Date: 6/19/07

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print	PRINT NAME CLEARLY
	Name JAMES CAMPBEC
Agenda No. <u>43</u>	Address 1901 TYPOC TEKRACE
06211	MT HOREB WI 53572
Please check the appropriate boxes: Support Wish to speak Do not wish to speak Available to answer questions At this meeting are you representing an organiz	Oppose Wish to speak Do not wish to speak Available to answer questions The station of a person other than yourself: We have a perso
KATHLEEN WERNIGG	
3702 6-232-on/ St	
3702 GEESON ST Are you being paid for your representation?	`3711 ☐ Yes ☑ No
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not co question.)	uties for this person or organization? Yes No omplete the rest of this form. If you answered "yes," go on to the next
Information Hearing	5 minutes 5 minutes 3 minutes

Registration Statement - Page 2

Are you an governmenta	lected official who is appearing solely on behalf of your office or for your municipality or other body?
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are be that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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 the principal is registered with the City Clerk?
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
(If you answe Office at Roc	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

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Date:	$\boldsymbol{\varphi}^{-}$	(-			1		
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print		PRINT NAME CLEARLY
		Name Kithleen Werning
Agenda No. 43		Address 3702 Grand S+
060		Name Kithleen Werning Address 3702 Grapy St. Madison, WT 53711
Please check the appro	priate boxes:	
✓ Support✓ Wish to sp✓ Do not wis✓ Available		☐ Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are yo (If you answered "no, question)	u representing an organiz " STOP; you need not co	vation of a person other than yourself: \(\sum \) Yes \(\overline{\pi}\) No complete the rest of this form If you answered "yes," go on to the next
Name, address and tel	ephone number of each p	erson or organization you are representing:
Are you being paid for	r your representation?	☐ Yes 🗹 No
Are you appearing as (If you answered "no, question)	part of your other paid du "STOP; you need not co	uties for this person or organization? \[\begin{aligned} \text{Yes} & \begin{aligned} \text{No} \\ \text{omplete the rest of this form If you answered "yes," go on to the next} \end{aligned}
Speaking Limits:	Public Hearing	5 minutes
	Information Hearing	"
	Other Items	

Registration Statement - Page 2

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Date	Signature
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