22443

Date: 9/20/2011

## CITY OF MADISON

## Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

			•
Please Print		PLEASE PRINT NAME CLEA	RLY
	$\bigcap$	Name DOUG CAURS	CANES
Agenda No	OT	Address 3317 mipp	LETON BOYER RD.
-igenda 1100		M 10D LETO-	, w1 53562
Please check the app	ropriate box:	Please check th	e appropriate box:
Support Oppose		AND Wish to spea	ak to speak answer questions
At this meeting are you (If you answered "no of who you represent)	," <b>STOP;</b> you need not cor and go on to the next quest	ntion or a person other than yourself: mplete the rest of this form. If you answer tion.) erson or organization you are represent	
A way baing paid f	for your representation?		☐ Yes ☐ No
		nties for this person or organization? complete the rest of this form. If you an	☐ Yes ☐ No swered "yes," go on to the next
Speaking Limits:	Information Hearing	on Council)5 minutes 3 minutes 3 minutes	

Are you an elected official or employother governmental body?	yee who is appea	aring solely on behalf of your office or for your municipality or  Yes No	
(If you answered "yes" to the question this form. If you answered "no" to the	on, <b>STOP.</b> You n e question, go or	need not complete the rest of this form, except that you must sign n to the next question.)	
If you are being paid for your repre that:	sentation, or if y	your appearance is part of other paid duties, please be advised	
1. Before you engage in with the City Clerk.	lobbying as a lo	obbyist, you or your principal must file an authorization	
2. Your principal is not City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
period (half year), th	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 web Room 103 of the City-County Building	site <u>www.cityofi</u> g, Madison, for n	madison.com/clerk/index.html or go to the Clerk's Office at more information.)	
Date 7 (20) 20)	Signature Print Name	Douglas Cover	
		WANT SHOW	

Date:  $\frac{9}{2}$ 

#### **CITY OF MADISON**

## Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print			INT NAME CLEA		
Agenda No		Name Mana Address 30	ary Eules: 6 N. Brook Nadison, Wi.	seriav is St. 5371	>
Please check the app	ropriate box:		Please check the		
Support Oppose Neither Su	pport Nor Oppose	AND	☐ Wish to speak☐ Do not wish t ☐ Available to a	to speak	ions
(If you answered "no, of who you represent	ou representing an organization of the second of the secon	mplete the rest of the stion.)	us form. If you answe	erea yes, <sub>l</sub>	No provide the name
Are you being paid for	or your representation?			Yes	°∑ No
Are you appearing as (If you answered "no question.)	part of your other paid du o," STOP; you need not co	ities for this person of the test of the t	or organization? his form. If you answ	☐ Yes vered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Commo	3 mi	inutes		

Are you an e other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> 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 that:	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 Room 103 of	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		

Date:	

#### CITY OF MADISON

## Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. Zouf 4	Name TUDY KAROFSKY  Address 317 N PINCKNEY ST.  MADISON, WI
(If you answered "no," <b>STOP</b> ; yo of who you represent and go on to	Please check the appropriate box:  Wish to speak Do not wish to speak Available to answer questions  or Oppose  ing an organization or a person other than yourself:  Ou need not complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation.  Are you appearing as part of you (If you answered "no," STOP; you question.)	esentation? Yes No  r other paid duties for this person or organization? Yes No  rou need not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public He Informati	earing (Common Council)5 minutes on Hearing3 minutes

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes No
(If you a this form	nswere 1. If you	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you and that:	re bein	g 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.
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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 Room 10	go to 13 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: 9.20.

#### CITY OF MADISON

## Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Address Address Address Address
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an organization (If you answered "no," <b>STOP</b> ; you need not compose of who you represent and go on to the next question	elete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each person	on or organization you are representing:
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comp question.)	s for this person or organization? \(\sum \subseteq \text{Yes} \) No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Conformation Hearing	3 minutes

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?  Yes  No
	red "yes" to the question, <b>STOP.</b> 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 being that:	ng 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.
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Room 103 of th	the City Clerk's website <a href="https://www.cityofmadison/com/clerk/index.html">www.cityofmadison/com/clerk/index.html</a> or go to the Clerk's Office at the City-County Building, Madison, for more information.)  Signature
$\overline{C_l}$	



Date: 7 20/201)

## WISH TO SPEAK FORM

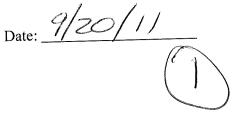
Registration Statement	- Common Co	uncil		
Please Print  Agenda No. 2 4 4	PLEASE I Name Address	PRINT NAME CLEA PANDY E 1606 UNI	ARLY BRUCE VERSITY AVE	
Please check one:  Support	AND	Please chec	k: to Speak	
Oppose  Neither Support Nor Oppose				
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the new	not complete the rest ( xt question.)	of this form. If you and		
Name, address and telephone number of	each person or organiz		ting:	
Are you being paid for your representation.  Are you appearing as part of your other of the second o		son or organization? of this form. If you an	Yes No Yes No Swered "yes," go on to the next	
Information Hea	Common Council)	3 minutes		

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
(If you answe this form. If y	(If you answered "yes" to the question, <b>STOP.</b> 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 be that:	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 Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date	Signature RAND BRUGE			



WISH TO SPEAK FORM

## CITY OF MADISON



**Common Council** Registration Statement - \_ COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Address Agenda No. Please check: **AND** Please check one: Wish to Speak **Support Oppose Neither Support Nor Oppose** Yes At this meeting are you representing an organization or a person other than yourself: (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: Are you being paid for your representation? 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.)

(SEE BACK)

Public Hearing (Common Council) .....5 minutes

Speaking Limits:

Are you other go	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
(If you this for	answer m. If yo	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)		
If you a that:	are beir	ng 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 Room 1	go to 03 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at le City-County Building, Madison, for more information.)		
Date	9/	Signature Print Name A/AN L. LARSON		



Date:	9-	20	-1/	

## WISH TO SPEAK FORM

Registration Statement	Common C	ouncil
Please Print	•	E PRINT NAME CLEARLY MARY HASTINGS
Agenda No. #3 +4	Name Address	
Please check one:	AND	Please check:
<b>Support</b>		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	t of this form. If you answered yes, provide the name
	· · · · · · · · · · · · · · · · · · ·	
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this pe ot complete the res	erson or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes

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?
	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 that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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.)
Date9	-20-11 Signature Main Has TING  Print Name Main Has TING



Date: Sept. 20, 2011

## WISH TO SPEAK FORM

Registration Statemen	t - Common C	ouncil	
Please Print	—··		ME CLEARLY
Agenda No. 3 44	Name Address	74 Lake Madiso	uthers ewood Gardens Lu on, W1 53704
Please check one:	AND	Plea	se check:
Support		X	Wish to Speak
Oppose			
☐ Neither Support Nor	Oppose		
At this meeting are you representing an (If you answered "no," <b>STOP</b> ; you need of who you represent and go on to the real Name, address and telephone number of	ed not complete the res next question.)	t of this form. I	ij you answerea yes, provide the hame
	· ·		
Are you being paid for your representa	tion?		☐ Yes ☐ No
Are you appearing as part of your othe (If you answered "no," <b>STOP</b> ; you nequestion.)	r paid duties for this pe ed not complete the re.	erson or organi st of this form.	zation?
Information He	(Common Council)	3 minutes	

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?
	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.)
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	9	.7	0	,	-	(	

## **WISH TO SPEAK FORM**

Registration Statement -	Common C	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No	Name _ Address _	Muchare Matry 1 Sher man terron Marsin WR
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor O	ppose	
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next Name, address and telephone number of each	not complete the rest t question.)	of this form. If you answered yes, provide the name
Are you being paid for your representation	n?	☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.)	nid duties for this per not complete the res	rson or organization?
Information Hearing	ommon Council)	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



## WISH TO SPEAK FORM

# Date: 9/20/11

Registration Statem	ent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY  Name  OARY BROWN  17700 CAYLORO DAITED
Agenda No.	Address 6709 GAYLORD NELSON 1 MIDDLETON WL 53562
Please check one:	AND Please check:
Support	Wish to Speak
<b>Oppose</b>	
Neither Support N	or Oppose
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to	g an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the nan he next question.)
Name, address and telephone num	er of each person or organization you are representing:
Are you being paid for your repres	
Are you appearing as part of your (If you answered "no," <b>STOP</b> ; you question.)	other paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the need not complete the rest of this form.
Informatio	ring (Common Council)5 minutes  1 Hearing

Are you	ou an el governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you this fo	ı answei rm. If ye	red "yes" to the question, <b>STOP.</b> 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 that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please Room	e go to 103 of ti	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date _	9/	120/11 Signature Lay Somm
	,	Print Name GARY BROWN



Date: 9-20-\\

## **WISH TO SPEAK FORM**

Registration Statement -	COMMITTEE	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No. 3 44	Name Address	Roth Kearley 202 N. Spooner St. Madison, WI 53726
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor O	ppose	
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next Name, address and telephone number of each	not complete the rest t question.)	st of this form. If you unswered yes, provide the hame
Are you being paid for your representation		Yes No
Are you appearing as part of your other pa (If you answered "no," <b>STOP</b> ; you need question.)	aid duties for this pe not complete the res	erson or organization? Yes No est of this form. If you answered "yes," go on to the nex
Information Heari	ommon Council)	3 minutes

Are y other	ou an el governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If yo this fo	u answei orm. If yo	red "yes" to the question, <b>STOP.</b> 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 that:	ı are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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(Pleas Room	se go to 103 of ti	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date <sub>.</sub>	9/20	11 Signature Rith C. Kearley Print Name Rith E. Kearley		



Date:  $\frac{9/20/2011}{}$ 

## **WISH TO SPEAK FORM**

Registration	on Statement -	COMMITTEE	ouncil		
Please Print			PRINT NAME	E CLEARLY	
Agenda No.		NameAddress	2802 1 Fitchly	King James h	J1y
Please check or	ne:	AND	Please	e check:	
Support				Wish to Speak	
<b>Oppose</b>					
Neither S	upport Nor Op	opose			
At this meeting are yo (If you answered "no, of who you represent of whom, address and telements are your represent of the second secon	" <b>STOP;</b> you need no and go on to the next	ot complete the rest question.)	of this form. If y	you answerea yes,	No provide the name
Are you being paid for	r your representation	?		☐ Yes	□No
Are you being paid to  Are you appearing as  (If you answered "no, question.)	nort of your other nai	id duties for this per	son or organizate of this form. If	tion? Yes	☐ No " go on to the next
Speaking Limits:	Information Hearin	mmon Council)	3 minutes		

_		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes No
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you that:	are beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date _	9/20	Print Name  Signature  Pouglus Syrga  Print Name  Douglas Swiggum



Date:  $\frac{9/20/11}{}$ 

## WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print  Agenda No. 3+4	PLEASE PRINT NAME CLEARLY  Name  Address  5/79 Hill top 122  Fitch burg Wi
Please check one:	AND Please check:
Support	Wish to Speak
Oppose	
Neither Support Nor Op	pose
of who you represent and go on to the next	of complete the rest of this form. If you answered yes, provide
Are you being paid for your representation  Are you appearing as part of your other pa	
question.)	
Information Hearing	mmon Council)5 minutes

Are yo	ou an ele governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
(If you this for	answer rm. If yo	red "yes" to the question, <b>STOP.</b> 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 that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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(Please Room	e go to 103 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date _	9/2	20/11 Signature Am Challed Print Name Steven M. Chalderdn			



## WISH TO SPEAK FORM



Date: \_\_\_

Registration Statement -	Common C	<u>ouncil</u>
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	Name Address	LAURA ROSE 1908 ARLINGTON PL. MADISON 53726
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		/
Neither Support Nor O	ppose	
At this meeting are you representing an or (If you answered "no," <b>STOP</b> ; you need to of who you represent and go on to the next Name, address and telephone number of e	i questieni,	on other than yourself: Yes No No of this form. If you answered "yes," provide the name zation you are representing:
Are you being paid for your representation  Are you appearing as part of your other part (If you answered "no," STOP; you need question.)	aid duties for this ne	Yes No rson or organization? Yes No t of this form. If you answered "yes," go on to the nex.
Information Heari	Common Council)	.3 minutes

Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
	red "yes" to the question, <b>STOP.</b> 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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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(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	20.20(1 Signature falle Hol			
	Print Name LAVRA D. ROS€			



Date:	9	- 2	0-	1/

## **WISH TO SPEAK FORM**

Registration Statement	common (	Council
Please Print  Agenda No. 3 - 4	PLEASI Name Address	EPRINT NAME CLEARLY The Rev. Charles Granger IN. Bedford Str Madison, WZ. 53703
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor C	Oppose	
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the new Name, address and telephone number of	not complete the rest xt question.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation		Yes 4No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)		son or organization? Yes No Yes You want of this form. If you answered "yes," go on to the next
Information Heari	Common Council)	3 minutes

-	n elected official or employee who is appearing solely on behalf of your officernmental body?	ce or for you Yes	ir municipality or No	
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this fo If you answered "no" to the question, go on to the next question.)	rm, except ti	hat you must sign	
If you are bei that:	being paid for your representation, or if your appearance is part of other p	aid duties, p	please be advised	
1.	Before you engage in lobbying as a lobbyist, you or your principal mus with the City Clerk.	t file an auth	norization	
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?			
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or of the City-County Building, Madison, for more information.)	go to the (	Clerk's Office at	
Date <u>Sep</u> o	Signature The Rev. Charles Print Name THE REV. CHAR	Gran VESC	nger_ oraugev	





## Date: 1/20/4

Registration Statement -	Common Co	uncil
Please Print	DI EASE I	PRINT NAME CLEARLY
Agenda No.	NameAddress	JON ENSLIN 5485 JAN DENS FITCHBURG
Please check one:	AND	Please check:
Support		Wish to Speak
<b>Oppose</b>		
Neither Support Nor Op	ppose	
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest o question.)	f this form. If you answered "yes," provide the name
	· ·	
Are you being paid for your representation	?	☐ Yes ► No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this perso ot complete the rest o	on or organization?  Yes No If this form. If you answered "yes," go on to the next
1 0	mmon Council)5 g3	

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> 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 beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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3.	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 Room 103 of t	the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at the City-County Building, Madison, for more information.)			
Date //a	Signature Print Name  Signature  ON ENSUM			

Date:  $\frac{9/20/201(}{}$ 



## **WISH TO SPEAK FORM**

Registration Statement -	Common C	Council	
Please Print	PLEASE	E PRINT NAME CLEARLY	
Agenda No		Richard Bonomo 833 Pane St. Madison, W/	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next Name, address and telephone number of ea	ot complete the resi question.)	st of this form. If you unswered yes, provide the han	me 
1.1. I.I.C	2	☐ Yes ☑ No	
Are you being paid for your representation  Are you appearing as part of your other pa  (If you answered "no," STOP; you need no  question.)	id duties for this ne		ıext
Speaking Limits: Public Hearing (Co Information Hearing Other Items	ıg	3 minutes	

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> 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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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 Room 103 of t	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 $\frac{9/2}{2}$	Signature Signature Richard L. R. Bonorgo		



	/// /	•	
Date:	1/20/11		_

## WISH TO SPEAK FORM

Registration Statement -	Common Cou	ıncil		
Please Print		RINT NAME CLEARLY		
Agenda No. 344	Name	Rev. Paula Harris  54. Luke's Episcopal Church  40/1 Major ave  Madison, 52716		
Please check one:	AND	Madison, 53716 Please check:		
Support		Wish to Speak		
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an organ (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each of the Major and Major and Major and Major and States and Major and	t complete the rest of question.) th person or organizat	ion you are representing:		
Are you enpaging as part of your other paid	d duties for this person	Yes No		
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing				

-		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)		
If you a that:	ire bein	g paid for your representation, or if your appearance is part of other paid duties, please be advised		
		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 <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at		
	/	Print Name Paula Harris		



WISH	TO	SPF	=AK	FO	RM

(3)

Registration Statement -	Common C	ouncil			
Please Print	PLEASE	PRINT NAI	ME CLEAF	RLY	·
Agenda No.	NameAddress	BR16 249 MAD		OHM SEGOE	RP.
Please check one:	AND	Plea	se check	<b>κ:</b>	
Support		X	Wish to	o Speak	
Neither Support Nor Op  At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next  Name, address and telephone number of each that Manacad (	ganization or a perso ot complete the rest question.)	oj inis jorm.	11 you answe		□ No provide the name
Are you being paid for your representation.  Are you appearing as part of your other pa (If you answered "no," STOP; you need requestion.)	id duties for this ne	rson or organi at of this form.	zation? If you answ		☑ No ☑ No go on to the next
Information Hearing	ommon Council)	.3 minutes			

