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Date:	<u>01</u>	107	103	:	_	

CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print	
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IO#	Name Royal BAKENGING FRILW SANOSM
Agenda No. 4 13571	Address 5610 Madical Cr Sta C
	MADISON WS 53719
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak Available to answer questions
Neither Support Nor Oppose	Available to answer questions
(If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each	
35	OZ SARGIZAT ST MEDISON WE
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

		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:	ı are be	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 the City-County Building, Madison, for more information.)
Date	<u> </u>	NONO9 Signature LW SANDSWA
		Print Name FRIC W SANDEWR