

Date: <u>SCPT 27, 2012</u>

WISH TO SPEAK FORM

CITY OF MADISON

| Registration Statement - | Common | <u>Council</u> | | <u></u> | • |
|---|--|----------------------|--------------------------|-------------------------------|--------|
| Please Print | - | E PRINT NA | AME CLEARLY | | * . |
| Agenda No. 27773 | Name Address | TON 2722 MADIS | GENDA BADGER ON WI | ES LN | |
| Please check one: | AND | Plea | ise check: | • - | |
| Support Oppose Neither Support Nor Opp At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next questions. | nization or a perso complete the rest | on other than y | wish to Spea | . □ No | e name |
| Name, address and telephone number of each | person or organiz | zation you are | representing: | | |
| Are you being paid for your representation? Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question.) | | | | No No No go on to th | e next |
| Speaking Limits: Public Hearing (Comm Information Hearing Other Items | 3 | minutes | | | |

(SEE BACK)

| | | cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? |
|------------------------|----------------------|--|
| (If you a this form | inswere n. If you | ed "yes" to the question, STOP. 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 bein | ng paid for your representation, or if your appearance is part of other paid duties, please be advised |
| . 1 | 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. |
| 2 | 2. | Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. |
| | | 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 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 | | Signature |
| | | Print Name |



WISH TO SPEAK FORM

CITY OF MADISON

| Registr | ation Statement | Common Co | uncil | |
|---------------------|-----------------------------|------------------------|---|--|
| _ | | COMMITTEE | | |
| Please Print | | • | | |
| 1 loase 1 time | # 1 | PLEASE F | PRINT NAME CLEARLY | |
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| | 7775 | Name (| arrie [[liddle | |
| Agenda No | | Address | 702 Cherry Wood | IF Y |
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| Please check | ים מל | AND | Please check: | |
| I ICASE CHECK | VIIC. | | r icase check. | |
| Suppor | f | | Wish to Speak | , fr |
| [] Dubbor | | | , VISH to Special | |
| Oppose | | | | |
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| Neither | Support Nor Opp | pose | | |
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| | | • | | and the second s |
| At this meeting are | you representing an organ | nization or a person o | other than yourself: Yes | No |
| (If you answered "i | no, " STOP; you need not | complete the rest of | this form. If you answered "yes," provi | de the name |
| of who you represe | nt and go on to the next qu | uestion.) | • | |
| Nome address and | telephone number of each | nargan ar arganizat | ion you are representing | |
| Name, address and | terephone number of each | person or organizat | on you are representing. | |
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| ÷ | | • . | | |
| | , | | | |
| Are you being paid | for your representation? | | Yes | Vo |
| | | | | |
| Are you appearing a | s part of your other paid o | luties for this person | or organization? Yes N | No |
| | o," STOP; you need not | complete the rest of | this form. If you answered "yes," go on | to the next |
| question.) | | | | • |
| Speaking Limits: | Public Hearing (Comn | non Council)5 m | inutes | |
| Spouking Dimins. | Information Hearing | | | |
| | Other Items | | | |

(SEE BACK)

| Are you an elected official of other governmental body? | r employee who is appearing sole | ly on behalf of your office | e or for your n | nunicipality or] No |
|---|--|--|---------------------------------|-------------------------|
| (If you answered "yes" to the this form. If you answered "r | e question, STOP. You need not como it to the question, go on to the ne | omplete the rest of this for ext question.) | m, except that | you must sign |
| If you are being paid for yo that: | ur representation, or if your appe | arance is part of other pa | id duties, plea | se be advised |
| 1. Before you en with the City | ngage in lobbying as a lobbyist, y Clerk. | ou or your principal must | file an authori | zation |
| 2. Your principa City Clerk. | al is not permitted to authorize yo | ou to lobby unless you are | e registered wi | th the |
| period (half | pal spends or will owe more than year), the principal must file exp the calendar year? | \$1,000 for lobbying serving serving serving serving sense statements with the | ces in any rep City Clerk fo | orting or the |
| Please go to the City Cler Room 103 of the City-County | k's website <u>www.citvofmadison.c</u> Building, Madison, for more info | com/clerk/index.html or g rmation.) | to the Cler | k's Office at |
| Date | Signature | | | |
| | Print Name | | | |



Date: 9-27-12

WISH TO SPEAK FORM

| Registration Statement - | | ouncil | |
|--|---|---|---------|
| | COMMITTEE | | |
| Please Print | | | |
| | PLEASE | PRINT NAME CLEARLY | |
| | Name | Jennifermic Culley | |
| Agenda No | Address | 8033 Excusion Dr. Suite | B |
| PROCESSION OF THE PROPERTY OF | | Madison, 53717 | |
| 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," 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. If you answered "yes," provide th | e name |
| AFSEME Loca | 960 | | |
| 8033 Exalsier D. Suit | oB, 160 | 2 South Park | |
| Madison | • • | | |
| 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 perso complete the rest of | on or organization? Yes No No of this form. If you answered "yes," go on to the | he next |
| Speaking Limits: Public Hearing (Com Information Hearing. Other Items | 3 | minutes . | |
| and the contract of the contra | | | |

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or Yes other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization 1. with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered with the 2. City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting 3. 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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date 9-27-12 Signature Print Name



Date: 9/27/20/2

WISH TO SPEAK FORM

| Registration Statement - | Common C | ouncil |
|---|--|--|
| Please Print #2 Agenda No. 278/9 | Name | PRINT NAME CLEARLY Dave Branson 6706 Schroeder #7 Madison, W.I. 53711 |
| Please check one: | AND | Please check: |
| X Support | | Wish to Speak |
| Oppose | | |
| Neither Support Nor Opp | ose | |
| of who you represent and go on to the next que Name, address and telephone number of each | complete the rest of estion.) person or organize | this form. If you answered "yes," provide the name ation you are representing: |
| 1602 S. Park | St. M. | gerson, UI |
| Are you being paid for your representation? | | Yes No |
| Are you appearing as part of your other paid d (If you answered "no," STOP; you need not c question.) | | n or organization? Yes No f this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Comm Information Hearing Other Items | 31 | ninutes |

| | elected 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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, please be advised |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. |
| 2. | Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. |
| 3. | If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? |
| Please go t Room 103 of | to the City Clerk's website <u>www.citvofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.) |
| | |
| Date | Signature |
| | Drint Name |





