Date: 6/2/09

CITY OF MADISON

Registration Statement	Common Cou	
Please Print		
	PLEASE PRI	
	Name	THOMAS J. MERTZ
Agenda No. 53	Address	1210 GILSON ST.
LD# 14945		MADISON WI
Please check the appropriate boxes:		
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☑ Support	and	
Oppose		Do not wish to speak Available to answer questions
Neither Support Nor Oppose		
of who you represent and go on to the next quality Name, address and telephone number of each	uestion)	this form. If you answered "yes," provide the name on you are representing:
Are you being paid for your representation?		☐ Yes ☐ Xo
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person complete the rest of	or organization? Yes No this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	mon Council)5 m	inutes
Information Hearing		inutes The Property of the Pro
Other Items	3 m	inutes

REGISTRATION STATEMENT - PAGE 2

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Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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 are beinthat:	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 the City-County Building, Madison, for more information.
Date <u>ち</u>	6 2 09 Signature 7,
	Print Name Thomas J. MERIZ

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CITY OF MADISON

Please Print PLEASE PRINT CLEARLY Name Address Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: Address 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:	Registration Statement -	Common Council
PLEASE PRINT CLEARLY Name Average Wife Address 760 Balbara Ovive Fitches: 5371) Please check the appropriate boxes: Support Oppose Oppose Neither Support Nor Oppose 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)		COMMITTEE
Name Aview Silveira Address S960 Balbara Dive Filibles 5371) Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: 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)	Please Print	
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Please check the appropriate boxes: Support	Agenda No. /33	Address (2/D) Balban Dline
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Other Items	Other Items	3 minutes

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Date(6/2,	Signature Alex Silveica
	7	Print Name Arlene Silveira