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Oppose		Do not wish to speak Available to answer questions
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of who you represent and go on to	the next question)	
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		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
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If you at	re bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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3	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 ne City-County Building, Madison, for more information)
Date	3	31 00 Signature 177

Date: 3/31/09

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Address 21-11 TIMBS RSHURE Dr. LAKE CARROLL IL 61046 Please check the appropriate boxes: Support	Please Print		PLEASE	PRINT CLEARLY		
Please check the appropriate boxes: Support			Name	PHYLLI	S W/1	LHELM
Please check the appropriate boxes: Support	Agenda No.	<u>+ + - </u>	Address	21-11 TIM	BERSHO	RE Dr.
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest 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 each person or organization you are representing: MADISON GAS ELECTRIC P.O. BOX 123 MADISON GAS FLECTRIC P.O. BOX 123 Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Are you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing				LAKE CARK	ZOLL I	L 61046
Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest 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 each person or organization you are representing: MADISON GAS ELECTRIC P.O.BOX 1231 Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Speaking Limits: Public Hearing (Common Council)	Please check the appro	opriate boxes:				
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		cted official or employe ental body?	ee who is appear	ing solely on behalf of your off	fice or for your municipality Yes \[\sum \colon \text{No} \]	y or
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	1	Before you engage in l with the City Clerk	obbying as a lob	byist, you or your principal mu	ast file an authorization	
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
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		the City Clerk's webs ne City-County Building		nadison.com/clerk/index.html o ore information)	or go to the Clerk's Office	e at
Date _	3/	31/09	Signature	Phyllin & Wa	elhelm	
	/	' /	Print Name	PHYLLIS	WILHELM	

CITY OF MADISON

Registration Statement	Common Council
Please Print	COMMITTEE PLEASE PRINT CLEARLY
Agenda No. 44	Name FRANK STANIS ZEWSKI Address 413 MEADOWLARK DIZ
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	
MADISON	N AVE
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 not question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

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		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 that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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		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	3/:	31/09 Signature January Algeria

Date: $\frac{7}{3}(09)$

Registration	Statement	Common C	ouncil		
Please Print		COMMITTEE			
		PLEASE	PRINT CLEARLY		
214	4	Name	Robert (I. Calca	terra.
Agenda No. 77		Address	301 50	Danis	ton
			Stly	ise Ma	6310
Please check the appropr	iate boxes:				
Support Oppose				speak wish to speak le to answer quest	tions
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		elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
		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)
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		to 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	_3 _/	73, 29 Signature Owh Calcutina Print Name De 1

Date: 3-3/-09

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		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)
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