

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Mary Carbine

Address: 122 W. Washington Ave #256
Madison 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>5</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)



REGISTRATION STATEMENT - PAGE 2

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

Madison Central Business Improvement District (CIBD)
122 W. Washington Ave. #250
Madison WI 53703

Are you being paid for your representation?

Yes No

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.)

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.)

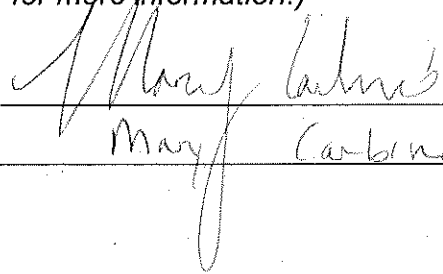
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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?

(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 11-16-10

Signature



Print Name

Mary Carbine