Are you an elected official or e other governmental body?	mployee who is appeari	ng solely on behalf	of your office or for you	ur municipality or		
(If you answered "yes" to the q this form. If you answered "no"	uestion, <b>STOP.</b> You nee ' to the question, go on t	d not complete the root the next question.	rest of this form, except t	that you must sign		
If you are being paid for your that:	representation, or if you	ur appearance is pa	rt of other paid duties,	please be advised		
1. Before you engage with the City Cl	nge in lobbying as a lobl erk.	oyist, you or your p	rincipal must file an aut	horization		
2. Your principal i City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
period (half yea	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 Room 103 of the City-County Bi	s website <u>www.cityofma</u> uilding, Madison, for mo	udison.com/clerk/ind re-information.)	lex.html or go to the	Clerk's Office at		
Date 9-20-11	Signature					
	Print Name	BRIAN	OHM			



Date: 9/20/2011

# **WISH TO SPEAK FORM**

### CITY OF MADISON

Registration Statement -	Common Committee	ouncil	
Please Print	PLEASE	PRINT NAI	ME CLEARLY
Agenda No. 344	NameAddress	JANE 711 S. MADISO	T L. KELLY ORCHARD ST UNITAOS N, WI 53715
Please check one:	AND		se check:
Support		$\square$	Wish to Speak
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest question.)	of this form.	If you answered yes, provide the hame
Are you being paid for your representation	?		☐ Yes ☐ No
Are you appearing as part of your other part (If you answered "no," <b>STOP</b> ; you need n question.)	d duties for this per ot complete the res	rson or organi t of this form.	zation? Yes No If you answered "yes," go on to the nex
Speaking Limits: Public Hearing (Co Information Hearin Other Items	mmon Council)	3 minutes	

(SEE BACK)

Are you other go	u an ele overnm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		red "yes" to the question, <b>STOP.</b> 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 a that:	are beir	ng 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 Room 1	go to 03 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at an entire City-County Building, Madison, for more information.)
Date		Signature
		Print Name



Date:	09/20/11	



Registration Statement -	COMMITTEE	<u>ouncil</u>
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No3	-	RANDY BURINEISTER 207 DEWEY ST SUN PAMAIE, WI 53596
Please check one:	AND	Please check:
Support		Wish to Speak
<b>Oppose</b>		
Neither Support Nor O	ppose	
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no f who you represent and go on to the next Name, address and telephone number of each	ot complete the rest question.)	t of this form. If you answerea yes, provide the nume
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.9	☐ Yes ☐ No
Are you being paid for your representation.  Are you appearing as part of your other pa (If you answered "no," STOP; you need requestion.)	id duties for this per	
Information Hearin	ommon Council)	.3 minutes

Are you an el other governm	lected official or employee who mental body?	is appearing solely on be	half of your office or for y			
	ered "yes" to the question, <b>STO</b> you answered "no" to the questi	•		ot that you must sign		
If you are be	ing paid for your representation	a, or if your appearance i	s part of other paid duties	s, please be advised		
1.	Before you engage in lobbying with the City Clerk.	g as a lobbyist, you or yo	ur principal must file an a	uthorization		
2.	Your principal is not permitted City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spends or we period (half year), the principal remainder of the calendar year	pal must file expense st		• 1		
	o the City Clerk's website <u>ww.</u> the City-County Building, Madis			e Clerk's Office at		
Date	<i>9   3v   1      </i> Sign	ature <u>Reoslig</u>	BL UNY BURMEIST			
	Prin	Name Ros	UNY BURMEIST	FR		



Date:	
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Registration Statement -	Common C	ouncil	CANCEL CONTRACTOR CONT	NAC AND A STATE OF THE STATE OF	
Please Print	PLEASE		ME CLEARLY		
Agenda No	Name Address	1843	m DUNIOO BARNINGTON DR PRAIRIE	-	
Please check one:	AND	Plea	se check:		
Support .		$\times$	Wish to Speal	K	
Oppose					
☐ Neither Support Nor Op	pose				
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest question.)	of this form.	If you answered "yes,	⊠No " provide the i	name
Are you being paid for your representation?			Yes	☐ No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this per t complete the rest	son or organize of this form.	zation?	☐ No " go on to the	? next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes			

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you o this for	answere n. If you	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
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(Please Room 1	go to 03 of th	the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at the City-County Building, Madison, for more information.)  Signature
-		Print Name WIKEIAM II AMOR



# Date: $\frac{4/20/11}{8}$

Registrat	ion Statement - ַ	Common C	Council		
_	·	COMMITTEE			
Please Print		PI FASI	PRINT NAM	IE CLEARLY	
Agenda No 3 🕊			1212		nst
Please check o	ne:	AND	Pleas	e check:	
Support			X	Wish to Speal	K
<b>Oppose</b>					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga o, "STOP; you need not and go on to the next quelephone number of eac	t complete the rest uestion.)	t of this form. If	`you answered "yes,'	
Are you being paid for	or your representation?			Yes	□ No
	s part of your other paid o, " STOP; you need not				No on to the next
Speaking Limits:	Public Hearing (Com Information Hearing				

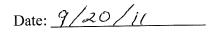
ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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.)
Signature Brad Bulm



Date:	9	20	11	)	
•		- 1			

Registration Statement	Common Co	ouncil
Agenda No.	PLEASE Name _ Address _	PRINT NAME CLEARLY Nikhil Pradhan 1022 W. Johnson St., #411 Madison, WI 53715
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest ( nuestion.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this pers	☐ Yes ☐ No  Son or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
100	vered "yes" to the question, <b>STOP.</b> 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.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name





Registration Statement -	Common Co	ouncil		
Please Print	PLEASE	PRINT NAM	E CLEARLY	
Agenda No. 334			owell onard St. wr s37/1	
Please check one:	AND	Pleas	e check:	
Support		X	Wish to Speal	₹
<b>X</b> Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest ( question.)	of this form. 1f	you unswered yes,	Æ No " provide the name
Are you being paid for your representation	?		Yes	☐ No
Are you appearing as part of your other part (If you answered "no," <b>STOP</b> ; you need no question.)	id duties for this person to complete the rest	son or organize of this form. I	ation? Yes  If you answered "yes	No No yo on to the next
Information Hearin	ommon Council)	3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	vered "yes" to the question, <b>STOP.</b> 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.)
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(Please g Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	9/20/11	
Duit.		

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Kobert Novak  Address 1022 W Johnson St. #411  Madison, WT 53715
Please check one:	AND Please check:
Support	Wish to Speak
Oppose	
Neither Support Nor Op	ppose
of who you represent and go on to the next	ot complete the rest of this form. If you answered yes, provide the name
Are you being paid for your representation	?
Are you appearing as part of your other pain (If you answered "no," <b>STOP</b> ; you need no question.)	id duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	mmon Council)5 minutes g3 minutes3 minutes

	relected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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(Please go Room 103 d	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 9-26 -//

# **WISH TO SPEAK FORM**

Registration Statement -	COMMITTEE	ouncil		
Please Print		PRINT NAME CLE		
Agenda No. 344	Name Address	TAMES ST 1202 REG MADISON,	TOPPLÉ PENT VI W/ S	=  30/5
Please check one:	AND	Please che	eck:	
Support Support		Wish Wish	to Speak	
Oppose				
Neither Support Nor O	ppose			
At this meeting are you representing an organization (If you answered "no," STOP; you need not who you represent and go on to the next Name, address and telephone number of each	not complete the resi t question.)	t of this form. If you an	swered yes,	⊠ No provide the name
Are you being paid for your representation	n?		Yes	✓ No
Are you being paid for your representation.  Are you appearing as part of your other paid if you answered "no," <b>STOP</b> ; you need a question.)	aid duties for this ne	erson or organization? Set of this form. If you a	Yes Yes	No go on to the next
Information Hearing	ommon Council) ng	3 minutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you this for	answer m. If yo	red "yes" to the question, <b>STOP.</b> 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.)
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(Please Room 1	go to 03 of th	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



Date:  $\frac{9/zo/N}{}$ 

### **WISH TO SPEAK FORM**

Registrat	ion Statement	COMMITTEE	ouncil				
Please Print  Agenda No	44	Name	Noah 1211 1	ME CLEARLY Van Voond	Dan	1	
Please check o	ne:	AND	Plea	ise check:			
<b>Support</b>			V	Wish to S	peak		
Oppose							
Neither S	Support Nor Op	pose					
(If you answered "no of who you represent	ou representing an orga," STOP; you need not and go on to the next q lephone number of each	complete the rest uestion.)	of this form.	If you answered	Yes "yes," p	No Novide the	name
				uarlian suore lonne e e Al-Sole dal Citat - Sol			
Are you being paid for	or your representation?				Yes	□No	
Are you appearing as (If you answered "no question.)	part of your other paid," STOP; you need not	duties for this per t complete the resu	rson or organize to f this form.		Yes "yes," į	□ No go on to the	e next
Speaking Limits:	Public Hearing (Com Information Hearing)		3 minutes				

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?		
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> 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 that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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 Room 103 of t	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 $\frac{q}{ \cdot }$	20/1) Signature		
•	Print Name Nogh Van Dam		



7/20 pate: 201)

# **WISH TO SPEAK FORM**

### CITY OF MADISON

Registration Statement -	Common C	ouncil	
Please Print	PLEASE	PRINT NA	ME CLEARLY
Agenda No. 3 4 U		3722	DANTAN BELEBER LODANA ROAD 1200/WI 53711
Please check one:	AND	Plea	se check:
<b>Support</b>			Wish to Speak
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest question.)	t of this form.	If you answered "yes," provide the name
Are you being paid for your representation			Yes No
Are you appearing as part of your other pai (If you answered "no," STOP; you need n question.)	d duties for this pe ot complete the res	rson or organi et of this form.	zation?
Speaking Limits: Public Hearing (Co Information Hearin Other Items	g	.3 minutes	

(SEE BACK)

-		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)		
If you a	are bein	ng 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 e City-County Building, Madison, for more information.)		
Date _	9)	20/20V Signature Print Name  Diongraph Gaiss		



Date: 9/20/11

### **WISH TO SPEAK FORM**

Registration Statem	nent - Common C	ouncil
Please Print  Agenda No. 3 & 4	PLEASE Name Address	PRINT NAME CLEARLY Leigh Vicens 330 N. Carroll St., Apt. 200 53703
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support N	or Oppose	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to to Name, address and telephone numbers.	need not complete the rest the next question.)	of this form. If you answered "yes," provide the name
		· · ·
Are you being paid for your representation appearing as part of your of (If you answered "no," STOP; you question.)	other paid duties for this pers	☐ Yes ☐ No son or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the next
Information	ing (Common Council) Hearing	3 minutes

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
	red "yes" to the question, <b>STOP.</b> 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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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,	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 Supplemental Signature	
	Print Name	



# **WISH TO SPEAK FORM**

Registration Stateme	nt - Common C	ouncil		
Please Print		PRINT NAME CL		
Agenda No. 344	Name Address	Mary Gule 306 N. Porchligh	Brooks.	5+
Please check one:	AND	Please ch	eck:	
Support		Wis Wis	h to Speak	
<b>Oppose</b>				
Neither Support No	Oppose			
At this meeting are you representing a (If you answered "no," <b>STOP</b> ; you not of who you represent and go on to the Name, address and telephone number	red not complete the rest next question.)	of this form. If you a	nswerea yes, pro	☐ No ovide the name
	i			
Are you being paid for your represent	ation?		Yes [	☐ No
Are you appearing as part of your oth (If you answered "no," <b>STOP</b> ; you n question.)	er paid duties for this pe eed not complete the res	rson or organization? t of this form. If you o	Yes [ answered "yes," go	No on to the next
Information H	g (Common Council) learing	.3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
	vered "yes" to the question, <b>STOP.</b> 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 b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised	
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



Date: 9/20/11

### **WISH TO SPEAK FORM**

Registration Statement -	Common C	Council	· · · · · · · · · · · · · · · · · · ·		
Please Print  Agenda No	Name	ANDY	ME CLEARLY  JONE  POLYMAN 1		
Please check one:	AND	Plea	se check:		
<b>Support</b>		$\times$	Wish to Spe	eak	
Oppose					
Neither Support Nor Op	pose				
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form. I	f you answered "y		e name
Are you being paid for your representation?			Y	Tes 🔀 No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	I duties for this per tot complete the res	rson or organiz t of this form.	ation?		he next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	, , , , , , , , , , , , , , , , , , ,	3 minutes			

		eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
(If you an this form.	iswere If you	d "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)		
If you are that:	e bein	g 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 g Room 10.	go to 3 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)		
Date	9/2	Print Name Aponen & Joaks		



Date:	Comment of the Commen	20
Date	į.	· ·

Registration Statement -	Common Co	ouncil	
Please Print	PLEASE	PRINT NAME CLE	ARLY
Agenda No. 2 4 Address 5019 HOURY DE			
Please check one:	AND	Please che	ek:
Support		Wish	to Speak
Oppose	5		
Neither Support Nor O	ppose		
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each of the state of	not complete the rest of the question.)  ach person or organiz	of this form. If you ans	
Are you being paid for your representation  Are you appearing as part of your other pa  (If you answered "no," STOP; you need to  question.)	aid duties for this ners	son or organization? of this form. If you an	Yes No Yes No swered "yes," go on to the next
Information Hearin	ommon Council)	3 minutes	

Are you an electorher government	ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body?		
(If you answered this form. If you	d "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)		
If you are being that:	paid for your representation, or if your appearance is part of other paid duties, please be advised		
1. E	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.		
p	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 ti Room 103 of the	he City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)		
Date 920	Signature Print Name  Charles Fraction		



Date: 9/20/2011

# **WISH TO SPEAK FORM**

Registration Statement	COMMITTEE	ouncil	
Agenda No. 3 (22443)		PRINT NAME CLEARLY PETE HEWSON 418 S Blownt St Madison	
Please check one:	AND	Please check:	
<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor O</li></ul>		☐ Wish to Speak	7
At this meeting are you representing an of (If you answered "no," <b>STOP</b> ; you need to of who you represent and go on to the next Name, address and telephone number of e	not complete the rest of the question.)	of this form. If you answered yes, pro	] No vide the name
	aid duties for this pers not complete the rest	t of this form. If you answered "yes," go 5 minutes	] No ] No on to the next

	rnmental body?	
(If you ans this form. I	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)	
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised	
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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?	
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



Date:	0).	)0
Date:	0). 6	

Registration Stat	tement - Common C	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No. 3+4	Name Address	JOHN LEJA 5603 SURREY W WAUWAKEE
Please check one:	AND	Please check:
<b>Support</b>		Wish to Speak
Oppose		
Neither Support	Nor Oppose	
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 who you represent and go on to the next question.)  Name, address and telephone number of each person or organization you are representing:		
LZ VENTU	rre) "	SAME
Are you being paid for your rep	resentation?	☐ Yes
Are you appearing as part of you (If you answered "no," STOP; question.)		rson or organization?  Yes No st of this form. If you answered "yes," go on to the ne.
Informat	learing (Common Council) ion Hearingems	.3 minutes

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)		
If you ar that:	e bein	g paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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 e City-County Building, Madison, for more information.)		
Date	9-	Signature Print Name JOHW LETA		



Date: 20 Spt 11

### **WISH TO SPEAK FORM**

Registration S	Statement - Common C	Council
Please Print  Agenda No.	PLEASE Name Address	Franklis Wilson 300 W. Wash # 1115 Madison W. 53703
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Supp	ort Nor Oppose	
At this meeting are you representing an organization or a person other than yourself:  (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:		
Are you being paid for you	r representation?	☐ Yes ☐ No
	of your other paid duties for this per OP; you need not complete the rest	son or organization? Yes UNO of this form. If you answered "yes," go on to the next
Info	lic Hearing (Common Council) ormation Hearinger Items	3 minutes

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?
, ,	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you are being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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 <u>20</u> S	Print Name Franklin A. Wilson



Please Call me Last Date: 9/20/11

### **WISH TO SPEAK FORM**

Registration Statement -	COMMITTEE	ouncil			<del></del> -	
Please Print	PLEASE	E PRINT NAM	ME CLEARLY	<b>(</b>		
Agenda No. 3 & 4	Name Address	2708 Ma	White Lakeland idesan	1 Ave		
Please check one:	AND	Pleas	se check:			
<b>∑</b> Support			Wish to S	peak		
Oppose						
Neither Support Nor Op	pose					
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest question.)	of this form. Is zation you are	f you answered	KYes "yes," pi	□ No rovide the r	зате
• • • • • • • • • • • • • • • • • • • •			***************************************			
Are you being paid for your representation?	?			Yes	☐ No	٠
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)				] Yes ! "yes," g	No on to the	next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes				

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	red "yes" to the question, <b>STOP.</b> 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 that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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 (	9 20/1\ Signature William
	Print Name Wm F. White



DO NOT

Date: 9 70 /11

### **WISH TO SPEAK FORM**

Registration Statement	Common C	Council	
Agenda No. 3+4	PLEASE Name Address	Helen 5/18	MECLEARLY Herrya Flamboau Rd on W1 53 705
Please check one:	AND	Plea	se check:
Support			Wish to Speak
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each comment: Last night Mr.	t complete the rest question.)  h person or organi  lephart S  ble/is a	t of this form.  Exation you are  Alal-b	representing:  wholling roofs on waker' But it will present
Are you being paid for your representation?			Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	t complete the res	t of this form.	If you answered "yes," go on to the next  for be cleaned by
Speaking Limits: Public Hearing (Com Information Hearing Other Items	***************************************	.5 minutes .3 minutes .3 minutes - DOFF .	Joing Into Spring Horlow I think we have an We don't should strive higher standards.  a roof is a tiny on the cost of this
11/30/10-F:\Clcommon\Council Documents\Registration Forms\Registration Form 2	2010 - Wish To Speak.docx  When Co	entake	or the cost of this

