	Date:
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
0 2	Name Tim SATERFIELD
Agenda No. 199550	Address <u>SOSE. DEAN</u> AVE. MNDISON
Please check the appropriate boxes:	
✓ Support☐ Oppose☐ Neither Support Nor Oppos	and Wish to speak Do not wish to speak 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
Name, address and telephone number of eac	h 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)	I 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	nmon Council) 5 minutes 3 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

	an elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body?
	nswered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)
If you ar that:	e 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?
	go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 3 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

14

Date:	6/3/01	
Dutt.		

CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 133	Name CHRISTIPHER DYSN Address SYLO MAHER AVE
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	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name sestion)
STOVEHTON ROPA & EVITAL	
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

REGISTRATION STATEMENT - PAGE 2

•.	n elected official or employernmental body?	yee who is appea	ring solely on behalf of y	our office or for yo	ur municipality or No
	swered "yes" to the questic If you answered "no" to th	to the second se	<u>-</u>	of this form, except	that you must sign
If you are that:	e being paid for your repre	sentation, or if y	our appearance is part o	f other paid duties,	please be advised
1.	Before you engage in with the City Clerk	lobbying as a lo	bbyist, you or your princ	ipal must file an aut	chorization
2.	Your principal is not City Clerk	permitted to aut	horize you to lobby unle	ss you are registere	d with the
3		ne principal mus	nore than \$1,000 for lobb t file expense statements		
	go to the City Clerk's web 3 of the City-County Buildin			<u>html</u> or go to the	Clerk's Office at
Date		Signature			
		Print Name			
			the first of the control of the cont		

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	CITY OF MADISON
Registration Statement -	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
72	Name Tonua Hamilton-Nisbet
Agenda No. 133	Address 9 Tern prode
09550	Mad 50 WI 53716
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 qu	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:
Stoughton Road Rentale	gation Project
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 3 minutes

REGISTRATION STATEMENT - PAGE 2

		elected 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 that:	are be	eing 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?
		to 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