Date: 10/65/06

CITY OF MADISON

Registration Statement -	Common Council
	THE COMMITTEE AND A STATE OF THE STATE OF TH
Please Print 04498	PLEASE PRINT CLEARLY
	Name Wed Stackhant
Agenda No.	Name Ned Slackhauk Address 2202 Center Mallin WT 53704
	Malison WI 53704
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
	anization or a person other than yourself: \[Yes \] No of complete the rest of this form If you answered "yes," provide the name question)
Name, address and telephone number of each	ch 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 no question)	d duties for this person or organization?
Information Hearing	mmon 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 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.)	
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised	
	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: 10 / 5 / 0 6

CITY OF MADISON

Registration Statement -	Common Council
	A COMMITTEE ART THE AREA TO SHELL AND A SH
Please Print 04498	PLEASE PRINT CLEARLY
	Name MARON RIRD BEAR
Agenda No.	Address 4814 ACADEMY DR.
	MOISIN W 53716
Please check the appropriate boxes:	
Support	and 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 questions.	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:
WUNK SHEEK . 710 La	ingdow St, MSC ZND FLOOR, RED Lynn ?
	min
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

REGISTRATION STATEMENT - PAGE 2

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Date	Signature	
	Print Name	