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Office at
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### **WISH TO SPEAK FORM**

Date: 9/20//1	

Registration Statement -	Common Committee	ouncil
Please Print  Agenda No3	PLEASE  Name  Address	PRINT NAME CLEARLY  NATHAN WAUTIER  2909 Gregory Stoppet
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next.  Name, address and telephone number of each of the control of the next.	ot complete the rest question.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation.  Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this pers	son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes

	NEGIO MATION STATEMENT - 1 AGE 2			
	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of other governmental body?			
	red "yes" to the question, <b>STOP.</b> 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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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(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  NATHAN WAUTER			

Date: <u>20,09,11</u>



# AVAILABLE TO ANSWER QUESTIONS FORM

Registrat	ion Statement -	Common C	ouncil		
	_	PLEASE	PRINT CLEARLY	<i>(</i>	
Agenda No	4	Name Address	Lyan Wa: 1640 cap Madison		
Please check o	ne:	AND	Please ch	eck:	
Support  Onnese			Avail ques	able to answer tions	
<ul><li>✓ Oppose</li><li>✓ Neither S</li></ul>	Support Nor Op	pose			
(If you answered "no	ou representing an org o," <b>STOP;</b> you need no t and go on to the next	ot complete the rest	on other than yourself of this form. If you a	f: Yes MNo unswered "yes," provide the nan	ne
Name, address and to	elephone number of ea	ch person or organi	zation you are repres	enting:	
Are you being paid f	for your representation	?		Yes No	
Are you appearing a (If you answered "nequestion.)	s part of your other paio," <b>STOP;</b> you need n	d duties for this per ot complete the res	rson or organization? t of this form. If you	$\square$ Yes $\                                   $	2X i
Speaking Limits:	Public Hearing (Co Information Hearin Other Items	g	3 minutes		

		ected official or employed ental body?	e who is appea	ring solely on behalf of your o	ffice or for you	ur municipality or No
		red "yes" to the question ou answered "no" to the		eed not complete the rest of this to the next question.)	form, except i	that you must sign
If you that:	are bein	ng paid for your represe	ntation, or if y	our appearance is part of othe	r paid duties,	please be advised
	1.	Before you engage in lowith the City Clerk.	obbying as a lo	bbyist, you or your principal m	nust file an aut	horization
	2.	Your principal is not policy Clerk.	ermitted to aut	horize you to lobby unless you	ı are registered	d with the
	3.	If your principal spends period (half year), the remainder of the calend	principal must	nore than \$1,000 for lobbying s t file expense statements with	ervices in any the City Cle	reporting rk for the
		the City Clerk's websi ne City-County Building,		nadison.com/clerk/index.html o nore information.)	or go to the	Clerk's Office at
Date _	20,	09,11	Signature Print Name	depuedash	inston	<b>7</b>
			T 11111 1 4011110	Will Nove The	14401	



AVAILABLE TO ANSWER QUESTIONS FORM

Registrati	on Statement -	Common Council
Agenda No. 37		PLEASE PRINT CLEARLY  Name RITH SWEENEY  Address 2138 CHADBOURNE MUE  MADISON WI 53726
Please check of	ne:	AND Please check:  Available to answer
Support Oppose		questions
(If you answered "no of who you represent	," <b>STOP;</b> you need n and go on to the next	ganization or a person other than yourself: Yes Tho ot complete the rest of this form. If you answered "yes," provide the name question.)  ach person or organization you are representing:
Are you being paid for Are you appearing as (If you answered "no question.)	t - Carrage other no	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Information Hearing	ommon Council)5 minutes ng

Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
	red "yes" to the question, <b>STOP.</b> 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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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3.	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 Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date 9/2	Signature Lita C. Swarn Print Name RITA C. Swarn F			



# \_ AVAILABLE TO ANSWER QUESTIONS FORM

Registration State	ement - Common Council	
	PLEASE PRINT (	CLEARLY
Agenda No.	Address (1	WE SILVER BERGE 47 RUTLADUE STREET
Please check one:	AND	lease check:
Support		Available to answer questions
<b>Oppose</b>		
Neither Support	Nor Oppose	
(If you answered "no," <b>STOP</b> ; of who you represent and go on Name, address and telephone m	to the next question.)  umber of each person or organization you	m. If you answered yes, provide the think
LZ YEN	TUKES	
Are you being paid for your rep	oresentation?	Yes No
	and a maid duties for this person or or	ganization? X Yes \ \ \ No \ \ \ \ No \ \ \ \ \ \ \ \ \ \
Informa	Hearing (Common Council) 5 minutes tion Hearing	3

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> 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.)
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(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	9-20-11	



# 

Registrati	on Statement -	COMMITTEE	ouncil	
		PLEASE	PRINT CLEARLY	
Agenda No	3	Name _ Address _		reen eboygan #3 WI 53705
Please check of	ne:	AND	Please che	ek:
Support Onnese	·		Availa questic	ble to answer
Oppose  Neither S	upport Nor O	ppose		
At this meeting are you (If you answered "no of who you represent Name, address and te	," <b>STOP;</b> you need n and go on to the next	tot complete the rest of the question.)	f this form. If you ans	wered "yes," provide the nam
Are you being paid for	or your representation	n?		Yes No
Are you appearing as (If you answered "no question.)	part of your other pa ," <b>STOP;</b> you need n	id duties for this person to complete the rest of	on or organization? of this form. If you an	Yes No swered "yes," go on to the nex
Speaking Limits:	Information Hearing	ommon Council)5 ng3	minutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?						
	(If you answered "yes" to the question, <b>STOP.</b> 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:	ng paid for your represe	ntation, or if yo	ur appearance is part of other	paid duties, p	lease be advised	
1.	Before you engage in lowith the City Clerk.	obbying as a lob	byist, you or your principal mu	st file an auth	orization	
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.)						
Date9	20-11	Signature	<u> Daroki Konee</u> Casol Nosee	n)		
		Print Name	Carol None	PM		



# AVAILABLE TO ANSWER QUESTIONS FORM

Registrati	on Statement -	Common Cou	uncil	
			RINT CLEARLY	
Agenda No	·H	Name	Carol Noreen 5022 Sheboygan #3 Madison WI 5370	
Please check o	ne:	AND	Please check:	
Support Oppose			X Available to answer questions	
<ul><li>✓ Oppose</li><li>✓ Neither S</li></ul>	upport Nor Op	pose		
(If you answered "no of who you represent	," <b>STOP;</b> you need no and go on to the next	question.)	other than yourself: Yes No No this form. If you answered "yes," provide the name tion you are representing:	ne
Are you being paid fo	or your representation	?	☐ Yes ⊠ No	
Are you appearing as (If you answered "no question.)	part of your other pai	d duties for this persor ot complete the rest of	n or organization?	ext
Speaking Limits:	Information Hearing	mmon Council)5 n g3 n 3 n	minutes	

Are you an elected official other governmental body?	or employee who is appearing	ng solely on behalf of your office or for your municipality or Yes No		
	the question, <b>STOP.</b> You need "no" to the question, go on to	d not complete the rest of this form, except that you must sign the next question.)		
If you are being paid for y that:	our representation, or if you	ir appearance is part of other paid duties, please be advised		
1. Before you with the Cit	<del>-</del> -	yist, you or your principal must file an authorization		
2. Your princi City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
period (half	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?			
	erk's website <u>www.cityofma</u> ty Building, Madison, for mo	dison.com/clerk/index.html or go to the Clerk's Office at re information.)		
Date <u>9-26-//</u>	Signature	Carok Novean		
	Print Name	Carol Noneen		





# AVAILABLE TO ANSWER QUESTIONS FORM

### **CITY OF MADISON**

Registration Statement	Common Council COMMITTEE
Agenda No. 344	Name DAK BLACK Address 2581 SMITH'S XING #310 SW MAIRIE 53590
Please check one:	AND Please check:
Support	Available to answer
Oppose	questions
Neither Support Nor Opp	oose
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	e 1601 UNIVONITY AVE 576-778
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council)5 minutes

Other Items......3 minutes

•	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, <b>STOP.</b> 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 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?
,	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 <u>9</u>	201/ Signature Signature
	Print Name DAVE BLACK



Date: 4 20 (1)

### DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No.		NameAddress	Robert 5513 The Monara	Gonzalez nderbirdek WI 537	)
Please check or	ne:	AND	Please chec	ek:	
Support Oppose			Do not	t wish to speak	
Neither S	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent to Name, address and tel	" STOP; you need no and go on to the next	ot complete the rest o question.)	f this form. If you ans	☐ Yes 【 No wered "yes," provide the nam ting:	<u>'e</u>
					_
Are you being paid fo	r your representation?	?		☐ Yes X No	
Are you appearing as (If you answered "no, question.)	part of your other paid " STOP; you need no	d duties for this person ot complete the rest of	on or organization? of this form. If you ans	Yes No wered "yes," go on to the nex	ct
Speaking Limits:	Information Hearing	mmon Council)5 g3	minutes		

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?			
	red "yes" to the question, <b>STOP.</b> 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 beithat:	ng 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			



Date: 9/20/11

### DO NOT WISH TO SPEAK FORM

Registratio	n Statement - <sub>-</sub>	Common Cou	uncil	
Please Print  Agenda No.		PLEASE PI Name Address	PRINT NAME CLEARLY BHAV ZALLHAM USGO RUST FLANK UHUNIAKAB, MI 5359	97
Please check on Support	e:	AND	Please check:  Do not wish to speak	
Oppose Neither Su	pport Nor Op	pose		
of who you represent a	' <b>STOP;</b> you need no nd go on to the next o	t complete the rest of question.)	other than yourself: Yes No Yes No Yes Yes No Yes No Yes Yes No Yes," provide the nation you are representing:	me
	L V 12.			
Are you being paid for	your representation?		☐ Yes ☐ No	
Are you appearing as p (If you answered "no," question.)	art of your other paid  'STOP; you need no	d duties for this persor ot complete the rest of	on or organization?	exi
Speaking Limits:	Information Hearing	nmon Council)5 n g3 n 3 n	minutes	

	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?
	red "yes" to the question, <b>STOP.</b> 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 beithat:	ng 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.
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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 he City-County Building, Madison, for more information.)
Date	20/11 Signature And Seller
, /	Print Name BIZAIDLA 5 ZHLLABIT

Date: 9/20/2011



### DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	uncil		_
<u>Please Print</u>		PLEASE F	PRINT NAME CLE	ARLY	
Agenda No.		Name	252) VAV MAD (500, 6	thse Ale.	
Please check or	ne:	AND	Please chec	ek:	
Support Support			\times Do not	wish to speak	
Oppose					
At this meeting are yo (If you answered "no, of who you represent of	upport Nor Opport Nor	nization or a person of complete the rest of uestion.)	this form. If you ansy	vered "yes," provide	
Name, address and tel	ephone number of each	n person or organizat	ion you are represent	ing:	
Are you being paid for	your representation?			Yes No	)
	part of your other paid "STOP; you need not			Yes Nowered "yes," go on to	
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 n	ninutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)			
If you are being that:	ng 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 he City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			



Date: 9/20/11

### DO NOT WISH TO SPEAK FORM

Registration St	atement - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 3 😽 🕂	Name Robert Steedemann Address 2730 MASON ST Madison 53705
Please check one:	AND Please check:
<b>Support</b>	Do not wish to speak
Oppose	
Neither Suppo	rt Nor Oppose
(If you answered "no," STO of who you represent and go	senting an organization or a person other than yourself: Yes No  P; you need not complete the rest of this form. If you answered "yes," provide the name on to the next question.)  number of each person or organization you are representing:
(If you answered "no," STO	epresentation?
Inform	Hearing (Common Council)5 minutes nation Hearing

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> 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 beinthat:	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 Room 103 of t	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 9	20 1 Signature RWSterdeman Print Name RWSterdemann			



### DO NOT WISH TO SPEAK FORM

Registration Statement	common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Henry Peters  Address 47 Bagley Ct.  Madison WT 53705
Please check one:	AND Please check:
<b>Support</b>	Do not wish to speak
Oppose	
Neither Support Nor	Oppose
(If you answered "no," STOP; you need of who you represent and go on to the no	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name ext question.)  Seach person or organization you are representing:
	ion?
Are you being paid for your representati	
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for this person or organization? \(\begin{aligned} \text{Yes} \\ \text{No} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Information Hea	Common Council)5 minutes ring

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
(If you answer this form. If yo	(If you answered "yes" to the question, <b>STOP.</b> 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 beinthat:	ng 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 Room 103 of to	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date <u>9.21</u>	Signature Verry a Very A. Peters TIT		

Date: 9/20/20//



## DO NOT WISH TO SPEAK FORM

Registratio	n Statement -	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLEA		
Agenda No		Name _ Address _	GYPSY PLEI 5759 BAR FITCHBURG	SCHMAN BABRA DE IWI SZ	71/
Please check on	e:	AND	Please checl	<b>k:</b>	
Support			Do not	wish to spea	ak
Oppose					
Neither Su	ıpport Nor Oj	ppose			
of who you represent a	" <b>STOP;</b> you need n and go on to the next	t question.)	n other than yourself: of this form. If you answ zation you are representi	vered "yes," pro	No No No Note the name
Are you being paid for Are you appearing as	( C othon no	sid duties for this ner	son or organization?	☐ Yes ☐	] No
(If you answered "no, question.)	"STOP; you need i	not complete the resi	t of this form. If you ans	wered "yes," go	on to the next
Speaking Limits:	Information Hearing	ommon Council) ng	3 minutes		

Are you an e other govern	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
	ered "yes" to the question, <b>STOP.</b> 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 that:	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?	
	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	



Date:	
-------	--

### DO NOT WISH TO SPEAK FORM

Registration S	tement - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name I'm Jyson  Address 4107 Major Ave  Madison W1 53716
Please check one:  Support	AND Please check:  Do not wish to speak
<ul><li>Oppose</li><li>Neither Suppose</li></ul>	t Nor Oppose
(If you answered "no," <b>ST</b> 6 of who you represent and go	enting an organization or a person other than yourself: Yes No you need not complete the rest of this form. If you answered "yes," provide the name in to the next question.)  number of each person or organization you are representing:
Are you being paid for your Are you appearing as part of (If you answered "no," ST question.)	presentation?  Yes No our other paid duties for this person or organization?  Yes No you need not complete the rest of this form. If you answered "yes," go on to the next
Info	Hearing (Common Council)5 minutes ation Hearing

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?
	red "yes" to the question, <b>STOP.</b> 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 beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go to Room 103 of th	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 1	20-/( Signature // C
	Print Name I SON



Date:

### DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Con	uncil		
Please Print		PLEASE P	RINT NAME CLE	ARLY	
Agenda No. <u>3</u>		Name <u>£</u>	Sernard Z. 5126 Papii Madison	in Place	der
Please check or	ne:	AND	Please chec	ck:	
<b>Support</b>			Do not	t wish to s	speak
Oppose					
Neither S	upport Nor Opp	pose			
(If you answered "no, of who you represent of	ou representing an organ "STOP; you need not and go on to the next que the phone number of each	complete the rest of uestion.)	this form. If you answ	wered "yes,"	レNo provide the name
Are you being paid for	r your representation?		-	Yes	☐ No
• • • •	part of your other paid of "STOP; you need not	-	_	☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3 m	ninutes		

Are you an e other governi	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> 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 that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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?
	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





### DO NOT WISH TO SPEAK FORM

Registration S	Statement - Com	non Council		
Please Print  Agenda No.	P	LEASE PRINT N	NAME CLEARLY  Shorehan  adison, W	
Please check one:	AN	VD PI	lease check:	
Support		1	Do not wish to	speak
Oppose				
Neither Supp	ort Nor Oppose			
At this meeting are you rep (If you answered "no," ST of who you represent and g Name, address and telephon	<b>OP;</b> you need not complete on to the next question.)	e the rest of this for	m. If you answerea yes,	
Are you being paid for you			Yes	_/
Are you appearing as part of (If you answered "no," ST question.)	of your other paid duties fo (OP; you need not complete	r this person or org e the rest of this for	ganization?	
Info	olic Hearing (Common Cou formation Hearinger Items	3 minutes		

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> 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 that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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?
	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



Date:

Registration Statem	ent - Common Council
Agenda No.	PLEASE PRINT NAME CLEARLY  Name ANDREW PODTER  Address 2038 WILLIAMS DR  Stongwon, M 53569
Please check one:  ✓ Support	AND Please check:  Do not wish to speak
<ul><li>Oppose</li><li>Neither Support No</li></ul>	r Oppose
(If you answered "no," <b>STOP</b> ; you of who you represent and go on to the	an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name to next question.)  To feach person or organization you are representing:
	tation? Yes No  ner paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information	dg (Common Council)5 minutes Hearing

