

# COMMISSION / COMMITTEE REGISTRATION FORM



COMMISSION/COMMITTEE Board of Public Works DATE 4/6/16  
 SUBJECT/ADDRESS/TOPIC Community Garden AGENDA ITEM NO. 5

YOUR NAME Cindy Stutz YOUR ADDRESS 5213 Shawano Terrace  
Madison WI 53705

Please check the appropriate boxes:

<input checked="" type="checkbox"/> <b>SUPPORT</b> <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions	<input type="checkbox"/> <b>OPPOSE</b> <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> <b>NEITHER SUPPORT NOR OPPOSE</b> <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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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," **go on to the next questions on the back side of this form.**

Name, address and telephone number of each person or organization you are representing:

Sheboygan Avenue Community Garden  
PO Box 5011  
Madison WI 53705

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  No  
 If you answered **NO** to both these questions, **STOP**. You need not complete the rest of this form.  
 If you answered **YES**, please continue.

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No  
 If you answered **YES**, **STOP**. You need not complete the rest of this form except that you must sign this form.  
 If you answered **NO**, go on to the next questions.

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No

5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No

6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

If you answered **NO** to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.

Signature Cindy Stutz Date 4/6/16

# COMMISSION / COMMITTEE REGISTRATION FORM



COMMISSION/COMMITTEE Board of Public Works DATE April, 2016  
SUBJECT/ADDRESS/TOPIC \_\_\_\_\_ AGENDA ITEM NO. #15

YOUR NAME Pat Soderholm YOUR ADDRESS 5015 Shubington #302

Please check the appropriate boxes:

SUPPORT

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

NEITHER SUPPORT NOR OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

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," **go on to the next questions on the back side of this form.**