Date: 1208

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 Agenda No. 10	12535		EPRINT NAME CLEA Alax Salow 3818 How		y Ava
Please check the ap	opropriate box:			ne appropriate b	
Support Oppose Neither S	upport Nor Oppose	AND	Do not wish Available to	ak to speak answer question	ns
(If you answered "n of who you represen	you representing an organizate, "STOP; you need not compute and go on to the next questivelephone number of each per	plete the re on.)	st of this form If you ansv		☐ No ovide the name
					Z
Are you appearing a	for your representation? as part of your other paid dution, "STOP; you need not come	es for this pe aplete the re	erson or organization? st of this form. If you ans	☐ Yes ☐ Yes ☐ Yes ☐ yes," go	YNo ZNo on to the next
Speaking Limits:	Public Hearing (Common Information Hearing		3 minutes		

REGISTRATION STATEMENT - PAGE 2

		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 that:	are bei	ing 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.
u.	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?
		o 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: 12/2/05

CITY OF MADISON

Registration Statement	Common C	ouncil
Please Print	COMMINITEE	
Ticase Time	PLEASE	PRINT NAME CLEARLY
1, 7	Name	Carolo Schaefer
Agenda No. / U /	Address	282 alpine Madow Cic
12535		oregon, w/
Please check the appropriate box:		Please check the appropriate box:
☐ Support [Wish to speak
Oppose Noithor Support No.	AND	Do not wish to speak Available to answer questions
Neither Support Nor Oppose		
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 questions.	complete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each		zation you are representing:
Smart Growth	Greate	
701 C 4105hine	aton av	
madison wi	6357	
Are you being paid for your representation?		Yes □No
Are you appearing as part of your other paid	duties for this per complete the rest	그는 하는데 그 선생님 그는 경기를 가능했다.
Speaking Limits: Public Hearing (Com Information Hearing Other Items	••••••••••	3 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?
	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.)
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Room 103 oj	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 CO/Classes a CE

Date: $\frac{12/2/08}{}$

CITY OF MADISON

Registration Statement	- COMMITTEE
Please Print	스 프로그 프로그램 프로그램 (1982년 1982년 - 1982년 - 1984년 - 1982년 - 1982년
	PLEASE PRINT CLEARLY
	Name Phil Salkin
Agenda No. 107	Address 944 autumn Woods Lu
12535	Address 944 Autumn Woods In
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	and Wish to speak Do not wish to speak Available to answer questions
Neither Support Nor Oppo)SC 스클로 (1) - (스크리트) 스크로 (시크로 (1) 트립스트 프로그램 (1) 크리크로 (1) 크리크를 보고 있다.
At this meeting are you representing an or	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next	t question)
Name, address and telephone number of e	ach person or organization you are representing:
REALTORS ASS	oc, of South Central W
· · · · · · · · · · · · · · · · · · ·	on Rd
The service of the se	<u> </u>
Are you being paid for your representation	n? Yes □ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question)	nid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	ommon Council)5 minutes ng

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "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)
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	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at f the City-County Building, Madison, for more information) 2/09 Signature Signat
/-	Print Name API/ Colting