•	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> 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 that:	sing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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?
	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



Date: 09/20/20//

# DO NOT WISH TO SPEAK FORM

Registration Sta	tement - Common	Council	
Please Print			
	PLEA	SE PRINT NAME CLEARL	
Agenda No	Name Addres	Charles A. 202 N. Fau C	
		MADISON, WE	
Please check one:	AND	Please check:	
Support		Do not wi	sh to speak
Oppose			
Neither Suppor	t Nor Oppose		
At this meeting are you represe (If you answered "no," STOP; of who you represent and go or Name, address and telephone n	you need not complete the real to the next question.)	est of this form. If you answered	☐ Yes ☐ No d "yes," provide the name
CA Designation	- CHMRCH	inization you are representing.	
ST. 10003/1170	A.		
6705 UNIVER			
MADISON, L	工 \$3705		
Are you being paid for your rep	presentation?	Ε	Yes No
Are you appearing as part of yo (If you answered "no," <b>STOP</b> ; question.)			Yes No d "yes," go on to the next
Informa	Hearing (Common Council) tion Hearingems	3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> 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 that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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?
	to 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



Date:	
-------	--

### **CITY OF MADISON**

Registration	n Statement -	Common Committee	ouncil	
Please Print  Agenda No.	)	PLEASE Name _ Address _	PRINT NAME CLEA Thursa 4107 Ma	ARLY Typor yor Auc WE 53711
Please check one Support Oppose Neither Sup	pport Nor Op	AND	Please chec	k: wish to speak
At this meeting are you in (If you answered "no," of who you represent and Name, address and telep	STOP; you need not d go on to the next	ot complete the rest of question.)	of this form. If you ansv	☐ Yes ☐ No wered "yes," provide the name ing:
question.)  Speaking Limits:	ort of your other pains of your other pains of the state	d duties for this persot complete the rest	of this form. If you ans  5 minutes	☐ Yes ☑No ☐ Yes ☑No wered "yes," go on to the next
I (	Information Hearing Other Items	g3	s minutes s minutes	

(SEE BACK)

	1 (1.		
Are you an e		who is appear	ring solely on behalf of your office or for your municipality or Yes Yes
	red "yes" to the question, <b>S</b> ou answered "no" to the qu		ed not complete the rest of this form, except that you must sign to the next question.)
If you are be that:	ing paid for your represent	tation, or if yo	our appearance is part of other paid duties, please be advised
1.	Before you engage in lob with the City Clerk.	bying as a lob	obyist, you or your principal must file an authorization
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.		rincipal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
	o the City Clerk's website the City-County Building, M		nadison.com/clerk/index.html or go to the Clerk's Office at ore information.)
Date/	· · · · · · · · · · · · · · · · · · ·	Signature Print Name	Theresa Typon



Date:	9-20-11

Registration Statemer	nt - Common Council COMMITTEE	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No.	Name Brendan Janes Conner  Address Midll & Mound St  Madison, WI, 53715	
Please check one:	AND Please check:	
Support	Do not wish to speak	•
Oppose		
Neither Support Nor	Oppose	
(If you answered "no," <b>STOP</b> ; you nee of who you represent and go on to the r	organization or a person other than yourself: Yes You not complete the rest of this form. If you answered "yes," provide next question.)  If each person or organization you are representing:	
Are you being paid for your representation	tion? Yes N	lo
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for this person or organization? Yes Ned not complete the rest of this form. If you answered "yes," go on	
Information He	(Common Council)5 minutes aring	

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
	red "yes" to the question, <b>STOP.</b> 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 beinthat:	ng 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 $4-20$	10-11 Signature Browdyn former Stowns  Print Name Brendan Jones O'Connor		
	Print Name Brendan Jones O'Connor		



Date:  $\frac{9/20/11}{}$ 

# DO NOT WISH TO SPEAK FORM

Registration Statement	COMMITTEE	uncil	
Please Print	_ PLEASE I	PRINT NAME CLEARLY	
Agenda No. 3 +4	Address	Deri Lambert 205 Nichols Rd. Monona, WI 53716	
Please check one:	AND	Please check:	
Support Oppose		Do not wish to speak	
At this meeting are you representing an organ (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ganization or a person not complete the rest of question.)	f this form. If you answered "yes," provide the no	ame
Are you being paid for your representation  Are you appearing as part of your other paid  (If you answered "no," STOP; you need no question.)	id duties for this person	☐ Yes ☐ No  n or organization? ☐ Yes ☐ No f this form. If you answered "yes," go on to the r	
Speaking Limits: Public Hearing (Co Information Hearin	mmon Council)5 r g3 r 3 r	minutes	

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?			
(If you answer this form. If yo	(If you answered "yes" to the question, <b>STOP.</b> 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 beinthat:	ng 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 $\frac{9/2}{}$	o/11 Signature Jew 5. Lambert  Print Name Devi S. Lambert			

Date: 9-20-((



# DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	ouncil	
Please Print		<b>~~~</b>	PRINT NAME CLEA	ARLY
Agenda No	4	Name _ Address _	Viginia A. 6205 Mineral Madison W.T.	Shahnon Point Rd. #203
Please check or	ie:	AND	Please chec	k:
<b>Support</b>			Do not	wish to speak
Oppose				
Neither S	upport Nor Op	pose		
(If you answered "no, of who you represent	and go on to the next q	t complete the rest ( nuestion.)	n other than yourself: of this form. If you answ ation you are representi	☐ Yes ☐ No wered "yes," provide the name ing:
Are you being paid fo	r your representation?			Yes No
Are you appearing as (If you answered "no, question.)	part of your other paid " <b>STOP;</b> you need no	duties for this pers t complete the rest	on or organization? of this form. If you answ	☐ Yes ☐ No wered "yes," go on to the nex
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		minutes	

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	(If you answered "yes" to the question, <b>STOP.</b> 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:	ng 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.	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 he City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				



Date:	<u> </u>

Registration	on Statement -	Common C	ouncil		
Please Print  Agenda No.	44	_	PRINT NAME CL VALERIE 1 2 9064 T PRAIRIE		0FE 1927 40. ul 1
Please check or Support Oppose	<b>1e:</b>	AND	Please ch		
Neither S	upport Nor O	ppose			
At this meeting are yo (If you answered "no, of who you represent of Name, address and tele	" <b>STOP;</b> you need n and go on to the next	ot complete the rest question.)	of this form. If you a	nswered "yes," ]	⊠ No provide the name
Are you being paid for	r your representation	?		Yes	No
Are you appearing as justify ou answered "no, question.)	part of your other pa " <b>STOP;</b> you need n	id duties for this person to complete the rest	son or organization? of this form. If you a	☐ Yes answered "yes,"	No go on to the nex
Speaking Limits:	Information Hearin	mmon Council)	3 minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	(If you answered "yes" to the question, <b>STOP.</b> 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 being paid for your representation, or if your appearance is part of other paid duties, please be advised that:				
1.	Before you engage in lowith the City Clerk.	bbying as a lol	obyist, you or your principal must file an authorization	
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 9/20/11 Signature Valerie In Courfe  Print Name VALERIE McAULIFFE				
		Print Name	VALEKIE VACALLIFFE	



Registrat	ion Statement -	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 57	L Francis Forise	NameAddress	Jerla Ny 3018 Mani Madison	:499 :4estes 5371	Rel.
Please check o	ne:	AND	Please che	ck:	
Support Support			Do no	t wish to	speak
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organ," STOP; you need no and go on to the next of the next of the next of each of the next of each of the next of the	ot complete the rest ( question.)	of this form. If you ans		□ No ' provide the name
Are you being paid for	or your representation?			Yes	☐ No
Are you appearing as (If you answered "no question.)	s part of your other paid o, " STOP; you need no	d duties for this person complete the rest	on or organization? of this form. If you an	☐ Yes swered "yes,"	$\square$ No " go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	g	3 minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	ered "yes" to the question, <b>STOP.</b> 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 that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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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?			
	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			





Registration Stateme	nt - Common Council COMMITTEE	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No.	Name BILL FOOTE  Address ICYO MON ROE ST  MADISON WE 5371	
Please check one:	AND Please check:	
Support  Oppose	Do not wish to speak	
Neither Support Nor	Oppose	
(If you answered "no," <b>STOP</b> ; you ne of who you represent and go on to the	organization or a person other than yourself: Yes No ed not complete the rest of this form. If you answered "yes," provide the next question.)  If each person or organization you are representing:	name
Are you being paid for your representa	ion? Yes No	
	paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the	? next
Information He	(Common Council)5 minutes aring	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	red "yes" to the question, <b>STOP.</b> 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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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	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			



Date: \_\_\_\_\_

Registrati	on Statement -	Common Co	ouncil		
Please Print		•	PRINT NAME CLEA		
Agenda No.	+ 1	Name Address _	17 Sack Cre Madison	ret Cir	
Please check of	ne:	AND	Please chec	ek:	
Support	·		Do not	wish to sp	eak
Oppose				8	
Neither S	upport Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga ," <b>STOP;</b> you need not and go on to the next q lephone number of eac	t complete the rest o question.)	f this form. If you ansv		No Povide the name
Are you being paid fo	or your representation?			Yes	□ No
Are you appearing as	part of your other paid," STOP; you need no	I duties for this perso	on or organization? of this form. If you ans	☐ Yes wered "yes," g	□ No o on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	33	minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	If you answered "yes" to the question, <b>STOP.</b> 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 being paid for your representation, or if your appearance is part of other paid duties, please be advised that:				
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(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.)				
Date9	Date 9(20/2011 Signature 1 One Server			
		Print Name	G. Dinald Ferrer Je	



Date: 9/20 11

# DO NOT WISH TO SPEAK FORM

Registratio		Common Co	ouncil	
Please Print			PRINT NAME CLEARLY	
Agenda No	frank frank	Name _ Address _	Trapeth van der 18 Pelham CT Madison, V	Welde N 53713
Please check on	ne:	AND	Please check:	
Support			Do not wish	to speak
Oppose				
Neither S	upport Nor Oppos	se		
(If you answered "no, of who you represent a	and go on to the next quest	nplete the rest ( ion.)	n other than yourself: Yes of this form. If you answered "yes ation you are representing:	
Are you being paid for Are you appearing as part (If you answered "no, question.)	part of your other paid dut	ies for this pers	☐ Yeon or organization? ☐ Yeof this form. If you answered "y	es No
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3	minutes	

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	

### CITY OF MADISON

Registra	tion Statement -	Common Co	uncil		
Please Print		PLEASE P	PRINT NAME CLE	ARLY	
Agenda No. <u>3</u>	F Jano H	Name Address $\frac{t}{}$	DONNA W 535 Wid Madison	Reterson geor Way 5371	) / 7
Please check	one:	AND	Please che	ck:	
Support		-	Do no	t wish to speak	
Oppose Oppose					
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orga o," <b>STOP;</b> you need not tt and go on to the next q elephone number of each	t complete the rest of uestion.)	this form. If you ans	· · · · · ·	) the name
Are you appearing a (If you answered "no	for your representation? s part of your other paid o, " STOP; you need not			☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to	o the next
question.) Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 m	ninutes		

(SEE BACK)

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?  Yes No
	red "yes" to the question, <b>STOP.</b> 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 being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date $9-2$	
	Print Name DONNA W Peterson



Date: \_\_\_\_\_

Registra	tion Statement -	Common (	Council		
Please Print		PLEAS	E PRINT NAME CLI	EARLY	
Agenda No. <u>3</u> →	4	Name Address	LAURA A 508 RYPERT WAUNAKEE	10RBY RD WI 53	:597
Please check of Support		AND	Please che	eck: ot wish to s	speak
Oppose			7		
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent Name, address and to	you representing an orga o," <b>STOP;</b> you need not t and go on to the next q elephone number of eac	t complete the resquestion.)  The person or organ	t of this form. If you an ization you are represen	swered "yes,"	∑ No provide the name
J Dun	STAA'S EPISCO	PATO HIERO	<u> </u>		
		·			
Are you being paid f	for your representation?			Yes	No No
Are you appearing as (If you answered "no question.)	s part of your other paid o," <b>STOP;</b> you need no	I duties for this pe t complete the res	rson or organization? at of this form. If you an	☐ Yes aswered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		.3 minutes		

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> 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.)
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	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 <u>9</u>	Signature Laure Morly Print Name REV LAURA ONORBY



Date:  $\frac{9}{20}/20/2011$ 

# DO NOT WISH TO SPEAK FORM

Registration Sta	atement - <u>Comm</u>				<del></del>
Please Print	PI	EASE PRINT NA	ME CLEAF	RI Y	
Agenda No.	Contract to the consequence of t	me $\frac{MOR}{5100}$			AR10 DR 3714
Please check one:	AN	D Plea	ise check	•	
Support Oppose Neither Support	·		Do not v	vish to sp	eak
At this meeting are you represe (If you answered "no," STOP of who you represent and go of Name, address and telephone	; you need not complete to the next question.)	he rest of this form. I	If you answei		No wide the name
Are you being paid for your re Are you appearing as part of y (If you answered "no," STOP question.)	our other paid duties for t	his person or organiz he rest of this form.	zation? If you answe	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ yes," go	No No on to the next
Inform	Hearing (Common Councation Hearing	3 minutes			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form. If	vered "yes" to the question, <b>STOP.</b> 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 b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go Room 103 d	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	
-------	--

Registration Statemer	nt - Common Council
Please Print  Agenda No. 344	PLEASE PRINT NAME CLEARLY  Name  Address  Address
Please check one:	AND Please check:
Support	Do not wish to speak
<ul><li> □ Oppose</li><li> □ Neither Support Nor</li></ul>	Oppose
	organization or a person other than yourself: Yes No land not complete the rest of this form. If you answered "yes," provide the name ext question.)
Name, address and telephone number of	feach person or organization you are representing:
STD unstan's	Episcopal Church
Are you being paid for your representati	on? Yes No
	paid duties for this person or organization?  Yes No No d not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	Common Council)5 minutes ring

	RESIGNATION OF A PARTIE TO THE
Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> 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.)
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	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 4	Signature Print Name

Date: 9 - 20 - 11



# DO NOT WISH TO SPEAK FORM

Registration State	tement - Common Council	
Please Print  Agenda No	PLEASE PRINT NAME CLEARLY  Name Sue v Hindle  Address 505 Viking Rd  Mount Horeb Wi	
Please check one:	AND Please check:	
Support	Do not wish to speak	
Oppose		
Neither Support	t Nor Oppose	
(If you answered "no," STOP; of who you represent and go on Name, address and telephone nu	nting an organization or a person other than yourself:  Yes N  you need not complete the rest of this form. If you answered "yes," provide to the next question.)  umber of each person or organization you are representing:	e the name
	ur other paid duties for this person or organization?	o o to the next
Informat	Hearing (Common Council)5 minutes tion Hearing	

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> 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.)
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(Please go t Room 103 of	to 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 $9^{-}2^{-}$	
	Print Name Sge v Hindle



Date: 4/20/11

# DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	uncil	
Please Print  Agenda No.	5+ 4/	•	PRINT NAME CLEARLY  Fr. Mike Tess  124 Dewley st	780
Please check of Support	ne:	AND	Please check:  Do not wish to speak	<u> </u>
<ul><li>Oppose</li><li>Neither S</li></ul>	upport Nor Op	pose		
(If you answered "no, of who you represent	and go on to the next q	t complete the rest of question.)	f this form. If you answered "yes," provide th	ie name
Name, address and tel	lephone number of eac	h person or organizat	tion you are representing:	
Are you appearing as	•	duties for this person	☐ Yes ☐ No on or organization? ☐ Yes ☐ No	
	part of your other paid " <b>STOP;</b> you need no		f this form. If you answered "yes," go on to t	the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3 r	minutes	

Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date $\frac{c_1}{z}$	Signature 2M. Mike Tesa  Print Name 2n. Mike Tesa



Date: \_\_\_\_\_

### CITY OF MADISON

Registrat	ion Statement - ַ	Common Committee	ouncil	
Please Print  Agenda No.			PRINT NAME CLEARLY SAILY Wood 1021 Gateway Verona, W.t.	
Please check o	ne:	AND	Please check:  Do not wisl	
<ul><li>Oppose</li><li>Neither S</li></ul>	Support Nor Op	pose		
(If you answered "no of who you represent	o," <b>STOP;</b> you need no and go on to the next o	t complete the rest ( question.)	n other than yourself:  of this form. If you answered ration you are representing:	Yes ⊠No "yes," provide the name
Are you being paid for	or your representation?			Yes No
Are you appearing as (If you answered "no question.)	s part of your other paid o, " <b>STOP;</b> you need no	l duties for this pers ot complete the rest	son or organization?  of this form. If you answered	Yes No No "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	<b>5</b>	3 minutes	

(SEE BACK)

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)		
If you that:	are beir	ng 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 a celety-County Building, Madison, for more information.)		
Date _	9/2	O/11 Signature Skely J. Wood Print Name SAILY T, Wood		



Date:	4-	20	- 1/	

Registration Stateme	ent - Common Council
Please Print  Agenda No.	PLEASE PRINT NAME CLEARLY  Name SEMANY Address (11 W W1500)  53707
Please check one:  Support  Oppose  Neither Support Nor	AND Please check:  Do not wish to speak  r Oppose
(If you answered "no," STOP; you not of who you represent and go on to the	n organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name next question.)  of each person or organization you are representing:
(If you answered "no," STOP; you no question.)  Speaking Limits: Public Hearing Information Hearing	retion?