AVAILABLE TO ANSWER QUESTIONS FORM

| Registra | tion Statement - | Common Cou | ıncil | | |
|---|---|--|---|---------------------|-----------|
| | | PLEASE PI | RINT CLE | ARLY | |
| Agenda No. | | Name Address | ily 8 314 | bivKley Hegg Ave |) |
| Please check of | one: | AND | Pleas | se check: | |
| Support | | | | vailable to | answer |
| Oppose | | | q | luestions | |
| Neither S | Support Nor Op | pose | | | |
| (If you answered "no of who you represent | you representing an orga o, " STOP; you need no of and go on to the next of elephone number of eac | t complete the rest of t question.) | his form. If | you answered ''y | Lancard . |
| 4002 AF | SCME L | ocal 60 | , 160 | 02 S. | Parle St |
| Madison | , JU, | · · · · · · · · · · · · · · · · · · · | | | |
| | | | CTT the Tribed was during the Make at Affair before | | |
| Are you being paid for | or your representation? | | | Y | es No |
| | s part of your other paid o, " STOP; you need no | | | | |
| Speaking Limits: | | nmon Council)5 mi 3 mi | | | |

| | re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body? | | | | | |
|--------------------------|---|--|--|--|--|--|
| | "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign nswered "no" to the question, go on to the next question.) | | | | | |
| If you are being pathat: | paid for your representation, or if your appearance is part of other paid duties, please be advised | | | | | |
| | efore you engage in lobbying as a lobbyist, you or your principal must file an authorization th the City Clerk. | | | | | |
| | our principal is not permitted to authorize you to lobby unless you are registered with the ty Clerk. | | | | | |
| pe | your principal spends or will owe more than \$1,000 for lobbying services in any reporting riod (half year), the principal must file expense statements with the City Clerk for the mainder of the calendar year? | | | | | |
| O | c 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 9/2 | Signature Print Name Pint Name | | | | | |



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Date: _____

CITY OF MADISON

| Registrat | tion Statement - | Common Co | ouncil | |
|--|---|-------------------------------------|-------------------------------|---|
| Please Print | | PLEASE | PRINT NAME CLE | ARLY |
| Agenda No. | 2+4 | Name Address | HOKIS TO 3533 RI VERONA | Mer CH12 RD O1 53593 |
| Please check of | one: | AND | Please che | ck: |
| Support | | | Do no | t wish to speak |
| Oppose | | | | |
| Neither S | Support Nor Op | pose | | |
| (If you answered "no of who you represent | you representing an orga o, " STOP; you need not the and go on to the next q elephone number of eac | t complete the rest o question.) | f this form. If you ans | Yes No wered "yes," provide the nam |
| Sample and the same of the sam | | | | |
| and the second s | | | | |
| Are you being paid for | or your representation? | | | Yes No |
| | s part of your other paid o, " STOP; you need not | | | ☐ Yes ☐ No wered "yes," go on to the nex |
| Speaking Limits: | Public Hearing (Com Information Hearing Other Items | 3 | minutes | |

(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? | | | | | |
|---|---|--|--|--|--|
| (If you answer this form. If yo | 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 beithat: | 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 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

| Registration Statement | Common Council COMMITTEE |
|---|--|
| Please Print | PLEASE PRINT NAME CLEARLY |
| Agenda No. | Name Shawh L. BONDOUR Address SO9 Aztalan D-: Madison LUT 53718 |
| Please check one: | AND Please check: |
| Support | Do not wish to speak |
| Oppose | |
| Neither Support Nor Opp | pose |
| At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next quality Name, address and telephone number of each | complete the rest of this form. If you answered "yes," provide the name uestion.) |
| 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 |
| Information Hearing. | mon Council)5 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? |
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| | 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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| Date | Signature |
| | Print Name |



Date: 9/27/17_

DO NOT WISH TO SPEAK FORM

| Registration Statement | Common Council COMMITTEE |
|--|--|
| Please Print Agenda No. | PLEASE PRINT NAME CLEARLY Name Address 1/8 Brion Crests + |
| | Address 1/8 Boion Coests 1 Malison WE 537 of |
| Please check one: | AND Please check: |
| Support | Do not wish to speak |
| Oppose | |
| At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next questions. | nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name |
| , - | n person or organization you are representing: |
| Support | Collectine bargainn |
| 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 duties for this person or organization? ☐ Yes ☐ No complete the rest of this form. If you answered "yes," go on to the next |
| Information Hearing. | mon Council)5 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? |
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| 100 | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
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| Date | Signature |
| | Print Name |



| Date: | 9, | /= | 7 | 1/2 | |
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DO NOT WISH TO SPEAK FORM

| Registrat | ion Statement - | Common Co | uncil | |
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| Please Print Agenda No. | , 3, 4 | PLEASE P Name Address | II wwi | Dixon Ir |
| Please check o Support Oppose Neither S | ne: Support Nor Op | AND | Please check Do not v | x: wish to speak |
| (If you answered "no of who you represent Name, address and te | ou representing an orga ," STOP; you need not and go on to the next q lephone number of each | t complete the rest of vuestion.) h person or organizati | this form. If you answe | Yes No No red "yes," provide the name |
| | part of your other paid "STOP; you need not | t complete the rest of | this form. If you answe | ☐ Yes ☐ No ☐ Yes ☐ No red "yes," go on to the next |
| opeaking 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? Yes No | | | |
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| | 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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| Date | Signature | | |
| | Print Name | | |



| Date: | 9/ | 27/1 | 2 | |
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DO NOT WISH TO SPEAK FORM

| Registrati | on Statement - | Common Co | ouncil | | |
|--|---|---|---|------------------------|----------------------|
| Please Print Agenda No. 27 | 773 | PLEASE Name | PRINT NAME CLE TOM CAMPBELL 4607 ESCH LA MADISON WI | ARLY J 5374 | |
| Please check or | ne: | AND | Please che Do no | ck: t wish to s | speak |
| OpposeNeither 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 q | t complete the rest of question.) | of this form. If you ans | | No 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 no | duties for this person to complete the rest of | on or organization? of this form. If you and | ☐ Yes swered "yes," | No go on to the next |
| Speaking Limits: | Public Hearing (Con Information 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? | | | | |
|---|--|--|--|--|
| (If you answe this form. If y | (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) | | | |
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| Date | Signature | | | |
| | Print Name | | | |



