Date:	
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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		PLEASE PRI	INT NAME CLEARLY	
Agenda No	0417	Name S	TU Cevitur 1187 Cherolee MSN U(5)	10V 37//
Please check the ap	propriate box:		Please check the appropriate box	x:
Support Oppose Neither S	upport Nor Oppose	AND	Wish to speak Do not wish to speak Available to answer questions	
(If you answered "no	you representing an organize o," STOP; you need not con t and go on to the next quest	nplete the rest of thi	ner than yourself: Yes sis form. If you answered "yes," provi	No ide the name
Name, address and to	elephone number of each pe	erson or organization	ı you are representing:	
	215 N	1CK BE	V_)	
Are you being paid f	for your representation?		☐ Yes ☐	No No
	s part of your other paid dut o," STOP; you need not con		or organization? Yes dis form. If you answered "yes," go o	No) n to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 min	nutes	

REGISTRATION STATEMENT - PAGE 2

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?
10,	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)
If you are that:	being 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?
	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 2/1/08

CITY OF MADISON

Registration Statement -	
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name Kate Stalker
Agenda No.	Address & Chreiber Anduson
10417	117 John Dolenton.
Please check the appropriate box:	Please check the appropriate box:
Support Support	☐ Wish to speak
Oppose	AND Do not wish to speak
Neither Support Nor Oppo	Available to answer questions
At this meeting are you representing an or (If you answered "no," STOP; you need no of who you represent and go on to the next	not complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ach person or organization you are representing:
_City of Madino	
Community Dev	elopment Authority
Are you being paid for your representation	n?
Are you appearing as part of your other pa (If you answered "no," STOP; you need r question.)	id duties for this person or organization? \(\sum \) Yes \(\sup \) No not complete the rest of this form. If you answered "yes," go on to the next
	ommon Council)5 minutes
	ng 3 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

and Marie	. 114 (1.54) 115 (1.56)	하는 보고 보다 한 수 있는 것이 없는 그들은 하는 것 같아. 하는 것들리는 사람들은 사람들은 사람들은 사람들이 되었다. 그는 것은 사람들은 사람들은 살 때문에 가는 사람들은
Are yother	ou an el governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If yo this fo	u answe orm If y	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you that:	u are be	ing 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.
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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	1	1/08 Signature KStalle Print Name Kate Staller
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Date: $\frac{1/2/08}{}$

CITY OF MADISON

Registrat	ion Statement -	t - <u>Common Council</u>		
		COMMITTEE		
Please Print				
		PLEASE	PRINT NAME CLEARLY	
		Name	Carnestine Mass	
Agenda No				
	18.713-7	Address	1729 Browning Pd	
	10417		Mulcson, WL 53704	
Please check the ap	propriate box:		Please check the appropriate box:	
(W) C				
Support Oppose		AND	Wish to speak Do not wish to speak	
	lpport Nor Oppos	0	Available to answer questions	
	ipport Not Oppos			
(If you answered "no	ou representing an orga o," STOP; you need not and go on to the next q	t complete the rest	on other than yourself: Yes No of this form If you answered "yes," provide the name	
Name, address and te	lephone number of eac	h person or organi	zation you are representing:	
Are you being paid for	or your representation?		☐ Yes ☐ No	
Are you appearing as (If you answered "no question)	part of your other paid," STOP; you need no	duties for this per t complete the rest	son or organization?	
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	anankaninandahinkantainannantii.	3 minutes	

REGISTRATION STATEMENT - PAGE 2

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body? Yes No
(If you an this form	swered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name