Date: 2/27/07

CITY OF MADISON

Registration Statement -	Common Council
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Please Print 04950	PLEASE PRINT CLEARLY
	Name JAHES WESTRING
Agenda No. 46	Address 1132 DRAKE ST.
	MADISON, WI 53715
Please check the appropriate boxes:	
Support forming a committee Oppose - moving/altering sit	and Wish to speak
Oppose - moving/altering sit	☐ Do not wish to speak ☐ Available to answer questions
1 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	person or organization you are representing:
MADISON TRUST FOR	HISTORIC PRESERVATION
PO BOX 296	
Madison, WI. 53701-	-0296 441-5435
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

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No		
	vered "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 are l hat:	peing 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?		
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at If the City-County Building, Madison, for more information)		
Date	Signature		
	Print Name		

				Date:
		CITY OF MA	.DISON	
Registrati	on Statement	Common (Council	
		COMMITTEE		
Please Print		PLEASE	PRINT CLEARLY	
46	2/2~)	Name	Sherida	n Elen
Agenda No.	04450	Address	/ / / / / -	704 A402
			Madison	WI 53703
Please check the appro	opriate boxes:			
Support			and Wish to sp	eak
Oppose			Do not wis	
	pport Nor Oppose		Available	to answer questions
(If you answered "no,		complete the resi	on other than yourself: t of this form. If you an	☐ Yes ☐ No swered "yes," provide the name
Name, address and tel	ephone number of each	person or organi	zation you are represer	iting:
Are you being paid for	your representation?			☐ Yes
	part of your other paid on "STOP; you need not			☐ Yes ☑ No swered "yes," go on to the nex
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	data da a	3 minutes	

REGISTRATION STATEMENT - PAGE 2

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Date	Signature			
	Print Name			