DO NOT WISH TO SPEAK FORM

Date: _____

CITY OF MADISON

| Registration | on Statement | Common Cou | ncil | |
|---|--|-----------------------|---|------------------|
| Please Print | | PLEASE PF | RINT NAME CLEARLY | |
| Agenda No. <u>277</u> | 73 | Name Address | Tom Steele 5299 East Bu deeville, Wis. | sle Rd. 53954 |
| Please check on | e: | AND | Please check: | |
| Support | | | Do not wish | to speak |
| Oppose | | , | | 4 |
| Neither Su | pport Nor Oppo | se | | |
| (If you answered "no," of who you represent a | representing an organize STOP; you need not cond go on to the next quest phone number of each pe | mplete the rest of th | his form. If you answered "yo | harrows. |
| | art of your other paid dut | | ☐ Yen organization? ☐ Yen in a form. If you answered "y | es 🖾 No |
|] | Public Hearing (Common Information Hearing Other Items | 3 mi | nutes | |

(SEE BACK)

| | 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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
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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 fthe City-County Building, Madison, for more information.) |
| | |
| Date | Signature |
| | Print Name |

Date: 9-27-12



DO NOT WISH TO SPEAK FORM

| Registration Stateme | ent - <u>Common Common Committee</u> | ouncil |
|--|--|--|
| Please Print | PLEASE | PRINT NAME CLEARLY |
| Agenda No. | NameAddress | DOROTHY WARD 733 ST JOHN COLLEGGE GYOUR WI |
| Please check one: | AND | Please check: |
| Support Oppose | | Do not wish to speak |
| Neither Support Nor | r Oppose | |
| At this meeting are you representing a (If you answered "no," STOP; you not of who you represent and go on to the Name, address and telephone number | red not complete the rest o next question.) | f this form. If you answered "yes," provide the name |
| | | |
| Are you being paid for your representa | ation? | ☐ Yes No |
| Are you appearing as part of your othe (If you answered "no," STOP; you ne question.) | r paid duties for this perso ed not complete the rest o | ☐ Yes No n or organization? ☐ Yes No f this form. If you answered "yes," go on to the next |
| Information He | (Common Council)5 pearing | minutes |

| | | ted official or employee | who is appear | ring solely on b | ehalf of your off | ice or for you | ır municipality or |
|---------------------|-------|--|----------------------|------------------|-------------------|------------------|--------------------|
| | | d "yes" to the question, answered "no" to the q | | | | form, except t | hat you must sign |
| If you are that: | being | g paid for your represer | ntation, or if yo | our appearance | is part of other | paid duties, p | please be advised |
| 1. | | Before you engage in lo with the City Clerk. | bbying as a lol | bbyist, you or y | our principal mu | ist file an autl | norization |
| 2. | | Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. | | | | | |
| 3. | j | 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 websit City-County Building, | | | | r go to the | Clerk's Office at |
| Date | -2 | 7-12 | Signature Print Name | Dar | Stry OTH 4 | W | and ARK |
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Date: 9/27/13

DO NOT WISH TO SPEAK FORM

| Registratio | n Statement | Common Co | ouncil | |
|--|--|--------------------|---|----------|
| Diagram Dulud | | COMMITTEE | | |
| Please Print | | PLEASE | PRINT NAME CLEARLY | |
| Agenda No. | | Name _ | Shelle Michalak | <u> </u> |
| rigorida 1101 | | Address _ | Madison WI 5370 | 3 |
| Please check one | 2: | AND | Please check: | |
| Support | · | | Do not wish to speak | |
| Oppose | | | | |
| Neither Su | pport Nor Oppo | ose | | |
| of who you represent an | STOP; you need not co | omplete the rest o | n other than yourself: Yes No of this form. If you answered "yes," provide the nation you are representing: | ame |
| | | | | |
| Are you being paid for y | our representation? | | ☐ Yes ☐ No | |
| Are you appearing as par (If you answered "no," I question.) | | | on or organization? | next |
| Iı | Tublic Hearing (Common formation Hearing Other Items | 3 1 | minutes | |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or | | | |
|-----------------------|--|--|--|--|
| other govern | mental body? | | | |
| | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | | |
| If you are be hat: | 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? | | | |
| | 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 | 127/17 Signature Michelle Michalle Print Name Michelle Michalle | | | |
| Room 103 of | the City-County Building, Madison, for more information.) Signature M. Mulle Michelack | | | |



| Date: | |
|-------|--|
| | |
| | |

DO NOT WISH TO SPEAK FORM

| Registration S | tatement - Common Co | ouncil |
|--|--|--|
| Please Print | | PRINT NAME CLEARLY |
| Agenda No. | | Dawn Fish 6822 Valiant. Dr Windsor, WI 53598 |
| Please check one: | AND | Please check: |
| Support | | Do not wish to speak |
| ☐ Oppose☐ Neither Suppo | rt Nor Oppose | |
| | | other than yourself: Yes No No fthis form. If you answered "yes," provide the name |
| Name, address and telephone | number of each person or organiza | tion you are representing: |
| | your other paid duties for this perso | |
| (If you answered "no," STO ! question.) | P; you need not complete the rest o | f this form. If you answered "yes," go on to the next |
| Inform | Hearing (Common Council) 5 nation Hearing 3 nation Hearing | 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? | | | | | |
|-----------------|--|--|----------------------|--|---------------|-------------------|
| | | ed "yes" to the question, u answered "no" to the o | | red not complete the rest of this fo to the next question.) | rm, except ti | hat you must sign |
| If you that: | are bein | ng paid for your represe | ntation, or if y | our appearance is part of other p | aid duties, p | lease 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 websi e City-County Building, | | nadison.com/clerk/index.html or nore information.) | go to the C | Clerk's Office at |
| Date _ | 9-7 | 27-12 | Signature Print Name | Down Fish | | |
| Date _ | 9-7 | 27-12 | | Down Fish | | |



| DO | NOT | WISH | TO | SPEAK | FORM | |
|----|-----|------|----|-------|------|--|

Date: _____

| | CITY OF MADISON |
|---|--|
| Registration Statement - | Common Council COMMITTEE |
| Please Print Agenda No. | PLEASE PRINT NAME CLEARLY Name Address Address Madage Mad |
| Please check one: | AND Please check: |
| Support | Do not wish to speak |
| Oppose | |
| 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 question.) |
| name, address and telephone number of eac | h person or organization you are representing: |
| | |
| 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 to complete the rest of this form. If you answered "yes," go on to the next |
| | amon Council)5 minutes |