•		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you that:	are bein	ng 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



Date:	$\mathcal{G}_{i}^{i}$	20.	2011

Registration Stateme	ent - Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No3	Name LINDA MCART  Address 405 N. BALDWIN ST  MADISON, W 1 53703
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support No	r Oppose
	an organization or a person other than yourself: Yes No seed not complete the rest of this form. If you answered "yes," provide the name next question.)
Name, address and telephone number	of each person or organization you are representing:
Are you being paid for your represent	ation? Yes No
	er paid duties for this person or organization? Yes No reed not complete the rest of this form. If you answered "yes," go on to the next
Information H	g (Common Council)5 minutes earing

Are you an el other government	2 -	ree who is appear	aring solely on behalf of your	office or for you	r municipality or
1 0 0	red "yes" to the questio ou answered "no" to the		eed not complete the rest of th n to the next question.)	is form, except th	hat you must sign
If you are be that:	ing paid for your repres	sentation, or if	your appearance is part of oth	ner paid duties, p	blease be advised
1.	Before you engage in with the City Clerk.	lobbying as a lo	obbyist, you or your principal	must file an auth	norization
2.	Your principal is not City Clerk.	permitted to au	thorize you to lobby unless yo	ou are registered	with the
3.		e principal mus	more than \$1,000 for lobbying st file expense statements wit	•	
	o the City Clerk's web the City-County Building		fmadison.com/clerk/index.html more information.)	or go to the (	Clerk's Office at
Date	- 20 - 20/1	Signature	Standa McCa	S.	·
		Print Name	LINDA MEL	ALI TONOMINE	



Date:	<u>q</u>	120/1	/
			/

Registration Statement	- Common Counc	cil
Please Print  Agenda No.	PLEASE PRIN Name Address 619	te McKey E Johnson St #200 Hison, WI 53703
Please check one:	AND	Please check:
<b>Support</b>		Do not wish to speak
Oppose		
☐ Neither Support Nor O	ppose	
At this meeting are you representing an orgalized (If you answered "no," STOP; you need no f who you represent and go on to the next Name, address and telephone number of each	not complete the rest of this t question.)	form. If you answered "yes," provide the name
Are you being paid for your representation	?	Yes No
Are you appearing as part of your other part (If you answered "no," <b>STOP</b> ; you need no question.)	-	organization?
Information Hearin	mmon Council)5 minut g3 minut 3 minut	tes

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> 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 beinthat:	ng 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 Room 103 of ti	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date <u> </u>	O// Signature Add Meddy Print Name Korthyy MKO



Date: _	9	120/11

Registration Stateme	ent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Laura McGuire  Address 4714 Goldfinch Dr.  Madison, w 153714
Please check one:	AND Please check:
Support	Do not wish to speak
<b>Oppose</b>	
☐ Neither Support No	r Oppose
(If you answered "no," STOP; you no of who you represent and go on to the	an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name to next question.)  To feach person or organization you are representing:
Are you being paid for your represent	tation? Yes No
• • • • •	ner paid duties for this person or organization? Yes No weed not complete the rest of this form. If you answered "yes," go on to the next
Information H	g (Common Council)5 minutes  Iearing3 minutes3 minutes

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of ther governmental body?		
	red "yes" to the question, <b>STOP.</b> 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 be that:	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?		
,	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		



Date:  $\frac{9/20/11}{}$ 

# DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil	
Please Print	PLEASE	PRINT NAME CLEA	^ -
Agenda No.	Name _ Address _ _	Laura Mc 4714 Gold Madison,	finch Dr. WL 53714
Please check one:	AND	Please checl	<b>ζ:</b>
Support		Do not	wish to speak
<b>Oppose</b>			
Neither Support Nor O	ppose		
At this meeting are you representing an org (If you answered "no," STOP; you need no f who you represent and go on to the next.  Name, address and telephone number of each	ot complete the rest of question.)	of this form. If you answ	
Are you being paid for your representation	1?		Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need r question.)	id duties for this pers not complete the rest	on or organization? of this form. If you answ	☐ Yes ☐ No vered "yes," go on to the nex.
Information Hearin	ommon Council)	minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign f you answered "no" to the question, go on to the next question.)
If you are that:	being 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.
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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?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 9/20/11

# DO NOT WISH TO SPEAK FORM

Registration Statement	
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Andrew MeGuire  Address 4714 Gold Finch Dr.
Please check one:	AND Please check:
<ul><li>☐ Support</li><li>☐ Oppose</li></ul>	Do not wish to speak
Neither Support Nor C	Oppose
(If you answered "no," <b>STOP</b> ; you need of who you represent and go on to the ne.	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name xt question.)  each person or organization you are representing:
Are you being paid for your representation	on? Yes No
Are you appearing as part of your other p	paid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council)5 minutes ing3 minutes3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are that:	being 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.
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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?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	9/20/11
_	

Registration	on Statement	Common Co	ouncil
Please Print			PRINT NAME CLEARLY
Agenda No.		Name _ Address _	DAVID S. ZENTNER 849 TERRY PL. MADISON, WI 53711
Please check or	ne:	AND	Please check:
Support			Do not wish to speak
<b>Oppose</b>			
Neither St	upport Nor Op	pose	
of who you represent of	" <b>STOP;</b> you need not and go on to the next q	t complete the rest o nuestion.)	n other than yourself: Yes No of this form. If you answered "yes," provide the name ation you are representing:
Are you being paid for	your representation?		☐ Yes ☐ No
Are you appearing as J (If you answered "no, question.)	part of your other paid " STOP; you need no	duties for this person to complete the rest of	on or organization? Yes No No of this form. If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes

	( time 4)		.,		
Are you an e other government	lected official or employee wl nental body?	/ho is appearin	g solely on behalf of yo	our office or for you  Yes	r municipality or No
	red "yes" to the question, <b>ST</b> ou answered "no" to the ques			of this form, except to	hat you must sign
If you are be that:	ing paid for your representat	tion, or if you	r appearance is part of	other paid duties, p	please be advised
1.	Before you engage in lobby with the City Clerk.	oying as a lobb	yist, you or your princi	pal must file an auth	orization
2.	Your principal is not perm City Clerk.	nitted to author	rize you to lobby unles	s you are registered	with the
3.	If your principal spends or period (half year), the prin remainder of the calendar y	incipal must f			
	o the City Clerk's website <u>v</u> the City-County Building, Ma			<u>ntml</u> or go to the (	Clerk's Office at
Date/	<del>/ / /</del>	ignature _ Print Name _	DAVID S.	ENTIR.	



Date: 9 20 11

# DO NOT WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	uncil
Please Print	PLEASE P	PRINT NAME CLEARLY
Agenda No. #3	Address 6	Sandra Erickum 5828 Park Ridge Drive Madison, wt 53719
Please check one:	AND	Please check:
Support	RECORD COMMAND STRANGE THE A STRANGE AND A S	Do not wish to speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest of question.)	f this form. If you answered "yes," provide the name
Are you being paid for your representation?	)	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question.)	d duties for this person ot complete the rest of	on or organization?
Information Hearing	mmon Council)5 r g3 r 3 r	minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	If you answered "yes" to the question, <b>STOP.</b> 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 being paid for your repres that:	entation, or if y	our appearance is part of	other paid duties, please be adv	ised
1. Before you engage in with the City Clerk.	lobbying as a lo	bbyist, you or your princip	oal must file an authorization	
2. Your principal is not point of City Clerk.	permitted to aut	horize you to lobby unless	s you are registered with the	
	e principal must		ing services in any reporting with the City Clerk for the	
(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 \$120/11	Signature	Sandye 9	f- Lickson	
· ·	Print Name	Darken	L'Erickson)	



Date:	1/20/11

Registration	on Statement	Common Cou	ncil		<del></del>
Please Print		COMMITTEE  PLEASE PI	RINT NAME CLEA	ARLY	
Agenda No.	3	Name Address	2/10 A	asila isop Pond	10+
Please check or	ie:	AND	Please chec	ek:	
<b>Support</b>			Do not	wish to spea	k
<b>Oppose</b>			,		
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of Name, address and tel	" STOP; you need no and go on to the next of	t complete the rest of t question.)	this form. If you ansv	wered "yes," provi	No de the name
Are you being paid for	r your representation?			Yes	No
Are you appearing as (If you answered "no, question.)	part of your other paid " <b>STOP;</b> you need no	d duties for this person of complete the rest of	or organization? this form. If you ans		No n to the next
Speaking Limits:	Information Hearing	mmon Council)5 m g3 m 3 m	ninutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	red "yes" to the question, <b>STOP.</b> 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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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		



Date: 9/20///

# DO NOT WISH TO SPEAK FORM

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name John Pleuss  Address 206 Blue Ridge Pkry  Madison, WI
Please check one:	AND Please check:
Support	Do not wish to speak
<b>Oppose</b>	
Neither Support Nor Opp	pose
of who you represent and go on to the next q	t complete the rest of this form. If you answered yes, provide the name
	☐ Yes <b>※</b> No
Are you being paid for your representation?	
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question.)	d duties for this person or organization?
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

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?
	red "yes" to the question, <b>STOP.</b> 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 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?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date <u>J</u>	Signature Print Name John H. Pleuss



Date:  $\frac{9/20/11}{}$ 

## DO NOT WISH TO SPEAK FORM

Registration Staten	nent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name ARYLLIS PLEUSS  Address 206 BLUE RIDGE PARKWAY  MADISON WI 53705
Please check one:	AND Please check:
Support	Do not wish to speak
<b>∑</b> Oppose	
Neither Support N	or Oppose
(If you answered "no," <b>STOP</b> ; you of who you represent and go on to t	g an organization or a person other than yourself:  "Yes No need not complete the rest of this form. If you answered "yes," provide the name the next question.)  where of each person or organization you are representing:
	entation?
Information	ing (Common Council)5 minutes Hearing

Are you an el other governr	* *	who is appearin	g solely on behalf of your off	fice or for you	ır municipality or
	red "yes" to the question, ou answered "no" to the q		not complete the rest of this j the next question.)	form, except t	hat you must sign
If you are be that:	ing paid for your represer	ntation, or if you	appearance is part of other	paid duties, p	please be advised
1.	Before you engage in lo with the City Clerk.	bbying as a lobby	vist, you or your principal mu	ist file an auth	norization
2.	Your principal is not pe City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.		principal must fi	e than \$1,000 for lobbying se le expense statements with	•	
	o the City Clerk's websit the City-County Building,	• •	<u>lison.com/clerk/index.html</u> or e information.)	go to the 0	Clerk's Office at
Date	20/11	Signature Print Name	Phyllis Pla	2005 EVS S	



Date: 9/20/11

# DO NOT WISH TO SPEAK FORM

Registratio	n Statement - <u>C</u>	Common Col	uncil		
Please Print		PLEASE P	RINT NAME CLEA	ARLY	
Agenda No	3	Name Address	Sarah Br	eink mar	7.
Please check one	Ž.	AND	Please chec	k:	
Support			Do not	wish to s	peak
Oppose					
Neither Su	pport Nor Oppo	se			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not cond go on to the next ques	mplete the rest of tion.)	this form. If you ansv		No provide the name
Are you being paid for	your representation?			Yes	No
Are you appearing as pa (If you answered "no," question.)	art of your other paid du STOP; you need not co	ties for this person amplete the rest of	n or organization? Tthis form. If you answ	☐ Yes wered "yes,"	No go on to the next
1 0	Public Hearing (Commo Information Hearing Other Items	3 r	ninutes		

Are you an el other governn		who is appear	aring solely on behalf of your office or for your municipality or Yes No		
	red "yes" to the question, ou answered "no" to the q		need not complete the rest of this form, except that you must sign n to the next question.)		
If you are beinthat:	ing paid for your represen	tation, or if	your appearance is part of other paid duties, please be advised		
1.	Before you engage in lol with the City Clerk.	bbying as a lo	obbyist, you or your principal must file an authorization		
2.	Your principal is not per City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	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?				
	o the City Clerk's website the City-County Building, I		fmadison.com/clerk/index.html or go to the Clerk's Office at more information.)		
Date	7/20/11	Signature	El Bknon		
<i></i>	/	Print Name	Sarah Brinkman		



Date: 9/20/11

## DO NOT WISH TO SPEAK FORM

Registration S	tatement - Comm	non Council	
· ·	COMMITTE	EE	
Please Print	PL	LEASE PRINT NAME CLEARLY	
Agenda No. <u>3</u>	â	ame Marcia K. Wilson ddress 360 W. Wash. Ave = Madison, WI	# 1115
Please check one:	AN	D Please check:	
Support		Do not wish to speal	k
Oppose			
Neither Supp	ort Nor Oppose		
(If you answered "no," STO of who you represent and go	<b>P;</b> you need not complete to on to the next question.)	r a person other than yourself: Yes X name is a person other than yourself: Yes X name is the rest of this form. If you answered "yes," provider organization you are representing:	No le the name
Are you being paid for your	representation?	☐ Yes ☐	10
Are you appearing as part of (If you answered "no," STo question.)	f your other paid duties for <i>OP</i> ; you need not complete	this person or organization?  Yes the rest of this form. If you answered "yes," go on	No to the next
Info	ic Hearing (Common Coun rmation Hearing r Items	3 minutes	

Are you an e other governi	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> 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 that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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



Date:

## CITY OF MADISON

Registrati	ion Statement	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No	3	Name Address	ESTHER THE THOI OLD S MIDDLEZOW,	YLOR AUK R W. 53	P. 37 Gadane
Please check o	ne:	AND	Please chec	:k:	
<b>Support</b>			Do not	wish to s	peak
At this meeting are y (If you answered "no of who you represent	o," <b>STOP;</b> you need not and go on to the next q	nization or a perso complete the reso uestion.)	on other than yourself:  t of this form. If you answer  zation you are represent	wered "yes," <sub>j</sub>	No provide the name
				□ V	[N] No
Are you being paid for	or your representation?		·	∐ Yes	No —
Are you appearing as (If you answered "no question.)	s part of your other paid o, " <b>STOP;</b> you need not	duties for this per t complete the res	rson or organization? t of this form. If you ans	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		.3 minutes		

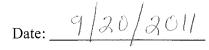
(SEE BACK)

Are you an el other governn		e who is appeari	ng solely on behalf of your offic	e or for your	r municipality or		
	If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.)						
If you are beithat:	ing paid for your represer	ntation, or if yo	ur appearance is part of other pa	aid duties, p	lease be advised		
1,.	Before you engage in lo with the City Clerk.	bbying as a lob	byist, you or your principal must	file an auth	orization		
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?						
	o the City Clerk's websit the City-County Building,		adison.com/clerk/index.html or or information.)	go to the C	lerk's Office at		
Date	SEP7. 20	Signature Print Name	Sellin Jaylor ESTABA TATLO	janu-			



Registrati	on Statement	COMMITTEE	uncil	
Please Print		PLEASE P	RINT NAME CLEARLY	
Agenda No	3	Name	RICHARD TO	4 WAY
Please check of	ne:	AND	Please check:	
Support			Do not wish to	o speak
<b>Oppose</b>				
Neither S	upport Nor Opp	oose		
(If you answered "no, of who you represent	and go on to the next qu	complete the rest of uestion.)	other than yourself: Yes this form. If you answered "yes ion you are representing:	
Are you being paid fo	r your representation?		☐ Yes	s 🗌 No
	part of your other paid of "STOP; you need not		or organization? Yes this form. If you answered "yes	
Speaking Limits:	Public Hearing (Cominformation Hearing Other Items	3 m	ninutes	

Are you a other gove	n elected official or employee whernmental body?	o is appearing solely on behalf of your office or for your	r municipality or   No
(If you and this form.	swered "yes" to the question, <b>ST</b> O If you answered "no" to the ques	<b>OP.</b> You need not complete the rest of this form, except th tion, go on to the next question.)	at you must sign
If you are that:	being paid for your representati	on, or if your appearance is part of other paid duties, p	lease be advised
1.	Before you engage in lobby with the City Clerk.	ing as a lobbyist, you or your principal must file an auth	orization
2.	Your principal is not permi City Clerk.	tted to authorize you to lobby unless you are registered	with the
3.	If your principal spends or period (half year), the principal remainder of the calendar year.	will owe more than \$1,000 for lobbying services in any acipal must file expense statements with the City Clerkear?	reporting k for the
(Please g Room 103	o to the City Clerk's website <u>w</u> of the City-County Building, Mad	www.cityofmadison.com/clerk/index.html or go to the Cdison, for more information.)	Clerk's Office at
Date	Si	gnature	
	Pr	int Name	





