Date: 1/-3-09

CITY OF MADISON

	COMMITTEE	
Please Print	PLEASE PRINT/CLEARL	Y
(O14(2))	Name XIMAN	2 Schnetz
Agenda No.	- Address 2/1)	Jarunette Trail
Please check the appropriate boxes:		
Support Oppose Neither Support Nor Opp	Do	sh to speak not wish to speak nilable to answer questions
At this meeting are you representing an o (If you answered "no," STOP; you need of who you represent and go on to the new	not complete the rest of this form. If	
Name, address and telephone number of e	each person or organization you are re	epresenting:
1015 C. W	ach.	
Are you being paid for your representatio	n?	Yes No
Are you appearing as part of your other part (If you answered "no," STOP; you need question)		
Information Heari	fommon 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 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.)		
If you are be that:	eing 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.	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?		
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)		
Date _//-	3-09 Signature Susan Schmith		
	Print Name		