(SEE BACK)

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 ther governmental 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 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? | | | | | |
| , | 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 - 27 - 12



DO NOT WISH TO SPEAK FORM

| Registrati | on Statement - ₋ | Common Co | uncil | |
|--|--|------------------------------------|---------------------------------|--|
| Please Print | | | PRINT NAME CLEA | ARLY |
| Agenda No | | Name _ Address _ | Lori Fil 4413 Doe Madism, | Crossing Tr WI 537 OY |
| Please check or | ne: | AND | Please chec | k: |
| 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 a Name, address and tele | " STOP; you need not and go on to the next q | t complete the rest o uestion.) | f this form. If you answ | Yes No No pered "yes," provide the name |
| | | | | |
| Are you being paid for | | | | ∐ Yes ⊠ No |
| Are you appearing as partial (If you answered "no, question.) | | | | ☐ Yes ☐ No vered "yes," go on to the next |
| Speaking Limits: | Public Hearing (Com Information 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? | | | | | |
|---|--|--|--|--|--|
| If you answered "yes" to the question, STOP. 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.) | | | | | |
| f you are being paid for your representation, or if your appearance is part of other paid duties, please be advised hat: | | | | | |
| 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 9-27-12 Signature In Net | | | | | |
| Print Name | | | | | |





DO NOT WISH TO SPEAK FORM

| Registrat | ion Statement | Common Cou | ıncil | · | |
|--|---|-------------------------------------|-----------------------|-------------------|-----------------------|
| Please Print Agenda No. 27 | 773 | | RINT NAME CLEA | \RLY | |
| Please check of Support | ne: | AND | Please check | k: wish to spe | volz |
| Oppose | upport Nor Op | pose | Do not | wish to spe | €¶ IZ |
| (If you answered "no, of who you represent | ou representing an organ " STOP; you need not and go on to the next qual dephone number of each | complete the rest of t uestion.) | his form. If you answ | | No vide the name |
| | r your representation? part of your other paid "STOP; you need not | - | • | Yes Z | No No on to the next |
| Speaking Limits: | Public Hearing (Com Information Hearing. Other Items | 3 m | inutes | | |

| | 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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | | |
| If you are be that: | sing 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: 47/1/

DO NOT WISH TO SPEAK FORM

| Registrat | tion Statement - | Common Council |
|---|--|---|
| Please Print | 140 | PLEASE PRINT NAME CLEARLY Name Name |
| Agenda No. | 443 | Address JHM MMMM Man |
| Please check of | one: | AND Please check: |
| Support | | Do not wish to speak |
| Oppose | | |
| Neither S | Support Nor Op | pose |
| (If you answered "no of who you represent | o," STOP; you need not and go on to the next q | nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion.) In person or organization you are representing: |
| Are you being paid for | or your representation? | ☐ Yes ☐ No |
| Are you appearing as | part of your other paid | duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next |
| Speaking Limits: | Information Hearing. | mon Council)5 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 answer this form. If yo | 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 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? | | | | |
| (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 | | | | |



| Date: | 12 |
|-------|----|
| | |

| Registra | tion Statement - | Common Co | uncil | | |
|--|---|--------------------------------------|---|----------------------------------|-----------------------------------|
| Please Print Agenda No. | 1173 | PLEASE Name _ Address _ | PRINT NAME CLE Malt Jac 2166 Haw Oregon W. | ARLY KASON F 6 | Rd 358 |
| Please check of | one: | AND | Please chec | ck: | |
| Support | | | Do not | t wish to s | peak |
| 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 quelephone number of eac | t complete the rest og question.) | f this form. If you ansv | , , | No Provide the name |
| Are you appearing as (If you answered "no | or your representation? part of your other paid o," STOP; you need no | | | ☐ Yes ☐ Yes wered "yes," g | ☐ No ☐ No go on to the next |
| question.) Speaking Limits: | Public Hearing (Com Information Hearing Other Items | 3 1 | ninutes | | |

| | elected 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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | |
| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, please be advised | | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. | | |
| 2. | Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. | | |
| 3. | If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? | | |
| (Please go 1 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 | Signature | | |
| | Print Name | | |



| DO N | MOT | MICL | ITA | CDEA | KEO | |
|------|-----|------|-----|------|-----|--|

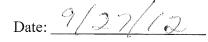
Date: ____

CITY OF MADISON

| Registration Statement | - Common Council |
|---|--|
| Please Print Agenda No. 2773 | PLEASE PRINT NAME CLEARLY Name Address 3533 BILLY RD |
| | VERONA LOC 5359 |
| Please check one: | AND Please check: |
| Support | Do not wish to speak |
| Oppose | |
| Neither Support Nor O | ppose |
| of who you represent and go on to the next | not complete the rest of this form. If you answered "yes," provide the name |
| | |
| Nagarit | |
| Are you being paid for your representation | ? Yes No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need n 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 ag3 minutes |

