Date:	

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Name Sim Wish to speak Mad 32m Wish to speak Do not wish to speak Do not wish to speak Available to answer questions Support Do not wish to speak Do not wish to speak Available to answer questions Speaking Limits: Public Hearing Siminutes 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," provide the name of whom you represent below, and go on to the next question.) COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional): 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 (If you answered "yes," go on to the yes (If you answered "yes," go on to the yes (If you answered "yes," go on to the yes (If	White Manager and the same	PLEASE PRINT CLEARLY	
Please check the appropriate boxes: Support	Agenda No. F.	Name I'm Wilson St Madizon WI	
Oppose Neither Support Nor Oppose Speaking Limits: Public Hearing	Please check the appropriate boxes:		
Information Hearing	Oppose	☐ Do not wish to speak	
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name 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: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No	Information Hearing	3 minutes	
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? Yes No	(If you answered "no," STOP; you need not complete	lete the rest of this form. If you answered "yes," provide the name	
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Are you appearing as part of your other paid duties for this person or organization? Yes No	Name, address and telephone number of each person	on or organization you are representing:	
	Are you appearing as part of your other paid duties	for this person or organization? Yes No	

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality other governmental 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 b 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 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	Signature	
	Print Name	