Date: 1-17.06
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urself: Yes No you answered "yes," provide the name
epresenting:

CITY OF MADISON

Registration Statement	- COMMON COUNCIL COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
1 02468	Name Marshx Rummel
Agenda No.	Address 1339 Ruttelge # 2
Cuaa	Name Marshx Rummel Address 1339 Rutlefy # 2 Marsh WI
Please check the appropriate boxes:	
✓ Support☐ Oppose☐ Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," STOP; you need to of who you represent and go on to the nex	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question) such person or organization you are representing:
	사이라고 이번 시간으로 보고 있다. 그리고 아이들은 사이를 보고 있는데 그리고 있다.
Are you being paid for your representation	n? Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need to question)	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
	ommon Council) 5 minutes ag 3 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or numental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If 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?
	o 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
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Date: 17 do en ero, 2006

CITY OF MADISON

Registration Statement -	COMMON COUNCIL
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Please Print	PLEASE PRINT CLEARLY
1 62468	Name Blt appleed
Agenda No.	Address 1337 Jenyles
	Madison ()
Please check the appropriate boxes:	53763
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 orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (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 3 minutes

REGISTRATION STATEMENT - PAGE 2

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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.)
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	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:/	
		CITY OF MA	LDISON		
Registrat	ion Statement	COMMON COMMITTEE	COUNCIL		
Please Print					
		PLEASE	PRINT CLEARLY		
1	02468	Name	Andy He	edt_	
Agenda No.		Address			
Please check the appr	opriate boxes:				
Support			and Wish to s	peak ish to speak	
Oppose Neither Su	ipport Nor Oppose			to answer que	stions
	and go on to the next que lephone number of each		ization you are represe	enting:	
Are you being paid fo	or your representation?			Yes	∕ No
	part of your other paid of ," STOP; you need not			☐ Yes nswered "yes,	No No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items		3 minutes		
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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, 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)
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Date	Signature
	Print Name