	Date:
	CITY OF MADISON
	Common Council
Please Print 1988	PLEASE PRINT CLEARLY
Agenda No.	Name Doug LONG Address 10713 CHICOLY ROCF LAY ROSCOC, IL 61073
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 organiz (If you answered "no," STOP; you need not co of who you represent and go on to the next que	omplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each p	
2639 E SPRINCS	DR
MADISON WI	53724
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not caquestion.)	uties for this person or organization? XYes No omplete the rest of this form. If you answered "yes," go on to the next
Information Hearing	on Council) 5 minutes 3 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?	
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question)	
If you are that:	being 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?	
Room 103	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at of the City-County Building, Madison, for more information.)	
Date	Print Name Dou (LON (

Date: 1-7-09

CITY OF MADISON

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Milip Bull Address 2773 Citation Dr Tairesulle Wi 53546
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 quantity.	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion)
Hoches of East ma	n person or organization you are representing:
2639 East Spring Madison wi 53	5 Drive
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

REGISTRATION STATEMENT - PAGE 2

Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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Date ()_Ue\ Signature Wul Bull
	Print Name Ph.\ Bull