Date: 2 - 3 - 09

CITY OF MADISON

Registration Statement -	Common C	ouncil	
Please Print	COMMINATEL		
1 lease 1 tillt	PLEASE	PRINT NAME CLEARLY	
	Name _	Linda Karr	
Agenda No.	Address _	4205 Elinor St	
ID# 11080		Madison WI E	3716
Please check the appropriate box:		Please check the appropriate bo	x:
Support Oppose Neither Support Nor Oppos	AND e	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next q	t complete the rest		No ide the name
Name, address and telephone number of eac	h person or organiz	ation you are representing:	
Are you being paid for your representation?		☐ Yes	No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)			No n to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes	

REGISTRATION STATEMENT - PAGE 2

	그런 사람이 하지 않는 사람들이 하는 이 사람이 있었다. 그는 사람들은 이 사람들은 아니라 이번 사람들이 나를 가지 않는 것이다.			
Are you an e other governr	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 be that:	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 _ <u> </u>	3-07 Signature Linda B Kar			
	Signature Linda B. Karr Print Name Linda B. Karr			

늘 일어 모르고 보는 것으로 된 일을 수 모든 것은		Date: 1/5109
	CITY OF MAD	ISON
Registration Statement -	Common Co	ouncil
Please Print		
	PLEASE	PRINT NAME CLEARLY
#109 outdoor	Name	Liz Bothfeld
Agenda No. Bily	Address	3344 Pohoesete W
- 11080 Billy		Dodgoville WI
Please check the appropriate box:		
a reason the appropriate box.		Please check the appropriate box:
Support	AND	✓ Wish to speak✓ Do not wish to speak
☐ Oppose☐ Neither Support Nor Oppose		Available to answer questions
At this meeting are you representing an org (If you answered "no." STOP: you need no		other than yourself: Yes No 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 ear	ch person or organiza	ation you are representing:
Are you being paid for your representation?		☐ Yes 🖟 No
Are you appearing as part of your other paid (If you answered "no," STOP: you need no	d duties for this person of complete the rest of	on or organization?
question)		

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

Speaking Limits:

REGISTRATION STATEMENT - PAGE 2

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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(Pleas Room	e go to 103 of	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date		Signature
		Print Name