

CITY OF MADISON

Registration Statement - Police and Fire Commission

Please Print PLEASE PRINT NAME CLEARLY Shadayra Kilfoy-Flores Name Agenda No. 1115 E Wilson St Address Madison, WI 53703 Please check one: **AND** Please check one: **Support** Wish to Speak **Oppose** Do not wish to speak **Neither Support Nor Oppose Available to Answer Questions** At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: ☐ No Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Speaking Limits: Public Hearing (Common Council) 5 minutes

(SEE BACK)

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-	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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	ing paid for your representation, or if your appearance is part of other paid duties, please be advised that:
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.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.
	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