Date: 1//6/2007

CITY OF MADISON

Registration Statement -		Common Council				
Please Print Agenda No.	-07632 5	PLEASE Name Address	PRINT NAME CLEARLY MITCHELL P WE LOW 1457 Staw Cross Mul			
Please check the app	ropriate box:		Michsyn Wi 537M Please check the appropriate box:			
Oppose	pport Nor Oppos	aND e	Do not wish to speak Available to answer questions			
(If you answered "no,		t complete the rest of	n other than yourself: Yes No of this form. If you answered "yes," provide the name			
Name, address and te	ephone number of eac	h person or organiz	zation you are representing:			
Are you being paid fo	r your representation?		☐ Yes ☑ No			
	part of your other paid " STOP; you need no		son or organization? Yes No of this form If you answered "yes," go on to the next			
Speaking Limits:	Public Hearing (Com Information Hearing					

REGISTRATION STATEMENT - PAGE 2

그리고 하는데 보고 한다. 하다	트리트 100 전		
Are you an electe other government	ed official or employee who is appearing solely on behalf of your office or for your municipality or all body?		
• •	"yes" to the question, STOP. You need not complete the rest of this form, except that you must sign inswered "no" to the question, go on to the next question)		
If you are being that:	paid for your representation, or if your appearance is part of other paid duties, please be advised		
	efore you engage in lobbying as a lobbyist, you or your principal must file an authorization ith the City Clerk		
	our principal is not permitted to authorize you to lobby unless you are registered with the ity Clerk		
pe	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?		
* · · · · · · · · · · · · · · · · · · ·	e City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at		
Room 103 of the (City-County Building, Madison, for more information)		
Date	6 200 Signature MITHUY MYMM 1		
	Print Name ////////////////////////////////////		

Date:	10	-0	6-	0	7

CITY OF MADISON

Registration Statement	Common Council
Please Print 07632	PLEASE PRINT NAME CLEARLY
Agenda No	Name KOSEMARY LEE Address [[W Wilson ST #108 MADISON 53703
Please check the appropriate box: Support Oppose 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 que Name, address and telephone number of each	ization or a person other than yourself: Yes You complete the rest of this form. If you answered "yes," provide the name sestion.)
Are you being paid for your representation? Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question)	☐ Yes ☐ No 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 3 minutes

REGISTRATION STATEMENT - PAGE 2

-	rnmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question)
If you are that:	being 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 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name