	Date: 1 ( 6 0)
	CITY OF MADISON
Registration Statement	Common Council
Please Print 07762, 0786	PLEASE PRINT NAME CLEARLY
rg 7/	Name KAREN TARNEL
Agenda No. 59 + 74	Address 333 w m.ffin
	Maron
Please check the appropriate box:	Am a properly appearser with the Assesser Please check the appropriate box: office
Support	Wish to speak  Do not wish to speak
<ul><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	Available to answer questions
of who you represent and go on to the next q	complete the rest of this form If you answered "yes," provide the name
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?
Speaking Limits: Public Hearing (Com Information Hearing	mon Council) 5 minutes 3 minutes

Other Items 3 minutes

## **REGISTRATION STATEMENT - PAGE 2**

Are you an elepther governm	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, <b>STOP.</b> 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 bei hat:	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

Date: 1 [-6-0]

## **CITY OF MADISON**

Registration Statement - Common Council

Please Print	之, 67 <u>86</u> %	PLEASE PRINT	ΓNAME CLEA	RLY	
Agenda No. <u>59</u>	474	Address 297	H-Ma 21 Int dison	erlak	25 en fas 53719
Please check the app	opriate box:		Sev -As Please check the		s Office
Support Oppose Neither Su	pport Nor Oppose	ND	Wish to speak Do not wish t Available to a	o speak	ons
(If you answered "no, of who you represent o	u representing an organization "STOP; you need not completed not go on to the next question appearance of each personal	ete the rest of this f	form. If you answe	ered "yes," p	No Novide the name
Are you being paid for	your representation?			Yes	□No
Are you appearing as full (If you answered "no, question)	part of your other paid duties " <b>STOP;</b> you need not compl	for this person or o lete the rest of this	rganization? form. If you answ	☐ Yes vered "yes," g	□ No go on to the next
Speaking Limits:	Public Hearing (Common C Information Hearing Other Items	3 minut	es		

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Date	Signature
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