

Date: _____

CITY OF MADISON Registration Statement for BOARD OF PARK COMMISSIONERS

PLEASE PRINT CLEARLY

Agenda No. 23 File No. 74093

Do you have handouts? Yes ___ No ___
Please provide copy to parks staff

➤ Title of handout: _____

Name Alder Erik Paulson

Address 202 Denilo way
Madison, WI 53718

Please check the appropriate boxes:

- | | | |
|--|-----|--|
| <input type="checkbox"/> Support | AND | <input checked="" type="checkbox"/> Wish to speak |
| <input type="checkbox"/> Oppose | | <input type="checkbox"/> Do not wish to speak |
| <input checked="" type="checkbox"/> Neither Support Nor Oppose | | <input type="checkbox"/> Available to answer questions |

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, address and phone 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 duties for this person or organization? Yes No

- If you answered "no" **STOP**; you need not complete the rest of this form.
- If you answered "yes" complete page 2 on back.

Speaking Limits:

Public Hearing (Common Council) 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

(SEE BACK)

(given permission to speak during Public Comment)

mm

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

*(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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.

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 13 OCT 22

CITY OF MADISON Registration Statement for BOARD OF PARK COMMISSIONERS

21 (74092)

PLEASE PRINT CLEARLY

Agenda No. 3 File No. 73910

Do you have handouts? Yes No
Please provide copy to parks staff

➤ Title of handout: _____

Name Jon Becker

Address Po Box 8574
53708

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- AND 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" **STOP**; you need not complete the rest of this form.
- If you answered "yes" provide the name, address and phone 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 duties for this person or organization? Yes No

- If you answered "no" **STOP**; you need not complete the rest of this form.
- If you answered "yes" complete page 2 on back.

Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 10/12/2022

CITY OF MADISON Registration Statement for BOARD OF PARK COMMISSIONERS

PLEASE PRINT CLEARLY

22 73901

Agenda No. 14	File No. 74159
Do you have handouts? Yes _____ No <u>X</u>	
Please provide copy to parks staff	
➤ Title of handout: _____	

Name Mike Bare

Address 543 Harvest Lane

Verona, WI 53593

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- AND
- 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" STOP; you need not complete the rest of this form.
- If you answered "yes" provide the name, address and phone number of each person or organization you are representing:

BKM Group, LLC

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 "no" STOP; you need not complete the rest of this form.
- If you answered "yes" complete page 2 on back.

Speaking Limits:

Public Hearing (Common Council)5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 10/12/2022

Signature 

Print Name Michael Bare