Date:

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
	Name FRED MOT/S Address WIS AUE
Agenda No.	Address (JC) + UE
	<u> </u>
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing Information Hearing Other Items	3 minutes
At this meeting are you representing an organizatio (If you answered "no," STOP; you need not complete of whom you represent below, and go on to the next	ete the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM ON T	HE AGENDA (optional):
Name, address and telephone number of each person	ı or organization you are representing:
Are you appearing an part of your rether soid duties of	☐ Yes ☐ No
Are you appearing as part of your other paid duties for <i>(If you answered "no," STOP; you need not comple. question.)</i>	or this person or organization?

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an e other govern	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No			
(If you answe this form. If y	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, 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 t Room 103 of	o 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: Mar. 24 2015

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

1	epite su		PLEASE	PRIN'	INT CLEARLY
	da No	. /	Name	Fre	Wisconsin Ave
Agen	da No.	\(\)	Address		Wisconsin- Ave
I can at					w
Please	e check the appr	opriate boxes:			
	Support Oppose Neither Su	pport Nor Oppose		and	Wish to speak Do not wish to speak Available to answer questions
Speak	ing Limits:	Public HearingInformation HearingOther Items		3 min	ninutes
(If you	answered "no,	n representing an organization "STOP; you need not complet below, and go on to the next	ete the rest	on othe of this	ther than yourself: Yes No this form. If you answered "yes," provide the name
COM	MENTS RELA	TED TO THE ITEM ON T	HE AGEN	DA (d	(optional):
	340				
-					
		,			· · · · · · · · · · · · · · · · · · ·
		•			
Name,	address and tele	phone number of each person	or organiz	ation y	n you are representing:
	50m 5	your representation?	d.:.		☐ Yes ☐ No
Ale you (If you a question	inswered "no,"	art of your other paid duties fo STOP; you need not complete	e the rest o	on or o of this j	r organization?

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?			
(If you answe this form. If y	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.)			
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Date:	Signature			
	Print Name			

Date:

Yes

Yes

No

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item. PLEASE PRINT CLEARLY Agenda No. Address Please check the appropriate boxes: Support and Wish to speak **Oppose** Do not wish to speak Available to answer questions **Neither Support Nor Oppose** Speaking Limits: Public Hearing.....5 minutes Information Hearing......3 minutes Other Items.....3 minutes 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 of whom you represent below, and go on to the next question.) COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional): Name, address and telephone number of each person or organization you are representing:

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

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

question.)

Are you being paid for your representation?

REGISTRATION STATEMENT - PAGE 2

	REGISTRATION STATEMENT - FAGE 2					
Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?					
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Date	Signature Print Name					