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WISH TO SPEAK FORM

Registration Statement -	Common (Council
	COMMITTEE	
Please Print	D. = 40	- DOINT MARKE OF EADLY
	PLEAS	E PRINT NAME CLEARLY
	Name	Ayhan Atis
Agenda No/ O	Address	Cly wast shore prive
		MADISON WISCONSINI
Rive	<u> </u>	53713
Please check one:	AND	Please check:
Support	:	Wish to Speak
Oppose		
Neither Support Nor Opp	2000	
Neither Support Nor Opp	pose	
of who you represent and go on to the next que Name, address and telephone number of each	complete the resi uestion.)	of this form. If you answered "yes," provide the name
547 St. Street		wer WI
177 A7	10000	
53+05		
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 per complete the rest	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 minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of other governmental body? Yes No			
, , ,	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
If you are be 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.		
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3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.		
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)		
T			
Date	Signature		
	Print Name		



Date:	•
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WISH TO SPEAK FORM

Registration Statement -		<u> Council</u>
	COMMITTEE	
Please Print	DI EASI	E PRINT NAME CLEARLY
	Name	BRIAN MUNSON
Agenda No	Address	120 FAST LAKESIDE ST.
	,	MADISON, WI
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	nose	
support to op	Post	
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 quality Name, address and telephone number of each COLE CAMUS LLC. 2234 WEST NORTH ANDRESS	t complete the rest ruestion.) h person or organiz	of this form. If you answered "yes," provide the name
CHICAGO. ILLINOIS	(773)	227-2850
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.)		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

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	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, STOP. 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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	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 Aug	Print Name BRAN MUNSON



Date:	

WISH TO SPEAK FORM

Registi	ration Statement -	Common Co	ouncil		
Please Print Agenda No.	Ho	• •	PRINT NAME BOOPH 224 W	CLEARLY WHUNCU HURON 460 M	CH ST 60652
Please check	one:	AND	Please c	heck:	•
Suppor Oppose	•	:	W W	ish to Spea	k
At this meeting are (If you answered "r	Support Nor Opp you representing an organ no," STOP; you need not on that and go on to the next qu	nization or a person of complete the rest of	other than yourse this form. If you	lf: Yes answered "yes,"	☐ No " provide the name
Name, address and	telephone number of each	person or organizati	on you are repres	senting:	
				<u> </u>	
Are you being paid:	for your representation?			Yes	No
Are you appearing a (If you answered "n question.)	s part of your other paid do," STOP; you need not c	uties for this person complete the rest of	or organization? this form. If you o	Yes answered "yes,"	☐ No 'go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3 m	inutes		

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.)
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Room 103 of t	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.) Signature Print Name Print Name



Date:	•
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WISH TO SPEAK FORM

Registration Statement -	
	COMMITTEE
Agenda No.	PLEASE PRINT NAME CLEARLY Name Edward Shinnick Address 425 N FRENCES 5 Madisan W. 53703
Please check one:	AND Please check:
Support	Wish to Speak
Oppose	
Neither Support Nor Opp	pose
(If you answered "no," STOP; you need not of who you represent and go on to the next question. Name, address and telephone number of each	anization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the name question.) The person or organization you are representing: Madyon 2563/
	-
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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 the next complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	nmon Council)5 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, 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: 8/6/13

WISH TO SPEAK FORM

Registra	tion Statement	Common C	ouncil		
Please Print		•			
		PLEASE	PRINT NAME	CLEARLY	ন
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Agenda No. 📗 🔱		Address _	to be	Noter	mined
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Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no	you representing an orga o," STOP; you need not t and go on to the next q	complete the rest of	n other than yours	elf: [] Yes u answered "yes, '	No "provide the name
Name, address and to	elephone number of eacl	h person or organiz	ation you are repr	esenting:	
		(•	- .	ğ
Are you being paid f	or your representation?		, ' -	Yes	No
Are you appearing as (If you answered "no question.)	s part of your other paid o, "STOP; you need not	duties for this perso complete the rest of	on or organization of this form. If you	n? ☐ Yes ų answered "yes,'	
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes	уманичного	

	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, 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: 8/6/13

WISH TO SPEAK FORM

Registration Statement -	Common (<u>Council</u>
	COMMITTEE	
Please Print	• .	
	PLEAS	E PRINT NAME CLEARLY
	Name	Fleanor Lewis
Agenda No.	A ddress	
	Address	BI4 E. Wardington Ave # Z Mardieson, WI 33703
		Man 201 MI 2010
Please check one:	AND	Please check:
Support	;	Wish to Speak
Oppose		
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 q	t complete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organiz	cation you are representing:
Hiromis 347 State	Street	
(608)33337Ed 756 0	900	
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.)		on or organization? Yes No No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items	3	minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
(If you this for	answer rm. If yo	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 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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(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 the City-County Building, Madison, for more information.)
Date _	8/6/	Signature Gleanor F. Lor Print Name Eleanor Lews



Date: 86/12

WISH TO SPEAK FORM

Regist	ration Statement -	Common Co	ouncil		
	m t	COMMITTEE		e ^s -	
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	,	Name	Mary	Devices	
Agenda No. 📗)	Address (30 N. F	FLO MIN E	Col
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oj wno you represe	nt and go on to the next q	uestion.)	•		
Name, address and	telephone number of each	person or organizat	ion you are represe	enting:	
				<u> </u>	
	•			-	
Are you being paid	for your representation?			☐ Yes	No
Are you appearing a	as part of your other paid o	luties for this person	or organization?	☐ Yes ☐	No.
(If you answered "r question.)	no," STOP; you need not	complete the rest of	this form. If you ar	rswered "yes," go oi	n to the next
•					
Speaking Limits:	Public Hearing (Comn Information Hearing				
	Other Items				•

other g	overnme	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you this for	answere m. 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.)
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Date _		Signature Print Name VAS VIV



