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Please check the appropriate boxes:	
Support	and Wish to speak Do not wish to speak
Oppose	Available to answer questions
☐ Neither Support Nor Oppo	
At this meeting are you representing an or	ganization or a person other than yourself: Yes No
(If you answered "no," STOP; you need n	not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next	t question)
Name, address and telephone number of ea	ach person or organization you are representing:
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	internation that the property of the control of the
Are you being paid for your representation	n? ☐ Yes ☐ No
Are you appearing as part of your other pa	
	not complete the rest of this form. If you answered "yes," go on to the next
question)	
	ommon Council)5 minutes
Information Hearin	ng 3 minutes

Are you an e other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	ered "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 be that:	ing 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?
	o 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:	_//	/14	06		
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Amendment No	# 36 - Super Address 2647 - HARD ST
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Please check the appro	opriate boxes:
Cunnort	and Wish to speak
Support	Do not wish to speak
Oppose	Available to answer questions
	pport Nor Oppose
At this meeting are vo	ou 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
	and go on to the next question)
AT 11 1.1	
Name, address and tel	lephone number of each person or organization you are representing:
Are you being paid fo	r your representation?
Are you appearing as	part of your other paid duties for this person or organization?
	"STOP; you need not complete the rest of this form. If you answered "yes," go on to the next
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Speaking Limits:	Public Hearing (Common Council) 5 minutes
	Information Hearing 3 minutes
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Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date	Signature
	Print Name

Date: 11/14/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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Amendment No.	20 02417	Address	2314	SOMM	1015
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	u representing an organization of "STOP; you need not complete	-		☐ Yes	No provide the name
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Speaking Limits:	Public Hearing (Common Cou Information Hearing Other Items		ites		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
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\mathbf{I}	Public Hearing (Common Count of the Items Common Count of the Items Common Country Items	3 min	utes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
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Please check the appro	opriate boxes:	7 13-0241°		
		36-02		
Support		and	l 🔲 Wish to speak	
Oppose			Do not wish to speak	
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At this meeting are you (If you answered "no, of who you represent	" STOP; you need no	ot complete the rest of	other than yourself: Yes this form. If you answered "yes,	No provide the name
Name, address and tel	ephone number of ea	ch person or organizat	ion you are representing:	
Are you being paid fo	r your representation		☐ Yes	□No
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