

Date: 3-16-10

WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common Council
Please Print Agenda No.	30	PLEASE PRINT NAME CLEARLY Name OSEM ARY Address III W W KOW 53703
Please check the ap	propriate box:	Please check the appropriate box:
Support Oppose		AND Wish to speak
Neither	Support Nor Op	pose
(If you answered "n of who you represen	o," STOP; you need not tt and go on to the next q	unization or a person other than yourself: Yes Property of the rest of this form If you answered "yes," provide the name question.) The person or organization you are representing:
Are you appearing a		Yes No I duties for this person or organization? Yes No
(If you answered n question.)	o, SIOF; you need no	t complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes

(SEE BACK)

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