Date: 9-7-10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name _Lori Kief_

Address _4413 Doe Crossing Tr_

Madison WI 53704

Agenda No. _22_
_19790_

Please check the appropriate box:

☒ **Support**

☐ **Oppose**

☐ **Neither Support Nor Oppose**

| AND |

Please check the appropriate box:

☒ **Do not wish to speak**

At this meeting are you representing an organization or a person other than yourself: ☒ Yes ☐ No
*(If you answered "no," **STOP**; you need not 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 each person or organization you are representing:

Local 60

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)*

Speaking Limits: Public Hearing (Common Council) ..... 5 minutes
Information Hearing .... 3 minutes
Other Items .... 3 minutes

(SEE BACK)

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?   ☐ Yes   ☐ No

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date   9-7-10   Signature   Lori Kief

                       Print Name   Lori Kief

Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - __Common Council__
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. _22_

Name ~~Brian~~ DAVIN PICKELL

Address 17 Merrill Crest Dr.
MADISON WI

Please check one:	AND	Please check:

☒ **Support**

☒ **Wish to Speak**

☐ **Oppose**

☐ **Neither Support Nor Oppose**

At this meeting are you representing an organization or a person other than yourself: ☒ Yes   ☐ No
*(If you answered "no," **STOP;** you need not 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 each person or organization you are representing:

IATSE LOCAL 251

AFSCME LOCAL 60

Are you being paid for your representation?   ☐ Yes   ☐ No

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Date _____   Signature _____

                                    Print Name _____