(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, STOP. You answered "no" to the question, go | need not complete the rest of this form, except that you must sign on to the next question.) | | |
| If you are bein that: | g paid for your representation, or is | your appearance is part of other paid duties, please be advised | | |
| 1. | Before you engage in lobbying as a with the City Clerk. | lobbyist, 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.) | | | | |
| <u>_</u> | enterer - · | | | |
| Date | Signature | | | |
| | Print Nam | | | |





| Registration Statement | - Common Council |
|--|--|
| Please Print | |
| 27773 27819 Agenda No . 27820 27821 | Name CLEARLY Name CHRISTINE M-DOUGH Address STA SCHUSTER ED SUN PEALEIE, WZ 53590 |
| Please check one: | AND Please check: |
| Support | Do not wish to speak |
| Oppose | |
| Neither Support Nor O | ppose |
| (If you answered "no," STOP ; you need n of who you represent and go on to the next | 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.) such person or organization you are representing: |
| Are you being paid for your representation. Are you appearing as part of your other pai | |
| | ot complete the rest of this form. If you answered "yes," go on to the next |
| Information Hearing | mmon Council)5 minutes g3 minutes3 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? | | | | |
|---|--|--|--|--|
| | ed "yes" to the question, STOP. 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 | | | |
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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.) | | | |
| D . | Ci markana | | | |
| Date | Signature | | | |
| | Print Name | | | |



Date: $\frac{9/27/12}{}$

DO NOT WISH TO SPEAK FORM

| Registration Statement - | Common Council COMMITTEE |
|---|---|
| Please Print | PLEASE PRINT NAME CLEARLY |
| 27773, 27819 Agenda No. 27821 | Name GERALD M. Donou GH Address Extra Schaffer RD San PRACE (E, WI 53550) |
| Please check one: | AND Please check: |
| Support Oppose | Do not wish to speak |
| Neither Support Nor Op | pose |
| (If you answered "no," STOP; you need no of who you represent and go on to the next of | anization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name question.) The person or organization you are representing: |
| 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 to complete the rest of this form. If you answered "yes," go on to the next |
| Information Hearing | nmon Council)5 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 answe this form. If y | 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 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. | | | |
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| (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: $\frac{9/27/12}{}$

DO NOT WISH TO SPEAK FORM

| Registration Statemer | nt - Common Council |
|--|--|
| Please Print | PLEASE PRINT NAME CLEARLY |
| Agenda No. | Name Jo VUKELICH Address 706 HINTEE RD. MADISON, WI 5370 |
| Please check one: | AND Please check: |
| Support | Do not wish to speak |
| Oppose | |
| Neither Support Nor | Oppose |
| (If you answered "no," STOP; you nee of who you represent and go on to the n | organization or a person other than yourself: Yes No and not complete the rest of this form. If you answered "yes," provide the name next question.) If each person or organization you are representing: |
| Are you being paid for your representat | ion? |
| Are you appearing as part of your other | paid duties for this person or organization? Yes No d not complete the rest of this form. If you answered "yes," go on to the next |
| Information Hea | (Common Council)5 minutes aring |

| | | cted official or employee ental body? | who is appeari | ng solely on behalf of your office or for y | our municipality or No |
|---|----------------------|--|--|---|------------------------------|
| (If you o | answere m. If you | ed "yes" to the question, a a answered "no" to the q | STOP. You nee uestion, go on t | d not complete the rest of this form, except to the next question.) | t that you must sign |
| If you a that: | are bein | g paid for your represen | tation, or if you | ar appearance is part of other paid duties | , please be advised |
| | 1. | Before you engage in low with the City Clerk. | bbying as a lob | oyist, you or your principal must file an a | uthorization |
| | 2. | Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. | | | |
| | | If your principal spends period (half year), the premainder of the calendar | principal must | re than \$1,000 for lobbying services in ar file expense statements with the City C | ny reporting lerk 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 _ | 9/2 | 7/12 | Signature Print Name | go Vukelik To Vukelict | |

Date: 2/27/12



DO NOT WISH TO SPEAK FORM

| Registration Statement | - Common Council |
|---|--|
| Please Print | PLEASE PRINT NAME CLEARLY |
| Agenda No. | Name Duttory Yours Address 3135 View kb Wodison, W. 5374 |
| Please check one: | AND Please check: |
| Support Oppose Neither Support Nor O | Do not wish to speak |
| (If you answered "no," STOP ; you need no of who you represent and go on to the next | ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the nam question.) Such person or organization you are representing: |
| 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.) | |
| Information Hearin | mmon Council)5 minutes g3 minutes3 minutes |

| Are you an elother governr | 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 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. 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 | |





| Registration Statement - | Common Council COMMITTEE |
|---|--|
| Please Print Agenda No | PLEASE PRINT NAME CLEARLY Name Tina Trevino-Murphy Address 743 Williams St Apt F |
| Please check one: | AND Please check: |
| Support | Do not wish to speak |
| Oppose | |
| Neither Support Nor Op | pose |
| of who you represent and go on to the next of | ot 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 paid | |
| Information Hearing | mmon Council)5 minutes g3 minutes3 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? | |
|---|---|--|
| | 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 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? | | |
| | 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: 9/27/12

DO NOT WISH TO SPEAK FORM

| Registrati | on Statement - | Common C | ouncil | |
|--------------------------|---|--|--|----------------------------------|
| Please Print | | | PRINT NAME CLEARLY | |
| Agenda No. | 4 | NameAddress | Pich MARX | |
| Please check or | ne: | AND | Please check: | |
| Support Oppose Neither S | upport Nor Op | pose | Do not wish to sp | peak |
| of who you represent of | " STOP; you need not and go on to the next que on to the next que of each | t complete the rest of ruestion.) h person or organiza | n other than yourself: Yes of this form. If you answered "yes," preation you are representing: | ☑ No rovide the name |
| question.) | part of your other paid "STOP; you need not | complete the rest of | of this form. If you answered "yes," go | ☐ No ☐ No o on to the next |
| Speaking Limits: | Public Hearing (Com Information 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? | | |
|---|---|--|
| | 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: | 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 | |





