Date: <u>8-29-13</u>

City of Madison Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE

Please Print Agenda No. Please check the appropriate boxes: Support Wish to speak Wish to speak Do not wish to speak Do not wish to speak Available to answer questions Available to answer questions At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: 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 (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......3 minutes

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you 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, do you understand
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 the principal is registered with the City Clerk?
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 9/29/13

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Speaking Limits:	Public Hearing Information Hearing Other Items	3 mi	inutes			

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Date	Signature
	Print Name

Date: $\frac{8/29/20/3}{}$

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Speaking Limits:	Public Hearing Information Hearing	3 mi	nutes		

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Date	Signature				
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Date: 27/Aus /3

City of Madison Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE

Please Print

Agenda No.	TP Policy	Name	Pave 645 SK Madisor	Carr Exv/ew W/	P1. # 18
Please check the app	propriate boxes:			(
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Are you as governmen	n elected official who is appearing solely on behalf of your office or for your municipality or other tal body?
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Date	Signature
	Print Name

Date: 8/29/13

Please Print					
Agenda No	5	Name	EDWARD RU 405 SIDNEY MAXISON	MARSICI ST. 5370	3
Please check the app	propriate boxes:				
	speak vish to speak le to answer questions		Oppose Wish to spend Do not wish Available to	ak 1 to speak 1 answer ques	stions
	you representing an organiz o, " STOP; you need not co				No go on to the next
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Speaking Limits:	Public Hearing Information Hearing Other Items	3 m	ninutes		

Are you an elected governmental body?	official who is appearing solely on behalf of your office	e or for your municipality or other Yes No
	es" to the question, STOP. You need not complete the rest of vered "no" to the question, go on to the next question.)	f this form, except that you must sign
If you are being paid that:	d for your representation, or if your appearance is part of o	other paid duties, do you understand
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	o" to any of the last three questions, please call the City Cle of the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 8/29/13

Please Print	
Agenda No	Name Matt Kozlowski Address 445 N Lake Street, #207 Madison, WI 53715
Please check the appropriate boxes:	
Support Wish to speak Do not wish to speak Available to answer questions	Oppose Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP ; you need no question.)	anization or a person other than yourself: Yes No of complete the rest of this form. If you answered "yes," go on to the next
Name, address and telephone number of each	ch person or organization you are representing:
Progressive Dane, 715-571-1577	Po Box 1222, Madison, WI 5370
Are you being paid for your representation?	☐ Yes Yo
	d duties for this person or organization? Yes No No to complete the rest of this form. If you answered "yes," go on to the next
	3 minutes

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Date 8/	Signature Modern Nowski			