Date: 7-18-06

CITY OF MADISON

Registrati	on Statement	COMMITTEE	ouncil		
Please Print	02720	PLEASE P	RINT CLEARLY		
Agenda No.		Name _ Address _	DUANE S Z818 TOO	Steinha DDR	⊶ R
Please check the appr	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	a	nd Wish to spo Do not wis Available t	eak h to speak o answer ques	tions
(If you answered "no,	ou representing an organi " STOP; you need not c and go on to the next que	omplete the rest o			☐ No provide the name
Name, address and tel	ephone number of each p	person or organiza	ation you are represen	ting:	
Are you being paid fo	r your representation?			☐ Yes	□No
	part of your other paid d "STOP; you need not c				☐ No go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing				

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
	vered "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 b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
	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