	경영화 경영화 전환 경영화
	PLEASE PRINT CLEARLY
	Name Kate Stalker
Agenda No.	Address 117 John Noten D.
	Madrim, W1 53713
Please check the appropriate boxes:	
Support	and Wish to speak Do not wish to speak
☐ Oppose☐ 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 qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
CDA	
City of Madiso	
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
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

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.)
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(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 12108 Signature KStalle
Print Name Kate Staller

Date:	1	/2	2/	08		

Registration Statement	Common Co	uncil
	COMMITTEE	
Please Print	DI FASE DE	INT CLEARLY
		John Lichtenheid
	Name	
Agenda No. 22	Address	717 John Holen Maduon UI
		miduon UI
Please check the appropriate boxes:		
Please check the appropriate boxes.		
Support Support	an	d Wish to speak , Do not wish to speak
Oppose		Available to answer questions
Neither Support Nor Oppose		
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 quality Name, address and telephone number of each	complete the rest of uestion)	this form. If you answered "yes," provide the name
City of Madhon		
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 perso complete the rest o	n or organization?
Speaking Limits: Public Hearing (Com		
Information Hearing Other Items		
Other Rems Constitution		

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Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes 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)
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:
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(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.)
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Date 1/22/08 Signature Print Name Tohn Lichtenheid

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Date:		 _	<i>" !</i>	<i>U</i> /	

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name JIM KLETT
Agenda No. 22	Name JIM KLETT Address MILW., WI
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose O	Do not wish to speak Available to answer questions
Neither Support Nor Oppose)
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 qu	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	person or organization you are representing:
COA-MARK	- OCINEER
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
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?
you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign is form. If you answered "no" to the question, go on to the next question)
you are being paid for your representation, or if your appearance is part of other paid duties, please be advised at:
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
 Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
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?
lease go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at soom 103 of the City-County Building, Madison, for more information.
Print Name AMES KLETT

	Date: $i/27/07$
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
<u>Please Print</u>	
	Name Michael Heighberger Address 700 Ray 0 vac Dr Madison
Agenda No. 22	Address 700 Ray O vac Dr
	Madison
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak
OpposeNeither Support Nor Oppose	e Available to answer questions
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 of this form. If you answered "yes," provide the name
	h person or organization you are representing:
CDA	
Are you being paid for your representation?	∑ Yes
Are you appearing as part of your other paid (If you answered "no," STOP; you need no	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next

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

Other Items3 minutes

question)

Speaking Limits:

Are you an electother governme		ing solely on behalf of your office or for your municipality or Yes No
	d "yes" to the question, STOP. You ned answered "no" to the question, go on	ed not complete the rest of this form, except that you must sign to the next question.)
If you are being that:	g paid for your representation, or if yo	our appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobwith the City Clerk.	obyist, you or your principal must file an authorization
	Your principal is not permitted to auth City Clerk	orize you to lobby unless you are registered with the
1		ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
	the City Clerk's website <u>www.cityofm</u> City-County Building, Madison, for m	nadison.com/clerk/index.html or go to the Clerk's Office at ore information.)
Date	Signature	
	Print Name	

Date: 1/22/08

CITY OF MADISON

Registration Statement - Common Council

Please Print	PLEASE PRINT CLEARLY
Agenda No. 22 CDA Alliec Please check the appro Support	Name Joany Selfy Address 4333 Craw ford Dy Name Joany Selfy Address 4333 Craw ford Dy Maches Marsh WI 537// Dunns Marsh Willed Dennis Marsh Alled Dennis Marsh Wish to speak
Oppose Neither Sup At this meeting are you (If you answered "no, of who you represent a	Do not wish to speak Available to answer questions a representing an organization or a person other than yourself: "STOP; you need not complete the rest of this form. If you answered "yes," provide the name and go on to the next question) ephone number of each person or organization you are representing:
Are you being paid for Are you appearing as I (If you answered "no, question)	your representation?
Speaking Limits:	Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

Are you an elected official or employee who other governmental body?	o is appearing solely on l	behalf of your office or for you Yes	ur municipality or ☐ No
(If you answered "yes" to the question, STC this form. If you answered "no" to the quest			hat you must sign
If you are being paid for your representation that:	on, or if your appearance	is part of other paid duties, j	please be advised
Before you engage in lobbyi with the City Clerk	ing as a lobbyist, you or	your principal must file an aut	horization
2 Your principal is not permit City Clerk	tted to authorize you to l	lobby unless you are registered	d with the
	cipal must file expense	00 for lobbying services in any statements with the City Cler	
(Please go to the City Clerk's website <u>w</u> Room 103 of the City-County Building, Mad			Clerk's Office at
	gnature int Name		

Date:	(-22008
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Registrat	ion Statement	COMMITTEE	
Please Print		PLEASE PRINT NAME CLE	ARLY
Agenda No. 22	Allied	Name RoseMARY LE Address III W WILSON MADISON 53	
Please check the ap	propriate box:	Please check th	ne appropriate box:
At this meeting are v	upport Nor Oppos	enization or a person other than yourself:	n to speak o answer questions Yes No
of who you represen	t and go on to the next o	t complete the rest of this form If you ansiquestion) the person or organization you are represent	
Are you being paid	for your representation?		Yes No
Are you appearing a (If you answered "n question)	s part of your other paid o," STOP; you need no	d duties for this person or organization? of complete the rest of this form If you any	☐ Yes ☐ No swered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes	

