Date: 05/20/08

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			NT NAME CLE		
Agenda No	10173	Name Atl	n-May 25820 h adisan	ne (Gi	Conum ons
Please check the ap	propriate box:		Please check th	he appropria	te box:
At this meeting are y (If you answered "no of who you represent Name, address and to	cou representing an organization," STOP; you need not come and go on to the next questionable lephone number of each per	nplete the rest of this ion.) rson or organization	than yourself: form If you ans	n to speak o answer ques Yes wered "yes,"	□No
Are you being paid for	or your representation?			Yes	☐ No
	s part of your other paid duti o, " STOP; you need not con			Yes swered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items		ites		

	REGISTRATION STATEMENT - PAGE 2
Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	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 bei that:	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.
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 <u>05</u>	20108 Signature Jun Marie E. Kinger
ř	Print Name Chan Monda E. Krach

Date:	5	20	108
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CITY OF MADISON

Registration Statement	Common Council COMMITTEE		
Please Print			
	PLEASE PRINT NAME CLEARLY		
89	Name Jon BECKER Address POB 3292 (4233 KGNNDOV)		
Agenda No. O !	Address POB 3292 (4233 KG~~ 2000)		
10173	MO1502 53704		
Please check the appropriate box:	Please check the appropriate box:		
Support Oppose Neither Support Nor Oppose	AND Wish to speak Do not wish to speak Available to answer questions		
of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name estion.)		
Name, address and telephone number of each			
FRIENDS OF CHEROKEE Www. Cherolie_Marsh	MARSIL		
Are you being paid for your representation?	Yes Yes		
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question)	luties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next		
Information Hearing	non Council) 5 minutes 3 minutes 3 minutes		

REGISTRATION STATEMENT - PAGE 2

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(Please Room	e go to 103 of t	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