Date: 3/20/07

CITY OF MADISON

Please Print			
		PLEASE PRINT CLEARLY	
		PLEASE PRINT CLEARLY	
		Name XAPM	oury
Agenda No.		Address $37/7$ 50	wes'01
	05867	Madison	$,\omega$
Please check the appro	priate boxes:		
Support		and Wish to spea	
Oppose		☐ Do not wish	to speak
	pport Nor Oppose	☐ Available to	answer questions
of who you represent o	and go on to the next que	omplete the rest of this form If you answestion) person or organization you are representing	
Are you being paid for	your representation?		☐ Yes ☐ No
Are you appearing as	part of your other paid du	uties for this person or organization? omplete the rest of this form If you answ	☐ Yes ☐ No

REGISTRATION STATEMENT - PAGE 2

	elected 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.)	
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 f the City-County Building, Madison, for more information)	
Date	Signature	
	Print Name	