Date: 7.25.17

### **CITY OF MADISON**

# **Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission**

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
Agenda No. <u>F</u>	1 Address 120 EAST LAKESIDE ST. MADISON
Please check the appro	opriate boxes:
Support Support Oppose Neither Su	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing
At this meeting are yo (If you answered "no,	ou representing an organization or a person other than yourself: Yes No "STOP; you need not complete the rest of this form. If you answered "yes," provide the name

of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):				
THE BELLE				
		No the test		

Name, address and telephone number of each person or organization you are representing:

SMARTH GROWTH GREATER MADISON 710 EAST WASHINGTON ANE MADISON 658-7431 Yes No Are you being paid for your representation? 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.)

(SEE BACK)

### **REGISTRATION STATEMENT - PAGE 2**

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? 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:

- Before you engage in lobbying as a lobbyist, you or your principal must file an authorization 1. with the City Clerk.
- Your principal is not permitted to authorize you to lobby unless you are registered with the 2. City Clerk.
- If your principal spends or will owe more than \$1,000 for lobbying services in any reporting 3. period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(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.)

7.25.17 Date

1.25.17

Signature

**Print Name** KEDN MONSON

D	oto	•
D	alc	•

## **CITY OF MADISON**

# **Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission**

You must register before the Commission considers your item.

and the second	PLEASE PRINT CLEARLY
Agenda No. <u>-</u>	Name Mary Brink Address DOI E. Washington AVR #107
Please check the appr	opriate boxes:
Support Oppose Neither Su	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing
	ou representing an organization or a person other than yourself: Yes No "STOP; you need not complete the rest of this form. If you answered "yes," provide the name

of whom you represent below, and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Smart Growth Madison, Wisson Ave #107 Yes Are you being paid for your representation? **No** 

Are you appearing as part of your other paid duties for this person or organization?	Y	es 🗌 No
(If you answered "no," STOP; you need not complete the rest of this form. If you answe	ered "y	es," go on to the next
question.)		

(SEE BACK)

### **REGISTRATION STATEMENT - PAGE 2**

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Date 7-25-17

Signature

Print Name

Date: 7-25-17

## **CITY OF MADISON**

# **Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission**

You must register before the Commission considers your item.

		PLEASE PRIN	TCLEARLY		
Agenda No.	1	Name Address 60	Mark Shaha 07 Piper Di	nive	
		M	adison WI	53711	
Please check the approx	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	and	Wish to spea Do not wish Available to		ons
Speaking Limits:	Public Hearing Information Hearing Other Items		nutes		
(If you answered "no,	ou representing an organization "STOP; you need not compl at below, and go on to the next	ete the rest of th		☐ Yes wered "yes," p	No Novide the name
COMMENTS RELA	ATED TO THE ITEM ON T	HE AGENDA	(optional):		
Name, address and tel	lephone number of each perso	n or organizatio	on you are represent	ing:	
Are you being paid for	or your representation?			Yes	🗌 No
	part of your other paid duties," STOP; you need not compl			Yes wered "yes,"	No go on to the next

(SEE BACK)

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Date

Signature

**Print Name** 

07/20/17-F:\Tncommon\COMMITTE\PBMVC\Registration Form 6.30.06 per APM.doc