	Date:	7/1	108	
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ANCIS THO	USB~	<u> </u>		
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☐ Wish to spe☐ Do not wish ☐ Available to	h to speal		18	
er than yourself: is form If you ans	☑ Y wered "y	es [es," pro] No vide the	name
n you are represent	ting:			
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CITY OF MADISO

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 87	Name FRANCIS THOUSONS Address IIII DEMING WAY MARISON WI
Please check the appropriate box:	Please check the appropriate box:
 Support Oppose Neither Support Nor Oppose 	AND 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	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
JOSEPH FREED + ASSOCIA	
JOSEPH FREED + ASSOCIA	
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

Are you an other gover	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign f you 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?
(Please go Room 103 d	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	7/1/08 Signature Lowing ful
	Print Name FRANCIS THOUSAND

Date:	7/		90	i.
ALC: NO. 18		ī		 _

CITY OF MADISON

Registration Statement	Common C	<u>ouncil</u>
Please Print	PLEASE	PRINT NAME CLEARLY
27	Name	Scott MilAMORE
Agenda No.	Address	220 U. SMITH ST. #300 PALATINE, IL 60067
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organ	nization or a perso complete the rest uestion)	of this form. If you answered "yes," provide the name
JOSEPH FREED + ASS		
220 N. SMITH ST.	#300	
PALATINE, II 6	0067	
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)		son or organization? Yes No No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	se a santan da santan an minisa a santan a	3 minutes

REGISTRATION STATEMENT - PAGE 2

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Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer this form If yo	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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature AM CM ST. F. M. J. D. A. D. D. T.
	Print Name