Date: 15 MW 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print	PRINT NAME CLEARLY
Agenda No. Budget Amendment Number(s):	Name Michael De Barrett Address 2137 January Ave MSN WI 53704
Please check the appropriate boxes:	
Support Oppose Neither Support or Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
	n organization or a person other than yourself: Yes No ed not complete the rest of this form. If you answered "yes," go on to the next
Name, address and telephone number	of each person or organization you are representing:
Are you being paid for your representa	ation? Yes No
	er paid duties for this person or organization? Yes No wed not complete the rest of this form. If you answered "yes," go on to the next
Information He	5 minutes earing 5 minutes 3 minutes

Are you an governmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?		
(If you answe this form. If y	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 be that:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand		
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 the principal is registered with the City Clerk?		
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?		
(If you answ Office at Roo	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print		PRINT NA	AME CLEARLY
Agenda No	Number(s):	Name $3 hara$ Address $23/4$ E [Veolder Dayton St. 3704
Please check the appr	ropriate boxes:		
Support Oppose Neither Su	pport or Oppose	Wish to spon Do not wis Available to	
(If you answered "no question.)	o," STOP; you need not c	ization or a person other than yourself: complete the rest of this form. If you an person or organization you are represent	
Are you being paid f	or your representation?		☐ Yes ☐ No
Are you appearing as (If you answered "no question)	s part of your other paid do," STOP; you need not o	duties for this person or organization? complete the rest of this form. If you an	Yes No No swered "yes," go on to the nex
Speaking Limits:	Information Hearing	5 minutes 5 minutes 3 minutes	

		Print Name		
Date		Signature		
		ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information)		
	3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?		
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If you that:	are bei	ing paid for your representation, or if your appearance is part of other paid duties, do you understand		
		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.)		
	ou an e nmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?		

Date: 1115/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print	PRINT NAME CLEARLY
Accordo No.	Name Usa Subeck Address 8/85. Gammon #4
Agenda No.	Address 8/8 S. Cammon #44
Budget Amendment Number(s):	Madison, 53719
Please check the appropriate boxes:	
Support Oppose Neither Support or Oppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not question.)	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," go on to the nex
Name, address and telephone number of each	person or organization you are representing:
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 complete the rest of this form. If you answered "yes," go on to the nex
1 0	5 minutes 5 minutes

Other Items 3 minutes

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other labouy?		
	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.)		
f you are b hat:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand		
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 the principal is registered with the City Clerk?		
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?		
	vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date:	
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print	PRINT NA	ME CLEARLY
Agenda No	Name \bigcirc Address \bigcirc	Durocher liamson,
Please check the appropriate be	oxes:	
(If you answered "no," STOP , question)	Wish to specific Do not wish Available to Available to Available to Specific Available to Specific Available to Specific Available to Available to Specific Available to Specifi	to speak o answer questions Yes No wered "yes," go on to the next
Are you being paid for your re	epresentation?	☐ Yes ☐ No
	your other paid duties for this person or organization? Fy you need not complete the rest of this form. If you ans	Yes No Wered "yes," go on to the next
Inform	Hearing 5 minutes nation Hearing 5 minutes Items 3 minutes	

Are you an ogovernmental		If of your office or for your municipality or other Yes No
	ered "yes" to the question, STOP . You need not convou answered "no" to the question, go on to the nex	mplete the rest of this form, except that you must sign at question.)
If you are be that:	ing paid for your representation, or if your appear	rance is part of other paid duties, do you understand
1	Before you engage in lobbying as a lobbyist, yo with the City Clerk?	u or your principal must file an authorization Yes No
2 .	Your principal is not permitted to authorize you with the City Clerk?	ou to lobby unless the principal is registered Yes No
3	If your principal spends or will owe more than period (calendar quarter), the principal must file the remaining quarters of the calendar year?	
	ered "no" to any of the last three questions, please om 103 of the City-County Building, Madison, for m	e call the City Clerk at 266-4601 or go to the Clerk's nore information)
Date	Signature	w/ Duncken
	Print Name	