Date: 7/3/07

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print	PRINT NAME CLEARLY
Agenda No. / / 0 6537	Name Roued M. Tradfordors Address 2 East Mifflen #800
Please check the appropriate boxes:	ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ
	Oppose Wish to speak Do not wish to speak Available to answer questions Organization or a person other than yourself: Yes No d not complete the rest of this form. If you answered "yes," go on to the next
Name, address and telephone number of	f each person or organization you are representing:
Kel	ly Williamson Congore
Are you being paid for your representat	트리크 - ^ 트로스트 (1985년 - 1985년 1985년 - 1
	paid duties for this person or organization? Yes Yo d not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hea	

Registration Statement - Page 2

Are you an e governmental	elected official who is appearing solely on behalf of your office or for your municipality or other 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, do you understand			
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 the principal is registered with the City Clerk?			
3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?			
(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date 1	13/07 Signature Roll (world)			
t	Print Name ROWACD M. Tracklessey			

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Date	-	-			 								

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Agenda No.	4 56537	Name Sh Address CE	hrænffe D Kellegu	n villemon
Please check the app	ropriate boxes:			
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Are you appearing a	or your representation? s part of your other paid du o, " STOP; you need not co	omplete the rest of this f	rganization? form. If you answered	
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minute	es.	

Registration Statement - Page 2

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Date	7/3/07 Signature John Huffen Print Name John Gruffen