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Date:	\sim		- 1		÷	ď.	ĺ
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CITY OF MADISON

Registration Statement	Common Council	
Please Print	PLEASE PRINT NAME CLEA	ARLY
Agenda No. 20 173/4	Name David B. C7 Address 423 E Linn Sun Prairie	AUDER erul Dr. WI 53590
Please check the appropriate box:		e appropriate box:
☐ Support☐ Oppose☐ Neither Support Nor Oppose	AND Wish to spea Do not wish Available to	ik to speak 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 answ	
Name, address and telephone number of each Toract 201 Junction		ng:
Torget 201 Junction Madison, WI 5371	7	
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)		Yes No No wered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes	

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your nother governmental body?	nunicipality or No
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that this form. If you answered "no" to the question, go on to the next question)	you must sign
If you are being paid for your representation, or if your appearance is part of other paid duties, pleathat: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an author with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered working City Clerk.	ization
If your principal spends or will owe more than \$1,000 for lobbying services in any reperiod (half year), the principal must file expense statements with the City Clerk remainder of the calendar year?	
(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Cle Room 103 of the City-County Building, Madison, for more information) Date 3-2-10 Signature Print Name Print Name	