| Registrat | | Common Co | uncil | | AND THE RESERVE OF THE PARTY OF |
|---|---|-------------------------------|---|-----------------------|--|
| Please Print Agenda No. | | | PRINT NAME CLEA Lizabeth Lente 13 N. Blair S Madison, WI | IRLY | |
| Please check o | ne: | AND | Please checl | k: | |
| Support | | | Do not | wish to s | speak |
| Oppose | | | | | |
| Neither S | Support Nor Oppo | ose | | | |
| (If you answered "no of who you represent | ou representing an organize," STOP; you need not contained and go on to the next question of each p | omplete the rest o stion.) | f this form. If you answ | | No provide the name |
| | or your representation? | | | Yes | □ No |
| | part of your other paid du, "STOP; you need not co | | | ☐ Yes vered "yes," | No go on to the next |
| Speaking Limits: | Public Hearing (Commo Information 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? | | | |
|---|---|--|--|
| | (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) | | |
| If you are 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: | |
|-------|--|
| | |
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| Registration Stateme | ent - Common Co | uncil |
|--|---|---|
| Please Print Agenda No. 1, 2, 3 4 | PLEASE F Name Address | PRINT NAME CLEARLY DAROLA DOS CRYSTA LANC |
| Please check one: | AND | Please check: |
| Support | | Do not wish to speak |
| Oppose | | |
| Neither Support Nor | Oppose | |
| At this meeting are you representing as (If you answered "no," STOP; you ne of who you represent and go on to the Name, address and telephone number of the state | ed not complete the rest of next question.) | this form. If you answered "yes," provide the name |
| | | |
| Are you being paid for your representa | ation? | ☐ Yes ☐ No |
| Are you appearing as part of your othe (If you answered "no," STOP ; you nequestion.) | | or organization? Yes No this form. If you answered "yes," go on to the next |
| Information He | (Common Council)5 m earing3 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? | | |
|---|---|--|
| (If you answe this form. If y | 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 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: 4/27/12



DO NOT WISH TO SPEAK FORM

| Registration Statement - | Common Council COMMITTEE |
|---|--|
| Please Print | PLEASE PRINT NAME CLEARLY |
| Agenda No. | Name Gretchen Lowe Address |
| Please check one: | AND Please check: |
| Support | Do not wish to speak |
| Oppose | |
| 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 | ot complete the rest of this form. If you answered "yes," provide the name |
| | ch person or organization you are representing: |
| 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.) | I duties for this person or organization? Yes No of to the next of this form. If you answered "yes," go on to the next |
| Information Hearing | nmon Council)5 minutes 3 minutes 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 | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | |
| If you are be 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. | | |
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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: 9/27/2012



DO NOT WISH TO SPEAK FORM

| Registration Statement - | Common Council COMMITTEE |
|--|---|
| Please Print Agenda No. Items 1-4 | PLEASE PRINT NAME CLEARLY Name MARK HORY Address 523 MARE Ave MANGON WI |
| Please check one: | AND Please check: |
| Support | Do not wish to speak |
| Oppose | |
| Neither Support Nor O | pose |
| 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 | Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Are you appearing as part of your other pair (If you answered "no," STOP ; you need no question.) | d duties for this person or organization? Yes No No ot complete the rest of this form. If you answered "yes," go on to the next |
| Information Hearing | mmon Council)5 minutes g3 minutes3 minutes |

| | n elected official or employernmental body? | ee who is appea | ring solely on beha | alf of your offic | e or for your i | municipality or ☐ No |
|---------------------|---|----------------------|---------------------|-------------------------|-----------------|-------------------------|
| | swered "yes" to the question If you answered "no" to the | | - | | rm, except tha | t you must sign |
| If you are that: | being paid for your represe | entation, or if y | our appearance is | part of other pa | aid duties, ple | ase be advised |
| 1. | Before you engage in l with the City Clerk. | obbying as a lo | bbyist, you or you | r principal must | file an author | rization |
| 2. | Your principal is not p City Clerk. | permitted to aut | horize you to lobb | y unless you ar | e registered w | vith the |
| 3. | If your principal spend period (half year), the remainder of the calend | principal must | · | | • | - |
| | o to the City Clerk's webs of the City-County Building, | | | <u>/index.html</u> or { | go to the Cle | erk's Office at |
| Date | 127/2012 | Signature Print Name | Man G | MAI MAI | RK Ho | RN |



Date: $\frac{9}{27}/\lambda$

DO NOT WISH TO SPEAK FORM

| Registration Statement - | Common Cou | ıncil |
|--|--------------------------------------|--|
| Please Print | PLEASE P | RINT NAME CLEARLY |
| Agenda No. | Name | Jevin Gundlack Madam, WI |
| Please check one: | AND | Please check: |
| Support | | Do not wish to speak |
| Oppose | | |
| 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 South Central | ot complete the rest of a question.) | this form. If you answered "yes," provide the name |
| Madison, W: | ŧ. | |
| 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.) | | or organization? |
| Information Hearing | mmon Council)5 m g3 m 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? | | | | |
|---|---|--|--|--|
| (If you answe this form. If yo | 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 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. | 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 | 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 | | | |



| Registratio | on Statement - | Common Committee | ouncil | , |
|--|--|----------------------------------|---|--|
| Please Print Agenda No. | h account to | PLEASE Name Address | PRINT NAME CLEA Shannon 4409 W Madrson | ARLY Havey hite Aspen LUISITUM |
| Please check one Support Oppose Neither Su | e: / pport Nor Op | AND | Please chec | k: wish to speak |
| At this meeting are you (If you answered "no," of who you represent an Name, address and telep | STOP; you need not and go on to the next q | t complete the rest of uestion.) | f this form. If you answ | ☐ Yes ☐ No vered "yes," provide the name |
| Are you being paid for y Are you appearing as pa (If you answered "no," question.) | art of your other paid | ~ | _ | ☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the next |
| I | Public Hearing (Com Information 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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | |
| If you are be that: | eing 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. | | |
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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: | 2 | 7- | 2012 |
|-------|------|----|------|
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| Registrat | ion Statement | COMMITTEE | ouncil | | |
|---|--|--|---|-------------------------------------|------------------------------------|
| Please Print Agenda No. 278 | 773, 27819, | PLEASE Name Address | PRINT NAME CLE John Lith 1230 Will Madison | Hejohn | . # z |
| Please check o | ne: | AND | Please chec | ek: | |
| Support | | | Do not | wish to spe | ak |
| Oppose | | | | | |
| At this meeting are yo (If you answered "no, of who you represent | ou representing an organ " STOP; you need not and go on to the next que dephone number of each | ization or a person complete the rest o | f this form. If you answ | vered "yes," prov |] ['] No vide the name |
| | r your representation? part of your other paid of "STOP; you need not of | | | ☐ Yes ☐ Yes wered "yes," go o | No No on to the next |
| Speaking Limits: | Public Hearing (Comn Information Hearing Other Items | 3 | minutes | | |

