Date: 1016/61

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	07788	PLEASE P	RINT NAME CLEA	ŖLY	
Agenda No		Name	CEIKI	MM	
Please check the appropriate box:			Please check the appropriate box:		
Support Oppose Neither Su	pport Nor Oppose	AND	☐ Wish to speal☐ Do not wish t☐ Available to a	to speak	tions
(If you answered "no,	u representing an organ " STOP; you need not and go on to the next qu	complete the rest of t		Yes ered "yes,"	☐ No provide the name
Name, address and tel	ephone number of each	person or organizati	on you are representir	ıg:	
Are you being paid for your representation?				Yes	☐ No
	part of your other paid on "STOP; you need not			☐ Yes vered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Comr Information Hearing				

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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No			
	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)			
If you are b that:	eing 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 f the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			