CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 13	Name CHIH CHEN  Address
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions  e
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
CHIH CHEN	in person of organization you are representing.
SIL FOREST ST #2B	
MAPISON WI 53726	
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 to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

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

	an elected official or employ ernmental body?	ee who is appear	ing solely on behalf of your office or for your municipality or Yes No
	nswered "yes" to the questio . If you answered "no" to the		ed not complete the rest of this form, except that you must sign to the next question)
If you ar that:	e being paid for your repres	sentation, or if yo	our appearance is part of other paid duties, please be advised
1	Before you engage in with the City Clerk	lobbying as a lol	obyist, you or your principal must file an authorization
2	Your principal is not City Clerk.	permitted to auth	norize you to lobby unless you are registered with the
3		e principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
	go to the City Clerk's web 3 of the City-County Buildin		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)
Date		Signature	
Date		Print Name	

ID# 08922 Date:\_\_\_\_

# **CITY OF MADISON**

Registration Statement	Common Council		<u>an ili kang balang bang d</u> <del>Tabupatan kang</del> alahkan
	COMMITTEE		
Please Print	PLEASE PRINT CLEARLY		
	Name FRAN	KLOS	
Agenda No	Address 50/ U	Alley Re	/
Please check the appropriate boxes:			
Support	and Wish		
Oppose Neither Support Nor Oppose	Availa	t wish to speak able to answer ques	tions
Meither Support Not Oppos			
At this meeting are you representing an orga (If you answered "no," STOP; you need not	anization or a person other than your	self: Yes nu answered "yes,"	∑ No provide the name
of who you represent and go on to the next q	question)		
Name, address and telephone number of eac	ch person or organization you are rep	resenting:	
		``````````````````````````````````````	
			Tan.
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 no	d duties for this person or organization complete the rest of this form. If yo	on? Yes	No on to the next
			Z0 0.7 10 1.10 1.10
question)			

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

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
(If you answ this form. If	vered "yes" to the question, <b>STOP.</b> 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 b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
	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.
<b>3</b> .	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?
(Please go Room 103 oj	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	Signature
	Print Name

ID#08922

	11/20	
Date:	3/4/08	

# CITY OF MADISON

Please Print  PLEASE PRINT CLEARLY  Name  Address  Address  Address  Address  Address  Address  Address  Address  Address  Available to answer questions  At this meeting are you representing an organization or a person other than yourself: Yes, No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question)  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.)  Speaking Limits:  Public Hearing (Common Council) 5 minutes Information Hearing	Registrati	on Statement - <u>C</u>		ouncil				
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Please check the appropriate boxes:    Support	Please Print		PLEASE	PRINT CLE	ARLY			
Please check the appropriate boxes:    Support			Name	DAVE	WOOD			
Please check the appropriate boxes:    Support	Agenda No. 13		Address	3200	(MSO) +	<u></u>		
Please check the appropriate boxes:    Support				MADIS	a) L	), , , , , , , ,		
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: Yes No Off you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question)  Name, address and telephone number of each person or organization you are representing:  Are you being paid for your representation?  Are you appearing as part of your other paid duties for this person or organization?  Are you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)  Speaking Limits:  Public Hearing (Common Council)								
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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)  Speaking Limits: Public Hearing (Common Council)	Are you being paid fo	r your representation?				Yes	No	
Information Hearing 3 minutes	(If you answered "no,	part of your other paid dution "STOP; you need not com	es for this per uplete the res	rson or orga t of this for	nization? m. If you ans		<del></del>	ne next
Other Remainment of the Comment of t	Speaking Limits:	Information Hearing	matricontracción projection prope	3 minutes				

# **REGISTRATION STATEMENT - PAGE 2**

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Date	Signature Print Name