Date: 2/17/14

#### CITY OF MADISON

Registration Statement -Please Print PLEASE PRINT CLEARLY Name Agenda No. Please check the appropriate boxes: Wish to speak and Support Do not wish to speak Oppose Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (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 question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council) ..... 5 minutes Speaking Limits: Information Hearing...... 3 minutes Other Items...... 3 minutes

	Date: <u>のレー・フー・レ</u>
	CITY OF MADISON
Registration Statement	committee
Please Print	PLEASE PRINT CLEARLY
Agenda No. Berlymarking	Name Manus McDeville Address 1311 Kendall Ave
	Modern
Please check the appropriate boxes:	
<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an organ	nization or a person other than yourself:  Yes  No complete the rest of this form. If you answered "yes," provide the nam
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ 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

Yes

Are you appearing as part of your other paid duties for this person or organization?

Public Hearing (Common Council) ..... 5 minutes

question.)

Speaking Limits:

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	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:	eing 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 1 Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 17,20/4

# CITY OF MADISON

Registration Statement	SUS 74 COMMITTEE	inability		
Please Print	PLEASI Name	E PRINT CLEARLY	Shart	
Agenda No. Brokenik	Address	282 ac	PINOMOCO	hw Cir 53575
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose			peak ish to speak e to answer questio	ons
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next q	complete the re	rson other than yourself est of this form. If you as	: Yes nswered "yes," pr	☐ No rovide the name
Name, address and telephone number of each	n person or orga	nization you are represe	enting:	
70) e, wo	ash 5370	3		
Are you being paid for your representation?			Pes	□No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this p	person or organization? est of this form. If you c	Yes answered "yes," g	No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes No
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Date 2	17 Signature
	Print Name Cor do schaffe

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Public Hearing (Common Council) .... 5 minutes

Speaking Limits:

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No
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Data	
Date	Signature  Print Name

	CITY OF MADISON
Registration Statement	Sustainability Committee
Please Print	COMMITTEE
	PLEASE PRINT CLEARLY
	Name Delora Newth
Agenda No.	Address 615 6 washington the
Priekay Linchmalking	Madison 53783
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	<ul><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Neither Support Nor Oppose	
At this meeting are you representing an organic (If you answered "no," STOP; you need not cof who you represent and go on to the next que	omplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each p	person or organization you are representing:
_ Kleotel Madisin	Mambel of Commerce
Are you being paid for your representation?	☐Yes ☐ No
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not a question.)	uties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non Council) 5 minutes

Are you an election other government	eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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Date 2/17/	14 Signature William
	Print Name ScloRa Newth