Date: 3/3/09

CITY OF MADISON

Common Council

Registration Statement -COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. _# Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** Yes No At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question) Name, address and telephone number of each person or organization you are representing: No Yes Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council) 5 minutes Speaking Limits: Information Hearing 3 minutes

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or least the solely of
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign f you 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

Date: 3-3-09

CITY OF MADISON

Registration Statem	nent - Common Council	
Please Print	PLEASE PRINT CLEARLY	
Agenda No.	Name <u>Sepeccio</u> Address <u>HOG N</u> +	finderson. rances
Please check the appropriate boxes:		
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Are you being paid for your represe	entation?	☐ Yes ⋛No
	ther paid duties for this person or organization? need not complete the rest of this form. If you an	Yes No No swered "yes," go on to the next
Information	ing (Common Council) 5 minutes Hearing 3 minutes 3 minutes	

REGISTRATION STATEMENT - PAGE 2

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Date	Signature
	Print Name

Date:	3	13	109	
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CITY OF MADISON

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Agenda No.	Address	
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Speaking Limits: Public Hearing (Common		
Information Hearing Other Items		

REGISTRATION STATEMENT - PAGE 2

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Date		Signature	
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