Date: 9 1 09

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 | | PLEASE PRI | NT NAME CLEA | ARLY | |
|---|---|------------------------------|---------------------------------------|--------------------------------|----------------------|
| Agenda No. # | F2 5(1)(e) M60 | Name MAddress L | legin M to4 w. Madiso | Doty Doty n 53 | ell 702 |
| / O#F Please check the appr | 15199 opriate box: | | Please check th | e appropriat | te box: |
| Support Oppose Neither Sup | oport Nor Oppose | AND | Wish to spea Do not wish Available to | ık to speak answer quest | tions |
| (If you answered "no,' of who you represent a | representing an organization of strops, you need not compand go on to the next question | olete the rest of thi on) | s form. If you answ | | No provide the name |
| | phone number of each pers | _ | you are representi | ng: | |
| • • | Resource Cer Williamson | | iteA | | |
| Mad | 150n 53703 | | | | |
| Are you being paid for | your representation? | | | Yes | □No |
| | oart of your other paid duties " STOP; you need not comp | | | Yes wered "yes," | No go on to the next |
| Speaking Limits: | Public Hearing (Common Information Hearing Other Items | 3 min | utes | | |

REGISTRATION STATEMENT - PAGE 2

| Are you an ele | ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body? | | | | |
|----------------------|--|--|--|--|--|
| | ed "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 beinthat: | 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 9/1 | og Signature MMMMMM | | | | |
| , | Print Name Megin McDonell | | | | |
| | | | | | |

Date: 91109

CITY OF MADISON

| Registration Statement | Common Council | | |
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| | A COMMITTEE AND THE PROPERTY OF THE PROPERTY O | | |
| Please Print | BE 발표 마른 경우 문제 발표 전 10 등 보고 그리고 말로 말했다. [18] [18] [18] [18] [18] [18] [18] [18] | | |
| | PLEASE PRINT CLEARLY | | |
| | Name thit Exercito | | |
| Agenda No. | Address 404 N. Carroll #1 | | |
| 10# 15199 | Name Phil Ejercito Address 404 N. Carroll #1 Madison, W2 53703 | | |
| | | | |
| Please check the appropriate boxes: | | | |
| Support | and 🗵 Wish to speak | | |
| Oppose | ☐ Do not wish to speak ☐ Available to answer questions | | |
| Neither Support Nor Oppose | Available to answer questions | | |
| At this meeting are you representing an organ | nization 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 q | uestion) | | |
| Name, address and telephone number of each | n person or organization you are representing: | | |
| | | | |
| , | | | |
| | | | |
| | | | |
| Are your boing poid for your representation? | ☐ Yes ☐ No | | |
| Are you being paid for your representation? | | | |
| Are you appearing as part of your other paid | duties for this person or organization? Yes No | | |
| question) | t complete the rest of this form. If you answered "yes," go on to the next | | |
| 1 0 \ | nmon Council)5 minutes | | |
| Information Hearing Other Items | 3 minutes 3 minutes | | |
| Other Items | recommendation of the second o | | |

REGISTRATION STATEMENT - PAGE 2

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|--------------|----------|--|
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| Date _ | <u>-</u> | Signature |
| | | Print Name |