

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

BOARD OF PUBLIC WORKS

Registration Statement

Name ADAM WILLIAMS
Address 30 N. Mills
MADISON

DATE 10/17/18
ITEM NO. 5 ON AGENDA

Support Oppose
 See Written comments for the record

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 - you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

See Madison

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

REGISTRATION STATEMENT - page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?

Yes No

If you answered YES - Stop you need not continue

If you answered NO - Please continue:

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 1) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 2) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 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? Yes No

If you answered NO to any of the last 3 questions, please call the City Clerk at 266-4601 or go to the City Clerk's Office in Rm. 103 of the County Building, Madison, WI for additional information.

Date: 10/17/18

Signature [Signature]
Your Printed Name Please

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CITY OF MADISON

BOARD OF PUBLIC WORKS

Registration Statement

Name Patrick Kass
Address 610 Walnut St.
Madison, WI

DATE 10-17-18
ITEM NO. 5 ON AGENDA

Support Oppose
 See Written comments for the record

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 - you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:
University of Wisconsin - Madison

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 YES - continue - on other side please.....
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Date: 10-17-18

Signature [Signature]
Your Printed Name Please
Patrick J. Kass