

Date: San 9 2013

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE					
Please Print		E PRINT NAME CL	FARI V			
		•				
Agenda No5	Name Address	454 Cha	MacFarlane			
	Address	Madison				
Please check one:	AND	Please che	eck:			
Support		Wish	ı to Speak			
Oppose		16.				
Neither Support Nor Oppose						
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest question.)	of this form. If you ans	• •	iame		
				-		
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.)			Yes No swered "yes," go on to the	next		
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing						

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Are you an eleother government		who is appearing solely on behalf	of your office or for your municipality or Yes No		
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)					
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:					
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.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.				
(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date	18,2013	Signature			
	/	Print Name Henthor	Macfallane		