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CITY OF MADISON

Registration Stat	ement - Common Council
Please Print Agenda No. 13	PLEASE PRINT CLEARLY Name Address
Please check the appropriate bo	kes:
Support Oppose Neither Support N	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you represent (If you answered "no," STOP; of who you represent and go on	nting an organization or a person other than yourself: Yes No you need not complete the rest of this form. If you answered "yes," provide the name to the next question)
Name, address and telephone nu	umber of each person or organization you are representing:
Are you being paid for your rep	resentation?
	ur other paid duties for this person or organization? Yes No you need not complete the rest of this form. If you answered "yes," go on to the next
<u>. </u>	learing (Common Council) 5 minutes tion Hearing 3 minutes

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
	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	
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?	
	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: April 8,000

CITY OF MADISON

Registrati	on Statement - Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Alan Urnguist Address
Please check the appro	opriate boxes:
Support Oppose Neither Su	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no,	ou representing an organization or a person other than yourself: Yes No, "STOP; you need not complete the rest of this form. If you answered "yes," provide the name and go on to the next question)
Name, address and te	lephone number of each person or organization you are representing:
Are you being paid fo	or your representation?
Are you appearing as (If you answered "no question)	part of your other paid duties for this person or organization? Yes No," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?	
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Date	Signature	
	Print Name	



Date: 10 1 1 8 300 8

CITY OF MADISON

Registration Statement	Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT CLEARLY
Agenda No. 13	Name Law Vear ove Address
Please check the appropriate boxes:	
✓ Support☐ Oppose☐ Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions e
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
Speaking Limits: Public Hearing (Con	nmon Council)5 minutes

3 minutes

Information Harring

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?	
	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.)	
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Date	Signature	
	Print Name	



Date: 10118, 2008

CITY OF MADISON

Registration Statement	COMMITTEE
<u>Please Print</u>	
	PLEASE PRINT CLEARLY
	Name STEUR Arnold
Agenda No	Address 2201 Commoned ealth Ave
	MAdison
lease check the appropriate boxes:	
lease theth in appropriate boxes.	
<u> </u>	and Mish to speak Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Oppose	를 받는 것이 되었다. 그런 그런 그는 그는 그는 그를 가는 것이 되었다는 것이 되었다. 그는 그는 그는 그는 그는 그는 그는 그를 보는 것이 되었다. 일본 사람들은 그는 그는 그는 그는 그를 보고 있는 것이 되었다. 그는 그를 보고 있다.
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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
Speaking Limits: Public Hearing (Com-	"我们们在我们,我就可能发生的,你没有什么,我也说是我的我们就是我的,我就会就会好,我没有我的我,我没有

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