

Date: 5/19/09

# CITY OF MADISON

## Early Public Comment Registration Statement - Common Council

**This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.**

Please Print

12065

PLEASE PRINT NAME CLEARLY

Agenda No. <u>27</u>
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Name Caroncel Bayard  
 Address 4901 Shewood Road  
Madison WI 53711

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

- Wish to speak
- Do not wish to speak
- 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.)*

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

Equal Opportunities Commission

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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.)*

Speaking Limits: Public Hearing (Common Council) ... 5 minutes  
 Information Hearing ..... 3 minutes  
 Other Items ..... 3 minutes

(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.)*

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1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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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](http://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 \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 5/19/09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

12065

PLEASE PRINT NAME CLEARLY

Agenda No. 27

Name Lisa Swbeck

Address 818 S. Common Rd. #4

Madison, WI 53719

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 5-19-09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

#27

PLEASE PRINT NAME CLEARLY

Agenda No. 12065

Name TOM MCKENNA  
Address 5013 BLACK OAK DR  
MADISON, WI 53711

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- 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.)

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

ORCHARD RIDGE NEIGHBORHOOD ASSOC,  
"ABOVE"

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.)

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 5/20/09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

12065  
Agenda No. 27

PLEASE PRINT NAME CLEARLY

Name Nancy Jensen

Address 702 N. High Point Rd

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- 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.)

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

Apt Assoc of South Central WI  
702 N. High Point Rd  
Madison, WI

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  
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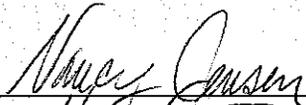
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Date 5/20/09

Signature   
Print Name Nancy Jensen