Date: 17ay 16'06

CITY OF MADISON

Registration Statement		Common Council COMMITTEE	
Please Print Agenda No.	03239 14	PLEASE PRINT CLEARLY Name Or. Will Sandstrom Address 2621 Muland St. Madison W1 53704	
At this meeting are y (If you answered "n of who you represent Name, address and t	upport Nor Oppos you representing an orga o, "STOP; you need no at and go on to the next of elephone number of eac	and Wish to speak Do not wish to speak Available to answer questions se anization or a person other than yourself: Yes No of complete the rest of this form. If you answered "yes," provide the nanquestion) ch person or organization you are representing:	
Are you being paid Are you appearing a	for your representation? s part of your other paid o, " STOP ; you need no Public Hearing (Con	d duties for this person or organization? Yes No Not complete the rest of this form. If you answered "yes," go on to the ne	
	Information Hearing	3 minutes	

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		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)
If you that:	are bein	ng 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?
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date _	Ma	Print Name Valil Sandstram