

## DO NOT WISH TO SPEAK FORM

## **CITY OF MADISON**

Registration Statement -	Common Council				
Agenda No. Agenda No. Rasolution	PLEASE PRINT NAME CLEARLY  Name Delora Mewan  Address 1015 E washington Ave  Madism 5323				
Please check one:	AND Please check:				
Support	<b>Do not wish to speak</b>				
Oppose					
Neither Support Nor Oppose					
At this meeting are you representing an organization or a person other than yourself:  [] Yes					
Are you being paid for your representation?	Yes No				
Are you appearing as part of your other paid		ıext			
Information Hearing.	nmon Council)5 minutes 				

## **REGISTRATION STATEMENT - PAGE 2**

•		cted official or employee ental body?	e who is appear	ring solely on behalf of your office or for your municipality or  Yes No			
		ed "yes" to the question, u answered "no" to the q		ed not complete the rest of this form, except that you must sign to the next question.)			
If you that:	are bein	g paid for your represen	ntation, or if ye	our appearance is part of other paid duties, please be advised			
	1.	Before you engage in lo with the City Clerk.	bbying as a lo	bbyist, you or your principal must file an authorization			
	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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)							
Date _	5/1	1/11	Signature	Ullina			
			Print Name	Delo Ralleuter			