Date: 6/20/06

CITY OF MADISON

Registra	ation Statement -	COMMON COUNCIL COMMITTEE
Please Print	03808	PLEASE PRINT CLEARLY
Agenda No.	25	Name HUNYRICHANDSON Address 18 Sherman Ter No a
Please check the ap	propriate boxes:	
Support Oppose Neither S	Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "r		nization or a person other than yourself: Yes No t complete the rest of this form If you answered "yes," provide the name truestion)
Name, address and	telephone number of eac	h person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:		mon Council)5 minutes

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	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you 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		