Date: 424/17

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
Demotral Blks Path Agenda No. E3	Name EDNARD KUNARSKI Address 405 SIDNEY ST.
	53703
Please check the appropriate boxes:	
 ☐ Support ☐ Oppose ☑ Neither Support Nor Oppose 	and Wish to speak Do not wish to speak Available to answer questions
Information Hearing	5 minutes
At this meeting are you representing an organize (If you answered "no," STOP; you need not confirm of whom you represent below, and go on to the	mplete the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM O	N THE ACENDA (ontional):
COMMENTS RELATED TO THE TEM O	THE AGENDA (optional).
Name, address and telephone number of each po-	erson or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not co question.)	ties for this person or organization? Yes No omplete the rest of this form. If you answered "yes," go on to the next

REGISTRATION STATEMENT - PAGE 2

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	
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)		
If you are beithat:	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 to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)		
Date		
Date	Signature	
	Print Name	

Date: 1/27/17

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY	
Agenda No. E. 3	Name 44CA CL6M6NTE Address	
Please check the approp	riate boxes:	
Support Oppose Neither Supp	and Wish to speak Do not wish to speak Available to answer questions	
I	Public Hearing	
(If you answered "no," of whom you represent be COMMENTS RELAT	representing an organization or a person other than yourself: STOP; you need not complete the rest of this form. If you answered "yes," provide the nablelow, and go on to the next question.) ED TO THE ITEM ON THE AGENDA (optional):	me
	Madison, Inc.	
	your representation? Yes No The standard of your other paid duties for this person or organization? Yes No STOP; you need not complete the rest of this form. If you answered "yes," go on to the need to th	next

REGISTRATION STATEMENT - PAGE 2

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	
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)		
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised	
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Date	Signature	
	Print Name	

Date:	
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CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

		PLEASE PRINT CLEARLY	1/
F.	-3	Name <i>Mik M</i> Address 3/2 N. 3/	oh H
Agenda No		Address 3/2 N. 3/	· d. 54.
		-5Ha	dis Madison,
Please check the appro	priate boxes:		
Support Oppose Neither Sup	port Nor Oppose	and Wish to Do not v	speak vish to speak le to answer questions
Speaking Limits:	Public Hearing	3 minutes	
(If you answered "no,"	representing an organization of STOP; you need not complete below, and go on to the next qu	the rest of this form. If you	f: Yes No answered "yes," provide the name
COMMENTS RELAT	TED TO THE ITEM ON TH	E AGENDA (optional):	
Name, address and telep	phone number of each person o	r organization you are repres	enting:
Are you being paid for	your representation?		Yes No
	art of your other paid duties for STOP; you need not complete		Yes No No nswered "yes," go on to the next

REGISTRATION STATEMENT - PAGE 2

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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Date	Signature
	Print Name