| Are you an ele | | appearing solely on behalf of your | office or for your municipality or Yes No |
|-----------------------|--|--|--|
| | ed "yes" to the question, STOP. ou answered "no" to the question | You need not complete the rest of the go on to the next question.) | is form, except that you must sign |
| If you are beir that: | ng paid for your representation, | or if your appearance is part of oth | er paid duties, please be advised |
| 1. | Before you engage in lobbying with the City Clerk. | s a lobbyist, 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? | | |
| | the City Clerk's website <u>www</u> ne City-County Building, Madison | cityofmadison.com/clerk/index.html for more information.) | or go to the Clerk's Office at |
| Date 9 | 27-7017 Signat | re Jon | Atted |
| | Print N | ame Norm Litt | tejohi |



| Date: |
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| |

CITY OF MADISON

DO NOT WISH TO SPEAK FORM

| | CITY OF WIADISON |
|---|---|
| Registration Statement - | Common Council COMMITTEE |
| Please Print | PLEASE PRINT NAME CLEARLY |
| Agenda No. | Name Kirard LOCPEN Address 343 Richard 5T WAdson, WI |
| Please check one: | AND Please check: |
| Support | Do not 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 | t complete the rest of this form. If you answered "yes," provide the name |
| Name, address and telephone number of each | h person or organization you are representing: |
| | |
| 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 |

(SEE BACK)

Public Hearing (Common Council)5 minutes Information Hearing3 minutes Other Items3 minutes

Speaking Limits:

| 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 y | 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 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 | 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: 9/27//2

DO NOT WISH TO SPEAK FORM

| Registrati | on Statement | Common C | ouncil | | |
|---|--|---|-----------------------------------|--------------------------------|-----------------------------------|
| Please Print 2747 Agenda No. 2781 2782 | | PLEASE Name _ Address _ | PRINT NAME CLE Marilyn Fr 2353 We | ARLY EACH | n Ace |
| Please check of Support Oppose | ne: upport Nor Opj | AND | Please chec | ck: t wish to s | speak |
| At this meeting are you (If you answered "no, of who you represent of | ou representing an organ "STOP; you need not and go on to the next que ephone number of each | nization or a person complete the rest o | of this form. If you answ | wered "yes," | No provide the name |
| (If you answered "no, question.) | part of your other paid on " STOP; you need not | complete the rest of | of this form. If you ans | ☐ Yes ☐ Yes wered "yes," | ☐ No ☐ No go on to the next |
| Speaking Limits: | Public Hearing (Comr Information 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? | | |
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| (If you answer this form. If yo | 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 beinthat: | ng 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? | |
| | 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 | |



CITY OF MADISON

| Registra | tion Statement - | Common Co | ouncil | | |
|--|--|--------------------------------------|---|---|-----|
| Agenda No. 27 | 773 730 7831 | Name | PRINT NAME CLE OUVE F 1706 Sc Madjedy. | 1801 | |
| Please check of | one: | AND | Please che | ck: | |
| Support Oppose | | | Do no | t wish to speak | |
| 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 | t complete the rest of question.) | f this form. If you ans | ☐ Yes ☐ No swered "yes," provide the na ting: | me |
| Are you being paid for | or your representation? | | | ☐ Yes ☐ No | |
| | part of your other paid," STOP; you need no. | - | • | ☐ Yes ☐ No swered "yes," go on to the ne | ext |
| Speaking Limits: | Public Hearing (Com Information Hearing Other Items | 3 1 | ninutes | | |

(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? | | |
|---|---|--|
| | 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 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. | |
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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 | |
| | Print Name | |



| Date: | |
|-------|--|
| | |

DO NOT WISH TO SPEAK FORM

| Registrat | tion Statement - | Common Cou | ncil | |
|-------------------------|---|-----------------------------------|---|--|
| Please Print Agenda No | 713 | PLEASE P | RINT NAME CLEAF NA POLANJRY OF WWW CO | RLY MAURIL PART VI : 5333 Z |
| Please check of Support | one: | AND | Please check Do not w | : vish to speak |
| ☐ Oppose ☐ Neither S | Support Nor Op | pose | / | |
| (If you answered "no | ou representing an orga o, " STOP; you need no and go on to the next q | t complete the rest of t | | Yes No No red "yes," provide the name |
| Name, address and te | elephone number of eac | h person or organization | on you are representing | g. |
| | | | | |
| Are you being paid for | or your representation? | | | ☐ Yes ☐ No |
| | part of your other paid," STOP; you need not | | | Yes No No red "yes," go on to the next |
| Speaking Limits: | Information Hearing | nmon Council)5 mi 3 mi 3 mi | nutes | |

| Are you other gov | an elec vernme | eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? |
|------------------------|---------------------|--|
| (If you a this form | nswere 1. If you | d "yes" to the question, STOP. 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: | 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. |
| 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 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 | 09/2 | Signature Taxa Clarify Mariet Print Name TAWA PORANCKY MAUNER |



| Date: | |
|-------|--|
| | |

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

| Registrati | on Statement | Common C | Council | | |
|--|---|-------------------------------|---|---------------------------|------------------------|
| Please Print Agenda No. 277 | 13 | Name | PRINT NAME CLE Douglas Peterso 619 E Johnson Mudisin | 71 | |
| Please check or | ie: | AND | Please che | ck: | |
| Support | | | Do no | t wish to spe | ak |
| Oppose | | | | | |
| Neither S | upport Nor Opp | ose | | | |
| (If you answered "no, of who you represent a | a representing an organi "STOP; you need not cond go on to the next que ephone number of each | complete the rest estion.) | of this form. If you ans | wered "yes," prov | No vide the name |
| Are you being paid for | • | | | ☐ Yes ☐ |] No |
| | art of your other paid do' 'STOP; you need not c | | | Yes swered "yes," go o |] No on to the next |
| Speaking Limits: | Public Hearing (Comm Information Hearing Other Items | | 3 minutes | | |

