07768

Date:	12/	14	/ 0	7	

CITY OF MADISON

Registration	on Statement	Common C	<u>ouncil</u>		
•		COMMITTEE			
Please Print	•				
		PLEASE	PRINT NAME CLEA	ARLY	·
Agenda No. 10	(07768)	Name	Eric Suna	dq vist	1 2-0
		Address	2215 Ke Madisor	7951 1 53	3711
Please check the app	ropriate box:		Please check th		
Support Oppose		AND	Wish to spea	to speak	
Neither Su	pport Nor Oppose	e	Available to	answer ques	tions
(If you answered "no, of who you represent of	" STOP; you need not and go on to the next q	complete the rest uestion)	n other than yourself: of this form. If you answ cation you are representi		No provide the name
Are you being paid for	your representation?			☐ Yes	Q No
Are you appearing as j (If you answered "no, question.)			son or organization? of this form If you answ	☐ Yes wered "yes,"	Ano go on to the next
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 nmental body? Yes No
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question)
If you are that:	being 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 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

			Date:		
		CITY OF MAD	DISON		
Registration	on Statement -	Common C	ouncil		
Please Print			PRINT NAME CLE		
Agenda No.			Corole Sch 282 alpine oregon		575
Please check the appr	ropriate box:		Please check f	he appropriate	box:
At this meeting are you	pport Nor Oppos	anization or a perso	n other than yourself:	h to speak o answer questio	□No
(If you answered "no, of who you represent a Name, address and tele	and go on to the next o	question)			roviue ine nume
Smort (663 20		duson 70°	e washing	ghon and)
Are you being paid for	your representation?	_		∀ Yes	□No
Are you appearing as partial (If you answered "no, question.)	part of your other paid " STOP; you need no	I duties for this per of complete the rest	son or organization? of this form. If you an	Nes swered "yes," g	☐ No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	<u>,</u>	3 minutes		

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?
	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)
f you are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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 and Schaeffer Print Name Carolo 5 chaeffer