	Date: 1-8-07
	CITY OF MADISON
	Common Council COMMITTEE
<u>Please Print</u>	
	PLEASE PRINT CLEARLY
	Name Dove Sonda
Agenda No. <u>07762</u>	Address 115 West Doty St
	사이트 (1987년 1일 전 1987년 1일
Please check the appropriate boxes:	는 발생님의 대한 역에로 하는 사람들에 가장 보는 모든 보는 것이 되었다. 그는 것은 것은 것은 것은 것이 되었다. 1987년 - 1988년
Support Support	and Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
	크림하는 호텔을 보는 경험으로 보고싶다 <u>면</u> 경험를 <u>하</u> 게 되었습다.
	zation or a person other than yourself: Yes No omplete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next que	
Name, address and telephone number of each p	person or organization you are representing:
Dane County Emergency Mar	ragement
115 West Doty Street	
Madison 53703	
Are you being paid for your representation?	Yes □ No
Are you appearing as part of your other paid du	
(If you answered "no," STOP ; you need not conversion)	omplete the rest of this form. If you answered "yes," go on to the next
	on Council) 5 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

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?
	red "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 beithat:	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?
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)	
Date / - 8	Signature Print Name Devod Tenda

Date:	1/2/08
	.,

CITY OF MADISON

on. or managed
Registration Statement - Common Council
Please Print PLEASE PRINT NAME CLEARLY
Agenda No. 13 Name John Welch Address 3303 N Stone Creek Cir Madison WI 53719
Please check the appropriate box: Please check the appropriate box:
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 organization or a person other than yourself: Yes No (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:
1919 Alliant Energy Center Way Madison WI 53713 608 266-4018
Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)
Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

REGISTRATION STATEMENT - PAGE 2

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Date _	1/8	Signature John Welch