Registrati	on Statement -	Common Committee	ouncil		
Please Print			PRINT NAME CLEA	~ 1	
Agenda No3		Name _ Address _	5405 Tem	Braham ple Ct. UI 53705	
Please check or	ie:	AND	Please chec	ek:	
<b>Support</b>			Do not	wish to speak	
<b>Oppose</b>					
At this meeting are yo	" <b>STOP;</b> you need not	nization or a persor tomplete the rest of	n other than yourself: of this form. If you ansv	☐ Yes ÉÉNo wered "yes," provide the n	eame
Name, address and tele	ephone number of eac	h person or organiz	ation you are represent	ing:	
Are you being paid for	your representation?			Yes No	
Are you appearing as partial (If you answered "no, question.)	part of your other paid "STOP; you need not	duties for this perse t complete the rest of	on or organization? of this form. If you ans	Yes No wered "yes," go on to the i	next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		

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?		
	red "yes" to the question, <b>STOP.</b> 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 being that:	ng 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 he City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date: 9/20///

## DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Council	
Please Print  Agenda No.	PLEASE PRINT NAME CLEAR  Name Rang BALD  Address 1328 DRAG  MADISON	u,n
Please check one:	AND Please check:	}
Support	Do not w	rish to speak
<b>Oppose</b>		
Neither Support Nor O	ppose	
At this meeting are you representing an or (If you answered "no," <b>STOP</b> ; you need to of who you represent and go on to the next	not complete the rest of this form. If you answere	☐ Yes ☐ No ed "yes," provide the name
Name, address and telephone number of e	ach person or organization you are representing:	:
Are you being paid for your representation	?	Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.)	id duties for this person or organization? not complete the rest of this form. If you answer	Yes No No ed "yes," go on to the next
Information Hearin	ommon Council)5 minutes ag3 minutes3 minutes	

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?
(If you answer	red "yes" to the question, <b>STOP.</b> 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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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



## CITY OF MADISON

Registrat	ion Statement -	Common Counc	oil		
Please Print		PLEASE PRIN	NT NAME CLĘA	RLY,	
Agenda No	3	Name Address	grunts fer 25 Prako Edesan VI	7 Baller 1 Silv - 537/2	En S
Please check of	ne:	AND '	Please check	ζ:	
Support	13		Do not	wish to sp	eak
Oppose Naith on 6	Support Nor Op	maga			
(If you answered "no of who you represent	o," <b>STOP;</b> you need no t and go on to the next o	anization or a person other t complete the rest of this question.) th person or organization	form. If you answe		∑No ovide the name
	·			☐ Yes [	
Are you appearing as	or your representation?  s part of your other paid  o, " STOP; you need no	I duties for this person or ot complete the rest of this	organization? s form. If you answ	Yes [	 No
Speaking Limits:	Information Hearing	nmon Council)5 minu 3 minu 3 minu	ites		

(SEE BACK)

Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	red "yes" to the question, <b>STOP.</b> 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 be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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



Date: \_\_\_\_\_

Registrat	ion Statement -	Common C	ouncil		
Please Print		PLEASE	PRINT NAME	CLEARLY	
Agenda No.		Name Address	William 5405 To Madison	D Brahan emple Ct W1 53	n 70S
Please check of	one:	AND	Please o	check:	
Support	·		Do	not wish to s	speak
<b>Oppose</b>					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orgo, "STOP; you need not and go on to the next elephone number of each	ot complete the rest question.)	of this form. If you	answered "yes,"	
Are you being paid for	or your representation?	•		Yes	□No
	s part of your other paid on, "STOP; you need no				☐ No go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	5	3 minutes	,	

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> 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 that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to 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



Date: 9-20-2011

Registration Statement -	- Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Steve Read  Address 36 Marinette Tr.  Madison, Wi. 53705
Please check one:	AND Please check:
Support	Do not wish to speak
<b>Oppose</b>	
Neither Support Nor O	ppose
(If you answered "no," <b>STOP</b> ; you need to of who you represent and go on to the nex	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.) each person or organization you are representing:
Are you being paid for your representation	n? Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need question.)	aid duties for this person or organization?
Information Heari	Common Council)5 minutes ing3 minutes

		ected official or employee whental body?	ho is appeari	ng solely on behalf of your office or for your office or for your Yes	
		ed "yes" to the question, <b>ST</b> u answered "no" to the ques		d not complete the rest of this form, except to the next question.)	that you must sign
If you that:	are beir	ng paid for your representati	tion, or if yo	ar appearance is part of other paid duties,	please be advised
	1.	Before you engage in lobby with the City Clerk.	ying as a lob	oyist, you or your principal must file an au	thorization
	2.	Your principal is not permit City Clerk.	itted to autho	orize you to lobby unless you are registere	ed with the
	3.		ncipal must	re than \$1,000 for lobbying services in an file expense statements with the City Clo	
		the City Clerk's website <u>v</u> he City-County Building, Mad		adison.com/clerk/index.html or go to the ore information.)	Clerk's Office at
Date _	9.20		ignature rint Name	Attopland Steve Read	



Date: \_\_\_

Registration Sta	atement - Common C	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	NameAddress _	Swanne Bangert 541 Caromas Dr. Madison, WI 83711
Please check one:	AND	Please check:
□ Support		Do not wish to speak
<b>Oppose</b>		
Neither Support	rt Nor Oppose	
(If you answered "no," <b>STOP</b> of who you represent and go o		of this form. If you answered "yes," provide the name
Are you being paid for your re	epresentation?	☐ Yes ☐ No
Are you appearing as part of y	your other paid duties for this pers	son or organization?
Inform	Hearing (Common Council) nation Hearing Items	3 minutes

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?
100	red "yes" to the question, <b>STOP.</b> 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 being that:	ng 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.
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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 he City-County Building, Madison, for more information.)
Date	20-2011 Signature Sugar Bangart Print Name Sugarne Bangart



DO NOT WISH TO SPEAK FORN	nn	NOT	WISH	TO	SPEAK	(FORM
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Date:

# CITY OF MADISON

Registra		ommon Cou	ncil	
Please Print		PLEASE PF	RINT NAME CLEA	ARLY
Agenda No	FUERS ITY AGO	Name Address	ERALD E SIQ MC ADISON	T. MILLER CLELLAND N. ) MI 5:3716
Please check of	one:	AND	Please chec	k:
<b>Support</b>			Do not	wish to speak
Oppose				
Neither S	Support Nor Oppos	e		
(If you answered "no of who you represen	you representing an organizate, "STOP; you need not come to and go on to the next question of each per	iplete the rest of t ion.)	his form. If you answ	☐ Yes ☐ No wered "yes," provide the name
			•	
Are you being paid i	for your representation?			☐ Yes ☐ No
Are you appearing a (If you answered "n question.)	s part of your other paid duti o," <b>STOP;</b> you need not con	es for this person aplete the rest of t	or organization? this form. If you ansv	☐ Yes ☐ No wered "yes," go on to the nex
Speaking Limits:	Public Hearing (Common Information Hearing	3 m	inutes	

(SEE BACK)

Are you an el other governr		ee who is appear	ring solely on behalf of you	r office or for you Yes	ur municipality or No
(If you answe this form. If y	red "yes" to the questio ou answered "no" to the	n, <b>STOP.</b> You ne e question, go on	eed not complete the rest of to the next question.)	this form, except i	that you must sign
If you are be that:	ing paid for your repres	sentation, or if y	our appearance is part of o	ther paid duties,	please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lo	bbyist, you or your principa	il must file an aut	horization
2.	Your principal is not City Clerk.	permitted to aut	horize you to lobby unless	you are registere	d with the
3.	If your principal spen period (half year), th remainder of the caler	e principal mus	nore than \$1,000 for lobbying title expense statements w	ng services in any vith the City Cle	reporting ork for the
(Please go t Room 103 of	o the City Clerk's web the City-County Buildin	site <u>www.cityof</u> g, Madison, for r	madison.com/clerk/index.htm nore information.)	nl or go to the	Clerk's Office at
Date	-20-//	Signature	Genles //	Mell	
		Print Name	GERALDU	S. M/1	LLER_

Date: 4 20 11



# DO NOT WISH TO SPEAK FORM

Registratio		Common C	ouncil		
Please Print  Agenda No.			PRINT NAME CLE KM D'Leary 4918 Woodbier Madison hu s	EARLY m Mul 33711	
Please check one		AND	Please che	ck:	
Support			Do no	t wish to s	peak
<b>Oppose</b>					
Neither Su	pport Nor Oppo	ose			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not co	omplete the rest stion.)	of this form. If you ans		☑ No provide the name
Are you being paid for y  Are you appearing as pa  (If you answered "no,"  question.)	rt of your other paid du	uties for this per omplete the resi	son or organization? of this form. If you an	Yes Yes swered "yes,"	⊠ No ⊠ No go on to the next
I	Public Hearing (Common formation Hearing Other Items		3 minutes		

Are you an e other govern	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
,	ered "yes" to the question, <b>STOP.</b> 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 that:	sing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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



Date: \_\_\_\_\_

Registration	on Statement -	Common Co	uncil		
Please Print  Agenda No.		PLEASE F  Name  Address	PRINT NAME CLEA DIANE 2551 Av MADO	RLY Nort Dont Son	BACK Fumpy 537/
Please check or	ie:	AND	Please checl	k:	
Support	·		Do not	wish to s	speak
<b>Oppose</b>					
Neither St	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" STOP; you need no and go on to the next o	ot complete the rest of question.)	this form. If you answ		□ No provide the name
Are you being paid for				Yes	□No
Are you appearing as partial (If you answered "no, question.)	part of your other paid " STOP; you need no	d duties for this perso ot complete the rest o	n or organization'? f this form. If you answ	∐ Yes vered "yes,"	∐ No ' go on to the next
Speaking Limits:	Information Hearing	mmon Council)5 1 53 1	minutes		

Are you an elother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answe this form. If y	red "yes" to the question, <b>STOP.</b> 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 be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date: 9/9////

# DO NOT WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil
Agenda No	PLEASE Name	PRINT NAME CLEARLY  Petra Resster  1/12 C Mound St.
Please check one:	AND	Please check:
Support		Do not wish to speak
<b>Oppose</b>		
<ul><li>Neither Support Nor Op</li></ul>	pose	
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next quality Name, address and telephone number of eac	t complete the rest o uestion.)	of this form. If you answered "yes," provide the name
rame, address and telephone nameer of the	h • • • • • • • • • • • • • • • • • •	,
		<b>x</b>
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this pers t complete the rest	on or organization?
Speaking Limits: Public Hearing (Com Information Hearing Other Items	3	minutes

	tre you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?				
	red "yes" to the question, <b>STOP.</b> 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 beinthat:	ng 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 he City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				



Date: 20, 2011

# DO NOT WISH TO SPEAK FORM

Registrat	ion Statement	COMMITTEE	uncil		· · · · · · · · · · · · · · · · · · ·
Please Print		PLEASE I	PRINT NAME CLEA	ARLY	
Agenda No.		Name Address	Brenda: 1 5312 fros Medison	Rythar ty WI	
Please check of	one:	AND	Please chec	ek:	
Support			Do not	wish to s	peak
Oppose					
Neither S	Support Nor Oppo	ose			
(If you answered "ne	you representing an organiz	complete the rest o	other than yourself: f this form. If you ansv	Yes wered "yes,"	No provide the name
•	t and go on to the next que		ntion you are represent	ing:	
Are you being paid	for your representation?			Yes Yes	☐ No
Are you appearing a (If you answered "n question.)	s part of your other paid don," <b>STOP</b> ; you need not c	uties for this perso complete the rest of	on or organization? of this form. If you ans	☐ Yes swered "yes,"	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3	minutes		

Are you an ele		ho is appearin	g solely on behalf of your office or for your municipality or Yes No	
(If you answer this form. If yo	ed "yes" to the question, <b>ST</b> u answered "no" to the ques	<b>TOP.</b> You need estion, go on to	not complete the rest of this form, except that you must sign the next question.)	
If you are beinthat:	ng paid for your representat	tion, or if you	r appearance is part of other paid duties, please be advised	
1.	Before you engage in lobby with the City Clerk.	ying as a lobb	yist, you or your principal must file an authorization	
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 period (half year), the principal remainder of the calendar y	incipal must f	re than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the	
(Please go to Room 103 of to	the City Clerk's website y he City-County Building, Ma	<u>www.cityofma</u> adison, for moi	dison.com/clerk/index.html or go to the Clerk's Office at re information.)	
Date Syn	201 S	Signature _	Brenda Ryther:	



## CITY OF MADISON

Registrat	ion Statement -	Common C	ouncil		
Please Print  Agenda No.		Name	PRINT NAME CLE STEVE LEA 5918 S. HI MARITON	DHOLM	
Please check o	ne:	AND	Please che	ck:	
<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither S</li></ul>	Support Nor Op	pose	Do no	t wish to s	speak
(If you answered "no of who you represent	ou representing an orga ," STOP; you need no and go on to the next of lephone number of eac	t complete the rest question.)	of this form. If you an:	swered "yes,"	No provide the name
	MEMORIAL C				
Are you being paid fo	or your representation?			Yes	⊠ No
Are you appearing as (If you answered "no question.)	part of your other paid," STOP; you need no	d duties for this pers to to the rest	son or organization? of this form. If you an	☐ Yes swered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	5	3 minutes		

(SEE BACK)

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
100	ered "yes" to the question, <b>STOP.</b> 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 that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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?
	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



Date: Sept 20 2011

# DO NOT WISH TO SPEAK FORM

Registrati	ion Statement	Common Co	uncil		
Please Print			PRINT NAME CLE	EARLY	
Agenda No#	2		Bill HUNN SOGO Caton Wannaku	Lane	
Please check of	ne:	AND	Please che	ck:	
<b>Support</b>			🔀 Do no	t wish to speak	
<b>Oppose</b>					
Neither S	upport Nor Opj	pose			
(If you answered "no,	ou representing an organ " <b>STOP;</b> you need not and go on to the next q	complete the rest of		☐ Yes ☑ No wered "yes," provide the no	ате
Name, address and te	ephone number of each	n person or organiza	tion you are represen	ting:	
Are you being paid fo	r your representation?			Yes No	
	part of your other paid "STOP; you need not			☐ Yes ☐ No swered "yes," go on to the n	ıext
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3	ninutes		

Are you an elother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
	red "yes" to the question, <b>STOP.</b> 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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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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 Sep	Frint Name William HUNNES			
,	Print Name William Hunnes			

Date: 9-20-11



# DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Morria Burmeister 30  Address 6209 Mineral Point Rd.  Medison, Wis.
Please check one:	AND Please check:
Support	<b>Do not wish to speak</b>
Oppose	
Neither Support Nor Op	pose
of who you represent and go on to the next	t complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation	☐ Yes ☐ No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this person or organization?  Yes No No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

•	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?				
	red "yes" to the question, <b>STOP.</b> 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 be that:	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?				
_	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				

Date: 20.09.11



# AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	COMMITTEE	ouncil	- A A MARKET	
		PLEASE	PRINT CLEARLY		
Agenda No	3	Name Address	lynn Washi 1640 Capi Madison	ngforn Fal Ave	enue
Please check	one:	AND	Please che	eck:	
Support			X Availa	able to ans	swer
<b>☑</b> Oppose			questi		
☐ Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an org to," STOP; you need no at and go on to the next telephone number of each	ot complete the rest question.)	of this form. If you an.	swered "yes,"	☑ No ' provide the name
		, is a second of the second of		MA OF POST	
Are you being paid	for your representation?	)		☐ Yes	⊠ No
	s part of your other paid o," STOP; you need no			Yes Yes swered "yes,"	No No go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	<b>5</b>	3 minutes		

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?
	red "yes" to the question, <b>STOP.</b> 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 being that:	ng 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 he City-County Building, Madison, for more information.)
Date <u>20</u> ,	Print Name Lynn Washington



Date:	9.20	- 2011

Registration State	common Counc	cil
Please Print	PLEASE PRIN	IT NAME CLEARLY
Agenda No	Name	teve Read Marinette Tr. Madison, Wi. 53705
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support	Nor Oppose	
(If you answered "no," <b>STOP</b> ; y of who you represent and go on t		form. If you answered "yes," provide the name
Are you being paid for your repre	esentation?	☐ Yes   ✓ No
Are you appearing as part of you	r other paid duties for this person or	
Informati	earing (Common Council)5 minuon Hearing	tes

Are you an e		e who is appea	aring solely on behalf of your office or for your municipality or Yes No
	red "yes" to the question, ou answered "no" to the o		eed not complete the rest of this form, except that you must sign n to the next question.)
If you are be that:	ing paid for your represer	ntation, or if y	your appearance is part of other paid duties, please be advised
1.	Before you engage in lowith the City Clerk.	bbying as a lo	obbyist, you or your principal must file an authorization
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.		principal must	more than \$1,000 for lobbying services in any reporting st file expense statements with the City Clerk for the
	the City Clerk's websithe City-County Building,		madison.com/clerk/index.html or go to the Clerk's Office at more information.)
Date 9.10	.2011	Signature	Stated
		Print Name	There Read





Registration	on Statement	COMMITTEE	Council	
Please Print			E PRINT NAME CLEARLY	
Agenda No		Name Address	caroline oldershaw 2795 crinkle Root Dr Fitchburg WI 537//	<u> </u>
Please check or	ne:	AND	Please check:	
Support Oppose	·		Do not wish to speak	
	upport Nor Opp	ose		
(If you answered "no, of who you represent o	" STOP; you need not cand go on to the next que	complete the rest estion.)	son other than yourself: Yes No at of this form. If you answered "yes," provide the nuitation you are representing:	eame
Are you being paid for	your representation?		☐ Yes ☐ No	
Are you appearing as j (If you answered "no, question.)	oart of your other paid d "STOP; you need not o	uties for this per complete the resi	erson or organization? Yes No No st of this form. If you answered "yes," go on to the	nexi
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items		.3 minutes	

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
	red "yes" to the question, <b>STOP.</b> 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 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?		
	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		



Date:	a	20	***************************************	 	
			6.		

