

Date: _	
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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil	
Please Print Agenda No.	PLEASE Name Address	PRINT NA	MECLEARLY n Schlaeden L Kenda II Ave
Please check one:	AND	Plea	se check:
Support			Wish to Speak
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an organized (If you answered "no," STOP; you need not of who you represent and go on to the next of	ot complete the rest of question.)	of this form.	If you answered "yes," provide the name
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this perso		
Speaking Limits: Public Hearing (Con Information Hearing Other Items	<u></u> 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? Yes No
(If you answ this form. If	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 b 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.	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 o	to the City Clerk's website <u>www.citvofmadison.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



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrati	on Statement	COMMITTEE	ouncil		
Please Print Agenda No.		PLEASE Name	PRINT NAME CLI POSEMAN 1) W WILL 53703	EARLY	
Please check of Support Oppose Neither S	ne: upport Nor Opp	AND	Please che Do no	eck: ot wish to sp	eak
(If you answered "no,	u representing an organ " STOP; you need not and go on to the next que ephone number of each	complete the rest o uestion.)	f this form. If you an:		No pvide the name
Are you being paid for Are you appearing as a (If you answered "no, question.)	part of your other paid			☐ Yes [☐ Yes [swered "yes," go	No No on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes		

REGISTRATION STATEMENT - PAGE 2

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Date	Signature
	Print Name



CITY OF MADISON

Registration Statement	- Common Council
	PLEASE PRINT CLEARLY
1/1-	Name GARY BROWN
Agenda No.	Address 610 WALNUL ST.
	MADISAU WI 53726
Please check one:	AND Please check:
Support	Available to answer
Oppose	questions
Neither Support Nor Op	ppose
At this meeting are you representing an org (If you answered "no," STOP ; you need no of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ch person or organization you are representing:
UW MADISON	
610 WALVUIT ST V	NADISON WI 53726
263.3000	
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality o other governmental body?		
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)	
Date 04	17/12 Signature JM Spring	
	Print Name OARY A BRUUT	