Date: 5/13/19

CITY OF MADISON

Registration Statement - TRANSPORTATION POLICY & PLANNING BOARD

You must register before the Commission considers your item.

		PLEASE PRINT	CLEARLY	1 1	
Agenda No. 55	797	Name	Helenk 225 p	tel	rel St
Please check the appropriate boxes:					
Support Oppose Neither Sup	pport Nor Oppose	and	Wish to spea Do not wish Available to		tions
Speaking Limits:	Public Hearing				
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):					
Name, address and telephone number of each person or organization you are representing:					
Are you being paid for your representation?				Yes	□ No
	part of your other paid duti "STOP; you need not con			☐ Yes wered "yes,"	No go on to the next

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Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No			
100	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
If you are bei	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?			
	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			