Date: 2012-11-27



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Please Print Name MONDEST RICHARK Address Please check one: AND Please check: Do not 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	Registration	on Statement -	Common	Council		
Support Oppose Neither Support Nor Oppose Yes No		7	Name	MONAEST RI	CHARK	
	Support Oppose					peak
of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:	(If you answered "no, of who you represent o	" STOP; you need n and go on to the next	ot complete the re question.)	st of this form. If you an	swered "yes," [☑ No provide the name
Are you being paid for your representation? 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	Are you appearing as justified (If you answered "no, question.)	part of your other pa " STOP; you need n Public Hearing (Co Information Hearin	id duties for this p not complete the re ommon Council)	5 minutes3 minutes	☐ Yes	□ No

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?						
(If you answer this form. If yo	red "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?					
(Please go to Room 103 of th	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: 11 27 12



AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - <u>Common Council</u>				
J		COMMITTEE		
		PLEASE P	RINT CLEARLY	
		Name	SARA RICHARDS	
Agenda No	47	Address	NO SPRULE,	
			MSN 53715	
Please check	one:	AND	Please check:	
Suppor	t		Available to answer	
Oppose	Oppose questions			
/ Neither	Support Nor Op	pose		
(If you answered "i	you representing an organo," STOP ; you need non and go on to the next of	t complete the rest of t	ther than yourself: Yes No this form. If you answered "yes," provide the name	
Name, address and	telephone number of eac	h person or organization	on you are representing:	
No. of the second secon				
Are you being paid	for your representation?		∐ Yes ∠No	
	as part of your other paid no," STOP; you need no		or organization? Yes No this form. If you answered "yes," go on to the next	
Speaking Limits:		nmon Council)5 m		
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REGISTRATION STATEMENT - PAGE 2

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Date _		Signature
		Print Name