Date:	2	JAN	06		

## CITY OF MADISON

Registration Statement	Common Council
Please Print OH662	PLEASE PRINT CLEARLY
	Name AMY HASSELMAN
Agenda No. 6	Name ANY HASSELMAN Address 116 E. DAYTON ST
	IM, NOSKAM
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose Neither Support Nor Oppose	☐ Do not wish to speak ☑ Available to answer questions
	보실 등록 전환으로 불호되는 불리에 받 <u>는</u> 경기를 되어왔 <u>다</u> 는 이 보였다.
At this meeting are you representing an organ (If you answered "no," STOP; you need not	nization or a person other than yourself: Yes Y No complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	uestion)
Name, address and telephone number of each	person or organization you are representing:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Yes ☐ No
Are you being paid for your representation?	i es Livo
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question)	duties for this person or organization?
Information Hearing	mon Council) 5 minutes 3 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 mental body?
	ered "yes" to the question, <b>STOP.</b> 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 be that:	eing 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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	1/2	100	7	N. S.	

## **CITY OF MADISON**

Registration Statement	Common Council COMMITTEE
Please Print OH662	PLEASE PRINT CLEARLY
Agenda No. Public Hearing #6	Name Karen Musser Address 2802 Internationale.
Please check the appropriate boxes:	
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," <b>STOP</b> ; you need not of who you represent and go on to the next que	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:
Are you being paid for your representation?	☐ Yes 🕟 No
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not a question)	luties for this person or organization?  Yes No complete the rest of this form If you answered "yes," go on to the next
Information Hearing	non Council) 5 minutes 3 minutes 3 minutes

## **REGISTRATION STATEMENT - PAGE 2**

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Date	Signature
	Print Name