Date: $\frac{10/28/08}{}$

CITY OF MADISON

Registration Sta	commi - Com	IMON COU ITTEE	ncii		
Please Print 12 Amendment I tem #=	?	' کار	INT NAME CLEA	RLY M&D	
Agenda No. # 2 200	1) 2/20-1	Address	129 Bolow Madison,	Mina Rd. Ult 537	04
Please check the appropriate	Estimates Amen	e ment)	Please check the	e appropriate box:	·
Support✓ OpposeNeither Support I	<u></u>	ND	Wish to speal Do not wish to Available to		
At this meeting are you represe (If you answered "no," STOP , of who you represent and go or	you need not complet	te the rest of th			he name
Name, address and telephone r	number of each person to akord a	or organizatio	n you are representir	ig: Clearl Ju	72
Sustrangorto	tion of	2000			
Are you being paid for your rej	presentation?			Yes No	
Are you appearing as part of you (If you answered "no," STOP, question.)				Yes No vered "yes," go on to	the next
Informa	Hearing (Common Countion Hearing	3 mi	nutes		

	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:	10.	28	9
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CITY OF MADISON

Registration Statement	Common Council
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 3	Name Will Sandstron Address 262/ Molandst.
Please check the appropriate box:	Please check the appropriate box:
 Support Oppose Neither Support Nor Oppose 	AND X 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 qu	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name testion.)
Name, address and telephone number of each	person or organization you are representing:
P.O 8323 Madison, 111/	
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

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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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		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

	CITY OF MADISON
Registration Statement	
	: COMMITTE 도 다음을 들었다는 하고 하시고를 받을 수 있다는 것으로 하는 것으로 하는데
Please Print	
	PLEASE PRINT CLEARLY
	Name Steve VINCENT
Agenda No.	Address 301 N Third St #7205
12155	MAdison, M 52704
Please check the appropriate boxes:	
	Wint to made
Support	and Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
(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	어제 하다 하다 그 아무는 그는 이번 모든 사고 있는 것은 것이다.
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

Are you an el other governn	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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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?
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Date	Signature
	Print Name

Date: 29 05 08

CITY OF MADISON

Registration	on Statement	Common C	ouncil
사이라 함께 보다 전략 보고 되었다. 참가 되는 것 같은 보고 있습니다.		COMMITTEE	
Please Print		DIFACE	
		PLEASE	PRINT NAME CLEARLY
2		Name	Gary Teterson,
Agenda No.		Address 2	Up Parinette Trail
	12155		53705
Please check the appr	ropriate box:		Please check the appropriate box:
⊠ Support			V Wish to speak
Oppose		AND	Do not wish to speak
	pport Nor Oppose		Available to answer questions
of who you represent c	and go on to the next qu	uestion)	of this form. If you answered "yes," provide the name ation you are representing:
	part of your other paid		☐ Yes ☐ No 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		minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body?
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Date	Signature
	Drint Name