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "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 bei that:	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
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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 Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 1/22/08

Registration	on Statement	Common C	Council		
. 9	_	COMMITTEE			
Please Print					
		PLEASI	PRINT NAME CLE	ARLY	Λ
		Name	Kathleen V	lillard	/
Agenda No. 2	2	Address	215P Atwood	el Ave.	#101
			2158 Atwood Modison	WI 5.	3704
Please check the appr	ropriate box:		Please check th	ae appropria	te box:
Support	Г		Wish to spe		
Oppose		AND	Do not wish		4
^ ^	pport Nor Oppos	e	Available to	answer ques	HORS
of who you represent a	and go on to the next q	uestion.)	t of this form If you ans		provide the name
		·			
Are you being paid for	r your representation?			Yes	X No
Are you appearing as j (If you answered "no, question)	part of your other paid " STOP; you need not	duties for this pe t complete the res	rson or organization? t of this form If you ans	Yes Yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		

	lected 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)
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	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: 1/2408

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name Dorothy KRAUSE
Agenda No.	Address 2165 APACHE DY
	Ritchlage 10/53711
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak 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 quality of the	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 to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	umon Council) 5 minutes 3 minutes 3 minutes

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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)
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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 he City-County Building, Madison, for more information)
Date $1/2$	2/08 Signature Dat Com-
	Print Name Donothy Krause

	Date:
	CITY OF MADISON
Registration Statement	
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name STUART LEVITAN
Agenda No.	Address 4181 Cherotee W
	MMIGN W 537/
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	
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 q	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
CDA	
1. ZIT MCIT B	del
MEN WI	
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
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
	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)
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Date	Signature
	Print Name

Date: 1-82-08

CITY OF MADISON

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

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

Speaking Limits:

Are you an elected official or employee who is appea other governmental body?	ring solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the question, STOP. You ne this form. If you answered "no" to the question, go on	eed not complete the rest of this form, except that you must sign to the next question)
If you are being paid for your representation, or if y that:	our appearance is part of other paid duties, please be advised
Before you engage in lobbying as a lo with the City Clerk	bbyist, you or your principal must file an authorization
2. Your principal is not permitted to aut City Clerk.	horize you to lobby unless you are registered with the
	nore than \$1,000 for lobbying services in any reporting t file expense statements with the City Clerk for the
(Please go to the City Clerk's website <u>www.cityof</u> Room 103 of the City-County Building, Madison, for n	madison.com/clerk/index.html or go to the Clerk's Office at nore information.)
Date Signature	
Print Name	

Registration Statement -Common Council COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Agenda No. Address Please check the appropriate box: Please check the appropriate box: Wish to speak Support **AND** 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: Are you being paid for your representation? 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) Public Hearing (Common Council) 5 minutes Speaking Limits:

Information Hearing 3 minutes
Other Items 3 minutes

Are you an elected other governmental	official or employee who is appearing solely on behalf of your office or for your municipality or body?
	es" to the question, STOP . You need not complete the rest of this form, except that you must sign wered "no" to the question, go on to the next question)
f you are being pa hat:	d for your representation, or if your appearance is part of other paid duties, please be advised
	re you engage in lobbying as a lobbyist, you or your principal must file an authorization the City Clerk
	principal is not permitted to authorize you to lobby unless you are registered with the Clerk
perio	ur principal spends or will owe more than \$1,000 for lobbying services in any reporting of (half year), the principal must file expense statements with the City Clerk for the inder of the calendar year?
	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at v-County Building, Madison, for more information)
Date /-22	Signature Print Name

Date: 1-22-08

CITY OF MADISON

Common Council

COMMITTEE

Registration Statement -

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

Are you an ele other governm	ected 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 ou answered "no" to the question, go on to the next question.)
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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 he City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 01-22-08

Registration Statement	
Please Print	COMMITTEE PLEASE PRINT CLEARLY
Agenda No. No. 22	Name Nick DORNEANU Address 4737 CRESCENT 428 MANISON XII 5374
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose 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	and Wish to speak Do not wish to speak Available to answer questions inization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name question)
ALLIED & SUNN MARS	HOWNES ASSOCIATION.
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
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

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 his form. If you answered "no" to the question, go on to the next question.)
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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 Signature
Print Name

	1 00	ΔN	
Date:	1_9W	<u>-00</u>	

Registration Statement	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 🗸 🗸	Address 4106 Red Arow IK
	Magran Mr 23113
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
(If you answered "no," STOP; you need not confidence of who you represent and go on to the next que. Name, address and telephone number of each	
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 of question.)	luties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the nex
Information Hearing	non Council) 5 minutes 3 minutes
Other Items	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality mental body?	or
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must s you answered "no" to the question, go on to the next question.)	ign
If you are that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advis	sed
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office fthe City-County Building, Madison, for more information.)	at
Date	Signature Print Name	