Date: 8/7/07

## City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print USG4	PRINT NAME CLEARLY
Agenda No. 103	Name A LARSON Address MAdison WAfor
Please check the appropriate boxes:	
(If you answered "no," <b>STOP</b> ; you need not question.)	Oppose     Wish to speak     Do not wish to speak     Available to answer questions  mization of a person other than yourself:    Yes    No to complete the rest of this form. If you answered "yes," go on to the next
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? X Yes No to complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hearing Other Items	5 minutes 5 minutes 3 minutes

#### Registration Statement - Page 2

Are you an elected official wgovernmental body?	ho is appearing solely on beh	nalf of your office or for your municipality or Yes 🔀 No	other
	question, <b>STOP.</b> You need not co " to the question, go on to the ne	omplete the rest of this form, except that you mu ext question.)	st sign
f you are being paid for your hat:	representation, or if your appea	arance is part of other paid duties, do you unde	rstand
1 Before you eng with the City C	化二氯化二甲二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	ou or your principal must file an authorization ☐ Yes ☐ No	
2 Your principal with the City C		you to lobby unless the principal is registered Yes No	
period (calenda		in \$500 for lobbying services in any reporting lile expense statements with the City Clerk for Yes No	
	of the last three questions, pleas -County Building, Madison, for i	se call the City Clerk at 266-4601 or go to the ( more information)	Clerk's
Date 8/7/07	Signature	1,00a	
	Print Name	Alan L Larson	

Date: 8[7[07

### City of Madison Registration Statement - Common Council

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Please Print 06994	PRINT NAME CLEARLY
Agenda No. 103	Name JOEFINN Address 175 N. Dafrick Blvd Brook Field Wi 53045
Please check the appropriate boxes:	
Support  Wish to speak Do not wish to speak Available to answer questions  At this meeting are you representing an org (If you answered "no," STOP; you need no question.)	Oppose  Wish to speak Do not wish to speak Available to answer questions  Ganization or a person other than yourself: Yes No Not complete the rest of this form If you answered "yes," go on to the next
	ch person or organization you are representing:
Wonderware Mid	west - Representatives for
175 N. Patrick I	3lud Longwatch and
Brookfield W15	3045 RepLogix
Are you being paid for your representation	? ✓ Yes ☐ No
Are you appearing as part of your other pair (If you answered "no," STOP; you need n question)	id duties for this person or organization? Yes No No ot complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hearin	5 minutes g 5 minutes

Other Items

#### Registration Statement - Page 2

Are you an e governmental	lected official who is appearing solely on behalf of your office or for your municipality of other body?
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> 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 answe Office at Roo	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information)
Date <u></u>	Signature Ton Print Name 10e Fins
	전문자들은 즐겁면 할만 얼마는 사람들은 아이들 가지만 하지만 하는 것은 사람들은 사람들은 사람들이 되었다. 나는 사람들은

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Date:	Contract to the second	or and the state of		A 10 May 11 TO	
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Please Print			PRINT	NAME CI	LEARLY
Agenda No/	<u>03</u>	Name Address	Heore 201 R Madiso	andoly	eyez. M Drwe 53717.
Please check the appr	opriate boxes:		board of	Waler	Commusicon
At this meeting are yo (If you answered "no question)	peak ish to speak to answer questions ou representing an organiza " STOP; you need not con	mplete the res	Availal Availal Availal on other than yourse to find this form. If you	wish to speak ble to answer quelf: Yes u answered "ye	s \No
Are you being paid fo	or your representation?			☐ Yes	s 🗌 No
Are you appearing as (If you answered "no question)	part of your other paid du "STOP; you need not co	ties for this pe mplete the res	son or organization t of this form If yo	n? ☐ Ye: u answered "ye	s
Speaking Limits:	Public Hearing Information Hearing Other Items		5 minutes 5 minutes 3 minutes		

#### Registration Statement - Page 2

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Date	Signature
	Print Name