Registration Sta	atement - <u>Commo</u>	on Council	
Please Print  Agenda No.	PLE Nam Addi	MALO Way alim Anio	
Please check one:  Support	AND	Please check:  Do not wish to speak	•
<ul><li></li></ul>	rt Nor Oppose		
of who you represent and go o	?; you need not complete the on to the next question.)	person other than yourself: Yes No le rest of this form. If you answered "yes," provide the not arganization you are representing:	ате
Are you being paid for your re	epresentation?	☐ Yes ⊠ No	
Are you appearing as part of y (If you answered "no," STOP question.)	your other paid duties for the you need not complete the	is person or organization?	next
Inform	Hearing (Common Council nation HearingItems	3 minutes	

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?		
	red "yes" to the question, <b>STOP.</b> 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 that:	ng 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		



Dates	

Registration S	tatement - Com	mon Counc	il	
Agenda No.  ST. IRANCIS  Please check one:	SFTY WILL	PLEASE PRIN Name Address ND	T NAME CLEARLY  ALD J  ADISON S  Please check:	MILLER LAM DR. 53718
Support	A		Do not wish	ı to speak
Oppose  Neither Suppo	ort Nor Oppose			
At this meeting are you repre (If you answered "no," STO of who you represent and go	P; you need not complet	e the rest of this		Yes No 'yes," provide the name
Name, address and telephone	e number of each person	or organization y	ou are representing:	,
Are you being paid for your i	representation?			Yes No
Are you appearing as part of (If you answered "no," STO question.)				Yes
Inform	c Hearing (Common Cou mation Hearing Items	3 minut	es	

Are you an eleother governm		ee who is appea	ring solely on behalf of your office or for your municipality or Yes No
, , ,	ed "yes" to the questio u answered "no" to the		ted not complete the rest of this form, except that you must sign to the next question.)
If you are beinthat:	ng paid for your repres	entation, or if y	our appearance is part of other paid duties, please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lo	bbyist, you or your principal must file an authorization
2.	Your principal is not City Clerk.	permitted to aut	horize you to lobby unless you are registered with the
3.		e principal must	file expense statements with the City Clerk for the
	the City Clerk's web. ne City-County Building		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)
Date 7	20-//	Signature	Heald A Mille
-8		Print Name	GERALD/J MILLER



DO	NOT	WISH	TO	SPEAK	FORM

Date: \_\_\_\_\_

## CITY OF MADISON

Registra	tion Statement	Common Co	uncil		
Please Print Agenda No.	3	PLEASE F Name Address	PRINT NAME CLE Suzanne 541 Cas Madison	EARLY Banson as	ert Dr. 53211
Please check of	one:	AND	Please che	ck:	#
<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither S</li></ul>	Support Nor Opj	pose	Do no	t wish to s	peak
(If you answered "no of who you represent	ou representing an organd, "STOP; you need not and go on to the next quelephone number of each	complete the rest of uestion.)	this form. If you ans	· . ·	No provide the name
Are you appearing as	or your representation?  a part of your other paid of your need not			☐ Yes ☐ Yes wered "yes," §	No No So on to the next
Speaking Limits:	Public Hearing (Communication Hearing	3 m			

(SEE BACK)

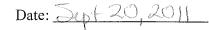
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?						
		ed "yes" to the question, <b>S</b> T u answered "no" to the que			this form, except	that you must sign
If you are that:	e bein	g paid for your representa	tion, or if your	appearance is part of o	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	<u> </u>	20-20/1 s	Signature	Suzane 1	Bangut Banger	A.
					<u> </u>	



# Date: <u>Sept. 20</u> DO NOT WISH TO SPEAK FORM

Registrati	on Statement - ַ	Common Cou	ıncil		
Please Print			RINT NAME CLE	ARLY	1
Agenda No.	3	Name Fi	ranny II 16 Wiscons Madison	in Are #1	
Please check or	ne:	AND	Please chec	ek:	
Support Oppose Neither S	upport Nor Op	pose	Do not	t wish to speak	
At this meeting are yo (If you answered "no, of who you represent a Name, address and tel	" STOP; you need not and go on to the next q	complete the rest of t uestion.)	this form. If you ansv	wered "yes," provide the	name
Are you being paid for	r your representation?			Yes No	
Are you appearing as j (If you answered "no, question.)	part of your other paid " STOP; you need not	duties for this person complete the rest of	or organization? this form. If you ans	Yes No wered "yes," go on to the	? next
Speaking Limits:		mon Council)5 m 3 m 3 m	inutes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
	red "yes" to the question, <b>STOP.</b> 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 that:	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		





## DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Council  COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Brenda Ryther  Address 5312 Frosty  Modrson WI
Please check one:	AND Please check:
<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor O</li></ul>	Do not wish to speak
(If you answered "no," <b>STOP</b> ; you need to of who you represent and go on to the nex	ganization or a person other than yourself:  Yes No not complete the rest of this form. If you answered "yes," provide the name t question.)  ach person or organization you are representing:
Are you being paid for your representation	n? Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.)	tid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council)5 minutes ng3 minutes

Are you an eleother government	ected official or employe ental body?	e who is appea	ring solely on behalf of	Your office or for y	our municipality or
(If you answer this form. If yo	red "yes" to the question ou answered "no" to the	, <b>STOP.</b> You ne question, go on	eed not complete the res to the next question.)	t of this form, excep	t that you must sign
If you are bei	ng paid for your represe	entation, or if y	our appearance is part	of other paid duties	, please be advised
1.	Before you engage in I with the City Clerk.	obbying as a lo	bbyist, you or your prir	ncipal must file an a	uthorization
2.	Your principal is not part City Clerk.	permitted to aut	horize you to lobby un	less you are register	red with the
3.	If your principal spend period (half year), the remainder of the calend	principal mus	nore than \$1,000 for lob t file expense statemen	obying services in an ants with the City C	ny reporting lerk for the
	the City Clerk's webs he City-County Building			<u>x.html</u> or go to the	e Clerk's Office at
Date Sept	20, 2011	Signature Print Name	Brenda Ryth	le C	



Date: 9/21/11

# DO NOT WISH TO SPEAK FORM

Registration		mmon Cou	ıncil		
Please Print  Agenda No.			RINT NAME CLEA Petra. Re 112 C V Madison	RLY Pss/er Mound S W1537/	5+ 15=
Please check one:		AND	Please checl		
<ul><li>☐ Support</li><li>☐ Oppose</li></ul>			Do not	wish to spea	k
Neither Sup	port Nor Oppose	)			
At this meeting are you re (If you answered "no," S' of who you represent and Name, address and telephone	TOP; you need not comp go on to the next questio	olete the rest of on.)	this form. If you answ		
Are you being paid for yo	ur representation?			Yes 1	No
Are you appearing as part (If you answered "no," State question.)	of your other paid duties <b>TOP</b> ; you need not comp	s for this person plete the rest of	or organization? Tthis form. If you answ		No n to the next
Int	blic Hearing (Common Cormation Hearingher Items	3 m	ninutes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> 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	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date: <u>Sept. 20, 20</u>

## DO NOT WISH TO SPEAK FORM

Registration	Statement - Common Council	
Please Print	PLEASE PRINT NAME CLEA	ARLY
Agenda No	Name Connie Burm  Address 207 Dewey  Sun Prairie,	erster St. Wl
Please check one	: AND Please chec	<b>k:</b>
Support	Do not	wish to speak
Oppose	,	
Neither Sup	oport Nor Oppose	
(If you answered "no," S of who you represent and	epresenting an organization or a person other than yourself: STOP; you need not complete the rest of this form. If you answed go on to the next question.)  The none number of each person or organization you are representing the second secon	
Are you being paid for yo	our representation?	☐ Yes ☐ No
Are you appearing as par (If you answered "no," S question.)	et of your other paid duties for this person or organization? <b>STOP</b> ; you need not complete the rest of this form. If you answ	☐ Yes ☐ No wered "yes," go on to the next
Ir	ublic Hearing (Common Council)5 minutes information Hearing	

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?  Yes No		
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> 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 beinthat:	ng 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.		
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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 Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



## DO NOT WISH TO SPEAK FORM

Date: \_\_

### CITY OF MADISON

Registrat	ion Statement -	Common Co	ouncil		
Please Print  Agenda No.	3	PLEASE Name _ Address _	PRINT NAME CLE DIANE 255/	ARLY Arbo	rback return 537
Please check of Support Oppose Neither S	one: Support Nor Op	AND	Please che	ck: t wish to s	peak
(If you answered "no of who you represent	ou representing an organ, "STOP; you need not and go on to the next of elephone number of each	nt complete the rest of question.)	of this form. If you ans		□ No orovide the name
Are you appearing a	for your representation?  s part of your other paid  o, " <b>STOP</b> ; you need no	d duties for this pers	on or organization? of this form. If you and	☐ Yes ☐ Yes swered "yes," ,	☐ No ☐ No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	g3	minutes		

(SEE BACK)

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?		
	red "yes" to the question, <b>STOP.</b> 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 beithat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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	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		

Date: 9/20/11



## DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 3+4	Name Anthony Lathrof  Address 2943 Mcknhy St  Madison W1 53705
Please check one:	AND Please check:
Support	Do not wish to speak
<b>Oppose</b>	
Neither Support Nor Op	pose
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?  Are you appearing as part of your other paid	☐ Yes ☐ No  duties for this person or organization? ☐ Yes ☐ No
(If you answered "no," <b>STOP</b> ; you need not question.)	t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> 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 beithat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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 Room 103 of i	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		



## DO NOT WISH TO SPEAK FORM

Registrati	on Statement	COMMITTEE	uncil	
Please Print		PLEASE I	PRINT NAME CLEARL	.Y
Agenda No. <u>3</u> ↔	- 4-1	Name Address	Julianne D. 2943 McK Madison, W	inley St. 1 53705
Please check or	ne:	AND	Please check:	
Support			Do not wi	ish to speak
Oppose			e	
Neither S	upport Nor Op	pose		
(If you answered "no, of who you represent of	" <b>STOP;</b> you need not and go on to the next q	complete the rest of uestion.)		Yes No d "yes," provide the name
Are you being paid for	r your representation?			Yes No
Are you appearing as (If you answered "no, question.)	part of your other paid "STOP; you need not	duties for this perso complete the rest o	n or organization? [f this form. If you answere	Yes No "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes	

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
100	red "yes" to the question, <b>STOP.</b> 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 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.		
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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?		
	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		

Date: 930/11



# DO NOT WISH TO SPEAK FORM

Registrat	ion Statement - ַ	Common Cou	ncil		
Please Print		PLEASE PR	RINT NAME CLE	EARLY	
Agenda No	· ·	Name Address	hily Scho	boech adbow	nc Av
Please check o	ne:	AND	Please che	ck:	
<b>Support</b>			Do no	ot wish to s	speak
<b>Oppose</b>					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	o," <b>STOP;</b> you need no cand go on to the next o	anization or a person ot of complete the rest of to question.) th person or organization	his form. If you an	swered "yes,"	No provide the name
	·				
Are you being paid f	or your representation?	ı		Yes	☐ No
Are you appearing as (If you answered "no question.)	s part of your other paid o, " <b>STOP;</b> you need no	d duties for this person ot complete the rest of t	or organization? his form. If you an	☐ Yes iswered "yes,"	☐ No ' go on to the next
Speaking Limits:	Information Hearing	mmon Council)5 m. 3 m	inutes		

Are you an elected official or employe other governmental body?	e who is appearing solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the question this form. If you answered "no" to the	, <b>STOP.</b> You need not complete the rest of this form, except that you must sign question, go on to the next question.)
If you are being paid for your represe that:	entation, or if your appearance is part of other paid duties, please be advised
1. Before you engage in lowith the City Clerk.	obbying as a lobbyist, you or your principal must file an authorization
2. Your principal is not p City Clerk,	ermitted to authorize you to lobby unless you are registered with the
3. If your principal spends period (half year), the remainder of the calend	s or will owe more than \$1,000 for lobbying services in any reporting principal must file expense statements with the City Clerk for the ar year?
(Please go to the City Clerk's websi Room 103 of the City-County Building,	te <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Madison, for more information.)
Date	Signature They E Spine!
	Print Name





# DO NOT WISH TO SPEAK FORM

Registrat	ion Statement - ַ	Common Co	uncil	
Please Print			PRINT NAME CLEA	ARLY
Agenda No3_		NameAddress	Walter J 1517 Gate Madison	4 Miser Ely Terroce
Please check o	ne:	AND	Please chec	ek:
Support			Do not	wish to speak
<b>Oppose</b>				
Neither S	upport Nor Op	pose		
(If you answered "no, of who you represent	ou representing an orga "STOP; you need not and go on to the next q ephone number of each	complete the rest of uestion.)	this form. If you answ	☐ Yes ☐ No wered "yes," provide the name ing:
Are you being paid fo	•			☐ Yes ☐ No
	part of your other paid " <b>STOP;</b> you need not	-	_	☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3 n	ninutes	

		cted official or employed ental body?	e who is appea	ring solely on behalf of your of	fice or for yo	ur municipality or No
		ed "yes" to the question, a answered "no" to the		eed not complete the rest of this to the next question.)	form, except	that you must sign
If you a that:	are bein	g paid for your represe	ntation, or if y	our appearance is part of other	paid duties,	please be advised
		Before you engage in lowith the City Clerk.	obbying as a lo	bbyist, you or your principal m	ust file an aut	horization
	2.	Your principal is not po	ermitted to aut	horize you to lobby unless you	are registere	d with the
			principal mus	nore than \$1,000 for lobbying s t file expense statements with		
		the City Clerk's websi e City-County Building,		nadison.com/clerk/index.html o nore information.)	or go to the	Clerk's Office at
Date	6-2	0-2011	Signature	Walter H	Min	cor)
,			Print Name	Walter H	Mine	Continue to the state of the st

Date: 9-20-11



## DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Cou	ıncil		
Please Print  Agenda No.		PLEASE P Name Address	RINT NAME CLE TOHN S. R 5764 N. H	EARLY COBISON	The same of the sa
Please check or  Support	ne:	AND	Please che	l	57() speak
<b>Oppose</b>	upport Nor Op	pose			•
At this meeting are yo (If you answered "no, of who you represent of Name, address and tele	" <b>STOP;</b> you need not and go on to the next q	complete the rest of uestion.)	this form. If you ans	swered "yes," [	∑No provide the name
Are you being paid for Are you appearing as J	part of your other paid	duties for this person	or organization?	Yes Yes	□ No □ No
(If you answered "no, question.)  Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	mon Council)5 m	ninutes ninutes	swereu yes,	go on to the next

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?
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> 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 beithat:	ng 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.
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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?
Room 103 of to	the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature Print Name  Signature  FOUN SROBISON

Date: 9/20/2011



## DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	uncil		_
Please Print  Agenda No. 3	4	PLEASE I	PRINT NAME CLEA Neal D 2714 Chap Madison	reunk nberlain A	1VE 05
Please check or	ie:	AND	Please chec	ek:	
Support			∠ Do not	wish to speak	
Oppose  Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of	" <b>STOP;</b> you need no	t complete the rest of	other than yourself: <sup>c</sup> this form. If you ansv	☐ Yes 🔀 No vered "yes," provide	
Name, address and tel	ephone number of eac	h person or organiza	tion you are representi	ng:	
Are you being paid for	your representation?			☐ Yes ☐ No	
Are you appearing as J (If you answered "no, question.)				Yes No wered "yes," go on to	the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3 1	ninutes		

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?				
	red "yes" to the question, <b>STOP.</b> 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 that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised				
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3.	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				



Date: <u>Sept. 20, 201/</u>

## DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	ouncil		
Please Print  Agenda No.		PLEASE Name Address	PRINT NAME CLE	it Aul.	
Please check or	ie:	AND	Please chec		
<b>Support</b>			Do not	t wish to s	peak
Oppose					
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need no	anization or a person	other than yourself: f this form. If you ans	☐ Yes wered "yes,"	No provide the name
Name, address and tel	ephone number of eac	ch person or organiza	tion you are represent	ing:	
Are you being paid for	r your representation?			Yes	No
Are you appearing as full (If you answered "no, question.)	part of your other paid " STOP; you need no	d duties for this person to complete the rest of	on or organization? If this form. If you ans	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	g3	minutes		

