			Date:	
		CITY OF MAD	DISON	
Registrat	tion Statement	Common C	ouncil	
		COMMITTEE		
Please Print		PLEASE	PRINT NAME CLEARLY	
2		Name	Susan DeVos	
Agenda No. 🔝 🔾		Address	610 W Midvale	
	1696			
Please check the ap	propriate box:		Please check the appropriate box:	
Support		AND	Wish to speak	
Oppose		AND	☐ Do not wish to speak☐ Available to answer questions	
	upport Nor Oppose			
(If you answered "no	ou representing an organ o," STOP; you need not t and go on to the next qu	complete the rest	n other than yourself: Yes No of this form. If you answered "yes," provide the n	ame
Name, address and to	elephone number of each	person or organiz	zation you are representing:	
				. *.
Are you being paid f	or your representation?		☐ Yes ☐ No	
	s part of your other paid op," STOP; you need not		son or organization?	next
Speaking Limits:	Public Hearing (Communication Information Hearing Other Items	istannan arangun munum musaana	3 minutes	

REGISTRATION STATEMENT - PAGE 2

	elected official or employee mental body?	e who is appear	ing solely on behalf of your office or for your municipality or Yes No
(If you answ this form If	vered "yes" to the question, you answered "no" to the q	STOP. You ned question, go on	ed not complete the rest of this form, except that you must sign to the next question)
If you are b that:	eing paid for your represer	ntation, or if yo	our appearance is part of other paid duties, please be advised
1	Before you engage in lo with the City Clerk	bbying as a lob	obyist, you or your principal must file an authorization
2.	Your principal is not pe City Clerk.	ermitted to auth	orize you to lobby unless you are registered with the
3.		principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
(Please go Room 103 o	to the City Clerk's websif the City-County Building,	te <u>www.cityofn</u> Madison, for m	nadison.com/clerk/index.html or go to the Clerk's Office at ore information)
Date		Signature	
		Print Name	

Date: 7 Det 2008

CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. S	Name Michel Barrett Address 2137 Sommers Ave MANISON WI 53704
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor 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 of who you represent and go on to the next qu	complete the rest of this form. If you answered "ves." provide the name
Name, address and telephone number of each	n 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 next
Information Hearing	mon Council)5 minutes

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? [Yes] No
	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 b that:	eing 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?
	to 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	Signature Print Name

Date:	10	14	/08	
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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	111096	PLEASE PRINT NAME CLE	
Agenda No.		Name Michael Address 4334 n	Jaite Circle
Please check the ap	propriate box:	Please check th	ne appropriate box:
Support Oppose Neither St	upport Nor Oppose	AND Wish to spe Do not wish Available to	
(If you answered "no of who you represent	o," STOP; you need not c t and go on to the next que	zation or a person other than yourself: omplete the rest of this form If you ans estion) person or organization you are represent	wered "yes," provide the name
Are you being paid f	for your representation?		Yes No
Are you appearing a (If you answered "na question.)	s part of your other paid d o," STOP; you need not o	uties for this person or organization? complete the rest of this form If you and	Yes No swered "yes," go on to the next
Speaking Limits:	Information Hearing	non Council) 5 minutes 3 minutes	

REGISTRATION STATEMENT - PAGE 2

	Print Nama
Date	Signature
	to 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.)
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?
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
If you are both	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
	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.)
	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No