Date: 7 /17/07

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print	PRINT NAME CLEARLY
Agenda No. 3	Name E, K Pro son Address 222 N Hariton #8 Madron LF 53707
Please check the appropriate boxes:	
(If you answered "no," STOP; you need question)	Oppose Wish to speak Do not wish to speak Available to answer questions Iganization of a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," go on to the next
Are you being paid for your representation	on? Yes No
Are you appearing as part of your other p (If you answered "no," STOP; you need question)	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hear	5 minutes ing 5 minutes

Registration Statement - Page 2

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?	
	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:	ing 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? \(\sum \text{No} \sum \text{No} \)	
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?	
,	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information)	
Date	Signature	
	${f Print Name}$	

Date: 7/17/07

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Please Print		PRINT NA	ME CLEARLY
Agenda No. <u>3</u> 06762	Name Addres	Dan Sebald s 1553 Adam Madison, W	St #AB
Please check the appropriate l	ooxes:		
(If you answered "no," STO question)		rson other than yourself: est of this form If you answ	answer questions Yes No wered "yes," go on to the next
Are you being paid for your r	epresentation?		☐ Yes ☐ No
Are you appearing as part of (If you answered "no," STO question.)	your other paid duties for this parties you need not complete the r	person or organization? est of this form If you ans	☐ Yes ☐ No wered "yes," go on to the nex
Inform	e Hearing nation Hearing Items	5 minutes	

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	Print Name	