Date: 1-17-12

### **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 PRINT, NAME CLEARLY
Agenda No.	Name Will Sand Strom Address 2621 Moland 5t, Madizon WI 53704-4528
Please check the appropriate box:	Please check the appropriate box:
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 org (If you answered "no," STOP; you need no of who you represent and go on to the next	ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of ea	ch person or organization you are representing:
Are you being paid for your representation	? \( \sum \text{Yes} \sum \text{No}
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes X No ot complete the rest of this form. If you answered "yes," go on to the next
• •	mmon Council)5 minutes g3 minutes

#### **REGISTRATION STATEMENT - PAGE 2**

•		eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		d "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you are that:	e being	g 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 e City-County Building, Madison, for more information.)
Date		Signature
		Print Name



Date: 17 May 2012

## DO NOT WISH TO SPEAK FORM

## **CITY OF MADISON**

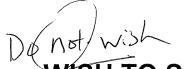
Registration Statement -	
Diogo Print	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name <u>TASON</u> TISH  Address <u>27/4 LAFOLLETTE AVE.</u> ( ACROSS FROM GODDMAN OTR.)
Please check one:	AND Please check:
Support	<b>Do not wish to speak</b>
Oppose	
Neither Support Nor Op	pose
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	amon Council)5 minutes

(SEE BACK)

#### **REGISTRATION STATEMENT - PAGE 2**

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
		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 that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	_	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





# WISH TO SPEAK FORM

### **CITY OF MADISON**

Registra	ation Statement -	Common Co	uncil		
Please Print  Agenda No.	1	PLEASE F  Name  Address	PRINT NAME	CLEARLY Delf Corry S	ers.
Please check	one:	AND	Please	check:	
Support	t		W	ish to Speak	
Oppose					
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orga no," <b>STOP;</b> you need not not and go on to the next q telephone number of each	t complete the rest of uestion.)	this form. If you	ı answered "yes,"	No provide the name
Are you being paid	for your representation?			☐ Yes	
	s part of your other paid o," STOP; you need not				No go on to the next
Speaking Limits:	Public Hearing (Com: Information Hearing. Other Items	3 m	inutes		

(SEE BACK)

#### **REGISTRATION STATEMENT - PAGE 2**

Are you an ellother government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	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 be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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	Signature
	Print Name