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
normandy a	partments	Name Dan Sebald Address 1553 Adams St #AB Modison, WI 53711
Agenda No.		Address 1553 Adams St #AB
	06126	Madison, WI 53711
Please check the app	propriate boxes:	
⊠ Support		\square Oppose
Wish to		Wish to speak
	wish to speak le to answer questions	Do not wish to speakAvailable to answer questions
question)		omplete the rest of this form. If you answered "yes," go on to the next person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
Are you appearing a (If you answered "n question)	s part of your other paid du no," STOP; you need not co	uties for this person or organization?
Speaking Limits:	Public Hearing	5 minutes
	Information Hearing	
	Other Items	3 minutes

Registration Statement - Page 2

Are you an governmenta	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:	sing 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? \(\sum \text{No}\) 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
	Print Name

Date: 7/17/07

City of Madison Registration Statement - Common Council

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Please Print	PRINT NAME CLEARLY
Agenda No. <u>8</u> 06126	Name JERRY BOURGUIN Address DIMINUSIONITI MADISON 313 W. BEUTUNE #16
Please check the appropriate boxes:	PROJECT APEHITECT
(If you answered "no," STOP; you need question)	Oppose Wish to speak Do not wish to speak Available to answer questions Organization or a person other than yourself: Yes No Not complete the rest of this form. If you answered "yes," go on to the next each person or organization you are representing:
Are you being paid for your representation	on?
Are you appearing as part of your other part (If you answered "no," STOP; you need question)	oaid 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 Other Items	5 minutes ing 5 minutes 3 minutes

Registration Statement - Page 2

	Print Name
Date	Signature
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Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other labels. I have all body?