(SEE BACK)

| 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 | 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 be that: | 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 | | |
| | Print Name | | |



Date: 9-27-/2

DO NOT WISH TO SPEAK FORM

| Registration Statemen | | ıncil |
|--|--|---|
| Please Print | COMMITTEE | |
| 1 Todas Time | PLEASE P | RINT NAME CLEARLY |
| И | Name | Lara Mainella |
| Agenda No | — Address | 210 MCKTR |
| | | Room 401 |
| Please check one: | AND | Please check: |
| Support | | Do not wish to speak |
| Oppose | | |
| Neither Support Nor | Oppose | |
| At this meeting are you representing an (If you answered "no," STOP; you need of who you represent and go on to the no Name, address and telephone number of | d not complete the rest of t ext question.) | his form. If you answered "yes," provide the name |
| | , | |
| | | |
| Are you being paid for your representation | on? | ☐ Yes ☐ No |
| Are you appearing as part of your other if (If you answered "no," STOP; you need question.) | | or organization? |
| Information Hear | Common Council)5 mi ring | nutes |

| 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 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 | Signature | | |
| | Print Name | | |

Date: 09/27/20/2



DO NOT WISH TO SPEAK FORM

| Registration | on Statement | COMMITTEE | uncil | | |
|---|---|--|--|------------------|-----------------------|
| Please Print | | PLEASE P | RINT NAME CLE | | |
| Agenda No | | Name / Address / | 14309 Pop | lar Ave | , |
| Please check or | ie: | AND | Please che | ck: | |
| Support | | | Do no | t wish to spe | eak |
| Oppose | | | | | |
| Neither S | upport Nor Op | pose | | | |
| At this meeting are yo (If you answered "no, of who you represent of what was address and telement and the second | " STOP; you need not and go on to the next q | t complete the rest of uestion.) | this form. If you ans | wered "yes," pro | √No ovide the name |
| Are you being paid for Are you appearing as I (If you answered "no, question.) | part of your other paid | duties for this persor t complete the rest of | n or organization? Tthis form. If you and | | No No on to the next |
| Speaking Limits: | Public Hearing (Com Information Hearing Other Items | 3 n | ninutes | | |

| | 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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | |
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| Date | Signature | | |
| | Print Name | | |

| A SECTION |
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| TIEST |
| Madison |

| | 0/27 | |
|-------|------|---|
| Date: | 7/47 | |
| | | _ |

DO NOT WISH TO SPEAK FORM

| Registrati | on Statement | COMMITTEE | ouncil | | | |
|--|--|--------------------------------|----------------|------------------------------|-----------------------|--|
| Please Print Agenda No. | 1,3,4 | | | NE CLEARL NEWBY UPLAND | | |
| Please check of Support | ne: | AND | Plea | nse check: Do not wi | sh to s | peak |
| ☐ 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 qu | complete the rest uestion.) | of this form. | If you answere | | No provide the name |
| Name, address and tel | ephone number of each | n person or organiz | zation you are | e representing: | | |
| Are you being paid for | • | | | | Yes | ⊠.No |
| | part of your other paid "STOP; you need not | | | | _] Yes ed "yes," . | $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ |
| Speaking Limits: | Public Hearing (Communication Hearing Other Items | | 3 minutes | | | |

| 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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | | |
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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 | | | |



| DO | MOT | MICH | TO | CDEV | K | FORM |
|----|-----|------|----|------|---|------|

Date: _____

| Registrati | ion Statement | Common Co | ouncil | |
|-----------------------|--|----------------------|---|--|
| Please Print | | PLEASE | PRINT NAME CLE | ARLY |
| Agenda No. | | NameAddress | Eileen 4446 Hill Madisan | Curtis crest Dr #5 |
| Please check of | ne: | AND | Please chec | ek: |
| Support | | | Do not | wish to speak |
| Oppose | | | | |
| Neither S | upport Nor Op | pose | | |
| (If you answered "no, | ou representing an organ " STOP; you need not and go on to the next q | complete the rest o | other than yourself: f this form. If you ans | √Yes ☐ No wered "yes," provide the name |
| Name, address and tel | lephone number of each | n person or organiza | tion you are represent | ing: |
| MTI | Modi | son T | eacher | 1 1nc- |
| | | | | |
| Are you being paid fo | r your representation? | | | ☐ Yes ☑ No |
| | part of your other paid "STOP; you need not | | | Yes No wered "yes," go on to the nex |
| Speaking Limits: | Public Hearing (Com Information 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? | | | |
|-------------------------------|--|--|--|--|
| (If you answ this form. If | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | | |
| If you are both | eing 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 oj | 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: $\frac{9/27/12}{}$

DO NOT WISH TO SPEAK FORM

| Registrati | on Statement - | Common Co | ouncil | | |
|--|---|-------------------------------------|-------------------------|--------------------------|---|
| Please Print | | COMMINITIEE | | | |
| | | PLEASE | PRINT NAME CLE | ARLY | |
| Agenda No | | Name _ Address _ | Megan Mill 1722 E.D | les Daytons | 1. |
| | | | Madisen, L | <u>15 33</u> | <u> 20'3 </u> |
| Please check or | ne: | AND | Please che | ck: | |
| Support | · | | Do no | t wish to sp | peak |
| Oppose | ø. | | / | | |
| Neither S | upport Nor Op | pose | | | |
| At this meeting are yo (If you answered "no, of who you represent of whom, address and telements and telements are your represent of the second secon | " STOP; you need no and go on to the next of | t complete the rest o question.) | f this form. If you ans | | No rovide the name |
| | | | | | |
| Are you being paid for | r your representation? | | | Yes | ☐ No |
| Are you appearing as j (If you answered "no, question.) | | _ | _ | ☐ Yes swered "yes," g | ☐ No go on to the next |
| Speaking Limits: | Public Hearing (Con Information Hearing Other Items | 3 | minutes | | |

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| Date | Signature | | | |
| | Print Name | | | |