	Date: <u>6/2/2809</u>
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print  Agenda No. 46  LO414767	PLEASE PRINT CLEARLY  Name Margarzí Bergamini  Address 454 N FewSt
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose	and    Wish to speak    Do not wish to speak    Available to answer questions
At this meeting are you representing an organ	ization or a person other than yourself:  \[ \sum \text{Yes} \sum \text{No} \] complete the rest of this form If you answered "yes," provide the name testion)
Are you being paid for your representation?  Are you appearing as part of your other paid of	☐ Yes ☐ No  Iuties for this person or organization? ☐ Yes ☐ No
	complete the rest of this form. If you answered "yes," go on to the next

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

Other Items 3 minutes

question)

Speaking Limits:

## **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?	
THE PERSON NAMED IN	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 that:	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 Jun 09

## CITY OF MADISON

Registration Statement -	
	COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name Car Dwocher
Agenda No.	Address 1441 Williamson St.
	Madker, WI 43703
Please check the appropriate box:	
rease thete the appropriate box:	Please check the appropriate box:
Support	Wish to speak
Oppose	AND Do not wish to speak
Neither Support Nor Oppo	se Available to answer questions
At this meeting are you representing an org	
(If you answered "no," STOP; you need n	ot complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next	question)
Name, address and telephone number of ea	nch person or organization you are representing:
Are you being paid for your representation	? ☐ Yes ☐ No
Are you appearing as part of your other pa	id duties for this person or organization? Yes No
(1) you answered no, SIOP; you need n question)	not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Co	ommon Council) 5 minutes
	g 3 minutes
	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?  Yes No
	ered "yes" to the question, <b>STOP.</b> 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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Date	Signature
	Print Name