•	are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?						
100	ered "yes" to the question, <b>STOP.</b> 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 that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised						
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.						
3.	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?						
,	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						



Date:	

## DO NOT WISH TO SPEAK FORM

Registrat	ion Statement	Common C	ouncil		<del></del>
Please Print  Agenda No.		Name	PRINT NAME CLE Sue Gaard 1722 Summ Madis, NI		26
Please check of	ne:	AND	Please chec	ek:	
<b>Support</b>			Do not	wish to s	speak
Oppose					
	upport Nor Opp				A L
(If you answered "no,	ou representing an organ "STOP; you need not and go on to the next qu	complete the rest	n other than yourselt: of this form. If you ansv	☐ Yes wered "yes,"	provide the name
Name, address and tel	lephone number of each	person or organiz	ation you are representi	ing:	
Are you being paid fo	r your representation?			Yes	☐ No
Are you appearing as (If you answered "no, question.)	part of your other paid of "STOP; you need not	duties for this pers complete the rest	on or organization? of this form. If you ansv	Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes		

	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, <b>STOP.</b> 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 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.	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?		
	to 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		



Date: 9 20///

## DO NOT WISH TO SPEAK FORM

Registration	on Statement	COMMITTEE	Council
Please Print  Agenda No.		PLEASE Name _ Address _	EPRINT NAME CLEARLY Lee Powell 505 Leonard ST
Please check on	ie:	ÁND	Please check:
<ul><li>☐ Support</li><li>☐ Oppose</li></ul>			Do not wish to speak
	ıpport Nor Op <sub>l</sub>	pose	
of who you represent a	' STOP; you need not nd go on to the next qu	complete the rest of uestion.)	on other than yourself: Yes No of this form. If you answered "yes," provide the name zation you are representing:
Are you being paid for Are you appearing as p (If you answered "no," question.)	art of your other paid		☐ Yes ☐ No  son or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comi Information Hearing Other Items	3	3 minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you this fo	answer rm. If yo	red "yes" to the question, <b>STOP.</b> 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 that:	are bei	ng 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?		
(Pleas Room	e go to 103 of t	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		



Date:	_
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## DO NOT WISH TO SPEAK FORM

Registration Statement	t - Common Council COMMITTEE
Please Print  Agenda No. 3+4	PLEASE PRINT NAME CLEARLY  Name Bruce Bengtson  Address 1226 Gilman St #60
Please check one:	AND Please check:
Support	Do not wish to speak
<b>Oppose</b>	
Neither Support Nor C	Oppose
(If you answered "no," STOP; you need of who you represent and go on to the nex	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.)
Are you being paid for your representatio	n?
Are you appearing as part of your other pa (If you answered "no," <b>STOP</b> ; you need question.)	aid duties for this person or organization?  Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Heari	ommon Council)5 minutes ng3 minutes3 minutes

		elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
		ered "yes" to the question, <b>STOP.</b> 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 that:	u are be	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.
į	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?
		to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fthe City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: 9-20-1



## DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Cou	ıncil		
Please Print		COMMITTEE			
Agenda No.		PLEASE P Name Address	RINT NAME CLE RID R. V 812 McCl Madison	ARLY Diller eller Dr	<u>.</u>
Please check on	e:	AND	Please che	ck:	······· .
Support			Do no	t wish to spe	ak
Oppose					
Neither Su	ipport Nor Opp	ose			
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	' STOP; you need not nd go on to the next qu	complete the rest of a uestion.)	this form. If you ans		] No vide the name
Are you being paid for	your representation?			☐ Yes	No
Are you appearing as p (If you answered "no," question.)	art of your other paid of STOP; you need not	duties for this person complete the rest of	or organization? this form. If you ans	Yes Yes	No on to the next
	Public Hearing (Comr Information Hearing Other Items	3 m	inutes		

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	ered "yes" to the question, <b>STOP.</b> 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 that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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	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		

Date: 9-20-11



## DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Cor	uncil		<del></del>
Please Print  Agenda No.			RINT NAME CLEA Signey R Sig Mc( Madiso)	ARLY Miller Clellan 537	Dr. 18
Please check of	ne:	AND	Please chec		1
Support Oppose	•		Do not	wish to spe	ak
Oppose  Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent o	u representing an organ "STOP; you need not and go on to the next q ephone number of each	complete the rest of uestion.)	this form. If you answ	, ,	]No vide the name
Are you being paid for	r your representation?			Yes	No
	part of your other paid "STOP; you need not			Yes vered "yes," go	[No on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3 m	inutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	red "yes" to the question, <b>STOP.</b> 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 that:	ng 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.	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 9-20-11 Signature Print Name Aney H. Miller				



Date:	

## DO NOT WISH TO SPEAK FORM

Registra	tion Statement - ַ	Common C	ouncil	
Please Print			PRINT NAME CLE	EARLY
Agenda No. <u>3</u>		_	Mona So 670 Jack. Stoughton	Son St-Apt102 , W: 53589
Please check of	one:	AND	Please che	ck:
Support			\times Do no	t wish to speak
<b>Oppose</b>				
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	ou representing an organ o, "STOP; you need not or and go on to the next quellephone number of each	complete the rest of uestion.)	of this form. If you ans	Yes No wered "yes," provide the name
Are you being paid for	or your representation?	·		☐ Yes 🄀 No
Are you appearing as	part of your other paid			Yes No swered "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing). Other Items	3	minutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No				
(If you a	answere n. If yo	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)		
If you a that:	re beir	ng 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	9	20-11 Signature Mona Scott  Print Name Mona Scott		



Date:

## DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Mona Scott !  Address 10 10 Jackson St. Apt 102  Storighten, w. 53589
Please check one:	AND Please check:
Support	Do not wish to speak
<b>Oppose</b>	
Neither Support Nor O	ppose
(If you answered "no," STOP; you need to of who you represent and go on to the nex	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question.)  ach person or organization you are representing:
Are you being paid for your representation	n? Yes 'No
Are you appearing as part of your other pa (If you answered "no," <b>STOP</b> ; you need a question.)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council)5 minutes ng3 minutes

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
100	red "yes" to the question, <b>STOP.</b> 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 be that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	
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Registra	tion Statement -	Common Co	uncil		<del></del>
Please Print  Agenda No.	3	PLEASE F  Name  Address	PRINT NAME CLEA Lloyd, Sour 5015 S	ARLY Hacock heboggan	th 300
Please check o	Ì	AND	Please chec	k: wish to speak	7
Oppose	Support Nor Op	pose	DO HOU	wish to speak	<b>L</b>
(If you answered "no of who you represen	you representing an orga o, " <b>STOP;</b> you need not t and go on to the next q elephone number of eac	t complete the rest of question.)	this form. If you answ		
Are you appearing a	For your representation?  Is part of your other paid to, " STOP; you need not			☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on t	0
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 r	ninutes		

Are you an e other governi	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	erred "yes" to the question, <b>STOP.</b> 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 that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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	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		



Date:	9/20/11	
	/ /	

Registrati	on Statement - ַ	Common C	ouncil		
Diagram Dulant		COMMITTEE			
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No3_			Annette Mahly 3220 Tally Hos Makison, Will		
Please check or	ne:	AND	Please chec	k:	
Support			Do not	wish to sp	peak
<b>Oppose</b>			<del></del>		-
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent a	" STOP; you need not and go on to the next q	complete the rest of uestion.)	other than yourself:  of this form. If you answ  ation you are representing	vered "yes," p	⊠No Provide the name
Are you being paid for	your representation?			Yes	⊠(No
Are you appearing as p (If you answered "no, question.)			on or organization?  of this form. If you answ	Yes Yered "yes," g	No so on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3	minutes		

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?		
(If you answe this form. If ye	red "yes" to the question, <b>STOP.</b> 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 be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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 Room 103 of	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		

Date:	9/20/11	



Registrat	ion Statement	COMMITTEE	ouncil	· .
Please Print  Agenda No.			PRINT NAME CLE LYNDA S 5015 SHE NADISON	EARLY SOUTHWICK 13046AN #306
Please check o  Support  Oppose	ne:	AND	Please che Do no	ck: t wish to speak
	Support Nor Opp	pose		
(If you answered "no of who you represent	ou representing an organ," STOP; you need not and go on to the next qualephone number of each	complete the rest of uestion.)	of this form. If you ans	wered "yes," provide the name
Are you appearing as	or your representation?  part of your other paid of "STOP; you need not			☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3	minutes	

Are you an e other governi	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> 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 that:	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?
	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



Date: 9/20/2011

# DO NOT WISH TO SPEAK FORM

Registration Stateme	nt - Common Council
Please Print	·
	PLEASE PRINT NAME CLEARLY
Agenda No. <u>3</u>	Name Angela Read  Address 306 Marinette Tel
	Maduson, WI 53705
Please check one:	AND Please check:
Support	Do not wish to speak
<b>Oppose</b>	
Neither Support Nor	Onnose
(If you answered "no," STOP; you need of who you represent and go on to the n	n organization or a person other than yourself: Yes No ed not complete the rest of this form. If you answered "yes," provide the name next question.)  of each person or organization you are representing:
Are you being paid for your representat	tion? Yes No
	paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	(Common Council)5 minutes aring

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
	red "yes" to the question, <b>STOP.</b> 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 bein that:	ng 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 he City-County Building, Madison, for more information.)		
Date <u>Septer</u>	Nor 20,201) Signature <u>angelaread</u> Print Name <u>Angela Read</u>		



Date:	9/20/11	

Registration Statement -	Common Committee	ouncil
Please Print  Agenda No.		PRINT NAME CLEARLY  Mary Markwardt  4005 Hanover St  Madison, W1 53704
Please check one:	AND	Please check:
<ul><li>Support</li><li>✓ Oppose</li><li>Neither Support Nor Op</li></ul>	pose	Do not wish to speak
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest of uestion.)	f this form. If you answered "yes," provide the name
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	_	☐ Yes ☐ No on or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes

Are you an other govern		eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
(If you answ this form. If	vere Syou	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)		
If you are b that:	oein;	g 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 Room 103 c	to of th	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 9/20/1/ Signature Mary Markward Print Name Mary Markward +				
Print Name Mary Markward +				



Date:	9/20/2011	

Registration Statement -	Common Council COMMITTEE	
Please Print		
	PLEASE PRINT NAME CLEARLY	
Agenda No.	Name <u>Angela Read</u> Address 306 Marinette Tr	**************************************
	Hadison, WI 537	05
Please check one:	AND Please check:	
Support	Do not wish to	speak
<b>Oppose</b>	· ·	
Neither Support Nor Op	pose	
of who you represent and go on to the next of	t complete the rest of this form. If you answered "yes,	☐ No " provide the name
Are you being paid for your representation?	☐ Yes	☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question.)	duties for this person or organization?	☐ No " go on to the next
Information Hearing	umon Council)5 minutes3 minutes	

Are you an elected official or employed other governmental body?	e who is appearing solely on behalf of your	office or for your municipality or Yes No		
(If you answered "yes" to the question, this form. If you answered "no" to the c	<b>STOP.</b> You need not complete the rest of the question, go on to the next question.)	is form, except that you must sign		
If you are being paid for your represent that:	ntation, or if your appearance is part of oth	ner paid duties, please be advised		
1. Before you engage in lowith the City Clerk.	obbying as a lobbyist, you or your principal	must file an authorization		
2. Your principal is not po	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 September 20, 2011	Signature <u>angela Revid</u>			
	Print Name Angela Read			



Date: 9/20/11

# DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Committee	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No		Name <u>/</u> Address/	Mary Markwa 400 5 Wanover Madesm Wi	St.	04
Please check or	ne:	AND	Please chec	ek:	
<b>Support</b>			Do not	wish to s	speak
<b>Oppose</b>					
Neither S	upport Nor Opp	pose			
(If you answered "no, of who you represent	ou representing an organ "STOP; you need not and go on to the next queen of each	complete the rest of uestion.)	of this form. If you ansv	vered "yes,"	□ No provide the name
Are you appearing as	r your representation?	duties for this ners	on or organization?	☐ Yes	□ No
(If you answered "no, question.)	" STOP; you need not	complete the rest	of this form. If you ans		<del></del>
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?			
(If you answer this form. If yo	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)			
If you are being that:	ng 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.	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 Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date 9/20/1 Signature Marsharkwardt  Print Name Mark Wardt				



Date:	
	,

Registratio	n Statement	COMMITTEE	ouncil	
Please Print		PLEASE	PRINT NAME CLE	ARLY
Agenda No		Name _ Address _	DORIS A. 2802 DRYDEN MADISON, W	MARTEN DE ZOG 53904
Please check one	<b>:</b> :	AND	Please chec	ek:
Support			Do not	wish to speak
<b>Oppose</b>				
Neither Suj	pport Nor Op	pose		
At this meeting are you a (If you answered "no," of who you represent and Name, address and telep	STOP; you need not d go on to the next q	t complete the rest of uestion.)	of this form. If you ansv	wered "yes," provide the name
Are you being paid for y	our representation?		* 	Yes No
Are you appearing as pa (If you answered "no," question.)	rt of your other paid STOP; you need not	duties for this pers	on or organization? of this form. If you ans	☐ Yes ☐ No wered "yes," go on to the next
I	Public Hearing (Comnformation Hearing.  Other Items	3	minutes	

Are you an ele	cted official or employee ental body?	who is appearing	ng solely on behalf of yo	our office or for you Yes	ur municipality or
(If you answer this form. If yo	ed "yes" to the question, u answered "no" to the q	<b>STOP.</b> You need uestion, go on to	d not complete the rest of the next question.)	f this form, except t	hat you must sign
If you are beinthat:	ng paid for your represer	ntation, or if you	ur 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 period (half year), the remainder of the calendary	principal must	re than \$1,000 for lobby file expense statements	ying services in any with the City Cle	reporting rk for the
(Please go to Room 103 of t	the City Clerk's websi he City-County Building,	te <u>www.cityofm</u> Madison, for mo	adison.com/clerk/index.} ore information.)	<u>html</u> or go to the	Clerk's Office at
Date 9	20-11	Signature	Dain G.	MARTEN	
		Print Name	Deris A.	MARTEN	



Registration Sta	tement - Common C	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	NameAddress	DORG A: MARTEN  2803 DRYDEN DO. #206  MADISON, W. 53704
Please check one:	AND	Please check:
Support		Do not wish to speak
<b>Oppose</b>		
	enting an organization or a persor	n other than yourself:
Name, address and telephone n	umber of each person or organiza	cation you are representing:
Are you being paid for your rep	presentation?	☐ Yes ☐ No
	our other paid duties for this perso you need not complete the rest of	son or organization?  Yes No of this form. If you answered "yes," go on to the next
Informa	Hearing (Common Council)5 tion Hearing	3 minutes

	elected official or enmental body?	employee who is appearing	solely on behalf of your o	office or for you	r municipality or
		question, <b>STOP.</b> You need r " to the question, go on to t		is form, except t	hat you must sign
If you are b that:	eing paid for your	representation, or if your	appearance is part of other	er paid duties, p	please be advised
1.	Before you eng with the City C	age in lobbying as a lobbyi lerk.	st, you or your principal i	must file an autl	norization
2.	Your principal City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	period (half ye	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	- 20-//	Signature	Doris a MA	Xton	
		Print Name	Dueis A MA	RIEN	



Date: 9/90///

## DO NOT WISH TO SPEAK FORM

Registrat	ion Statement	Common Cou	ıncil	
Please Print  Agenda No.		PLEASE PF Name Address	RINT NAME CLEARLY  JON S. ENSYN  SUBS JAN DE  ELTSHBURG	
Please check o	ne:	AND	Please check:  Do not wish to speak	
Oppose  Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	and go on to the next q	complete the rest of t uestion.)	this form. If you answered "yes," provide the n	ame
Name, address and te	lephone number of each	n person or organization	on you are representing:	
Are you being paid for	or your representation?		☐ Yes ☐ No	
	part of your other paid," STOP; you need not		or organization?  Yes No this form. If you answered "yes," go on to the	next
Speaking Limits:	•	mon Council)5 m 3 m 3 m	ninutes	

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?		
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> 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.)		
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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 Room 103 of t	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  To Signature		

Date: 09 - 20 - 2011



## DO NOT WISH TO SPEAK FORM

Registrati	on Statement	COMMITTEE	ouncil	
Please Print		PLEASE	PRINT NAME CLE	ARLY
Agenda No		Name _ Address _	MANCY P. W 4302 TOKA MADISON, W	UIDMER 1Y BLVD 1 53711_1516
Please check or	ne:	AND	Please chec	ek:
<b>Support</b>			Do not	t wish to speak
<b>Oppose</b>				
At this meeting are yo (If you answered "no,	upport Nor Opp u representing an organ " STOP; you need not and go on to the next qu	nization or a person		☐ Yes ☑ No wered "yes," provide the name
Name, address and tel	ephone number of each	n person or organiza	ation you are represent	ing:
Are you being paid for	your representation?			Yes No
	part of your other paid or "STOP; you need not			☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes	

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	ered "yes" to the question, <b>STOP.</b> 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 that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fall the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		