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Regist	ration Statement -	Common Co	uncil		
		COMMITTEE			Maria Caracteristics of the Caracteristics o
Please Print				P. A P. I . I	
		PLEASE	PRINT NAME CL	EARLY	100
	10	Name	Javia_	Crinc	NOU
Agenda No		Address	2376 W	lest La	wa A
			Madiso	N 537	71) '
Please check	one:	AND	Please che	eck:	
Suppor	rt	,	Do no	ot wish to spe	eak
Oppose	· •				
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	Support Tor Opp	.05€			
(If you answered "; of who you represe;	you representing an organing, "STOP; you need not cont and go on to the next questelephone number of each page	complete the rest of the sestion.)	his form. If you ans	wered "yes," prov	No wide the name
and and the second	totophone number of each p	Serson of organization	ni you are represent	шg.	
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		,			
Are you being paid t	for your representation?			Yes	No
Are you appearing a If you answered "n uestion.)	s part of your other paid du o, " STOP; you need not co	ties for this person o complete the rest of th	r organization? is form. If you answ		No n to the next
peaking Limits:	Public Hearing (Commo Information Hearing Other Items	3 min	utes		

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, 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 to Room 103 of	o 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
Date	Print Name



Date:	
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DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	COMMITTEE	ouncil
Please Print		
Agenda No	NameAddress	PRINT NAME CLEARLY Gail Miller 1813 Rowley AY Madison W, 5372
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 que Name, address and telephone number of each	complete the rest of uestion.)	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 of (If you answered "no," STOP; you need not question.)		n or organization? Yes No Yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3 n	ninutes

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		ected official or emploental body?	yee who is appearing	g solely on behalf of your office or for your municipality or Yes 🔀 No	
(If you	u answer orm. If yo	ed "yes" to the questi u answered "no" to th	on, STOP. You need he question, go on to	not complete the rest of this form, except that you must sign the next question.)	
If you that:	are bei	ng paid for your repre	esentation, or if your	appearance is part of other paid duties, please be advised	
	1.	Before you engage in with the City Clerk.	n lobbying as a lobby	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.	Your principal must calendar year regardl		ents with the City Clerk for the remainder of the ent on lobbying.	
		the City Clerk's we he City-County Buildin		<u>dison.com/clerk/index.html</u> or go to the Clerk's Office at e information.)	
Date _	81	6/13	Signature _	Gail Miller	
			Print Name	Gail Miller	





AVAILABLE TO ANSWER QUESTIONS FORM

Registra	ation Statement -	Common Co	uncil		-
		PLEASE P	RINT CLEARLY		
Agenda No	10	Name Address	Ton HAR PO BOY Change	140	
Please check	one:	AND	Please che	•	
Support Oppose	<u>.</u>		Availa questic	ble to answer	
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Are you being paid	for your representation?			∠Yes □ No	
	as part of your other paid to," STOP; you need no			∠ Yes ☐ No wered "yes," go on to t	the next
Speaking Limits:	Information Hearing	nmon Council)5 m 3 m	inutes		

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, 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 <u> </u>	Signature 2 TM Print Name Ton Harring TO

Date:	8.Ca	13	,
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AVAILABLE TO ANSWER QUESTIONS FORM

Registrat	tion Statement -	Common Coul	ncil		_
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Please check of	one:	AND	Please check:	•	
Support Oppose			Available questions	e to answer	
	Support Nor Op	pose			
(If you answered "no of who you represent	you representing an orga o, " STOP; you need now t and go on to the next q elephone number of eac	t complete the rest of the vuestion.)	is form. If you answer		
Are you being paid f	or your representation?			Yes ∐ N	lo
Are you appearing as (If you answered "no question.)	s part of your other paid o, " STOP; you need no	duties for this person of the complete the rest of the		Yes Nred "yes," go on	
Speaking Limits:		nmon Council)5 min 3 min			

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes Your Monthson or the solely of the solely of the solely of the solely or the
	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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Room 103 of ti	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information. Signature
	Print Name PETF LEVINO

Date: 8/6/13



AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Co	uncil		
Agenda No	7		PRINT CLEARLY STIAN Neswe Typicis & St		
Please check	one:	AND	Please che	eck:	
Support	· ,		Availa	ible to answer	
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Are you being paid	for your representation?			Yes Y	√ √
Are you appearing a (If you answered "n question.)	ns part of your other paid no, " STOP; you need no	I duties for this persor t complete the rest of	n or organization? This form. If you an	Yes Yes swered "yes," go on	
Speaking Limits:		nmon Council)5 n	ninutes		

	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, 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.)			
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(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 Z	3/0/	Signature L. No. Print Name Brian Newwords			
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Date: _	
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AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Co	uncil		-
Agenda No		PLEASE F Name Address	PINT CLEARLY MUTC 1941	Bhr Wolcett De	
Please check of	one:	AND	Please che	ck:	
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Are you being paid f	for your representation?			Yes No	
Are you appearing a (If you answered "naquestion.)	s part of your other paid o, " STOP; you need no	d duties for this person at complete the rest of	or organization? this form. If you ans	Yes No wered "yes," go on to	the next
Speaking Limits:		nmon Council)5 n			

	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, 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 ar that:	re bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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Date	8	Signature Print Name MARCLI ISH		



Date: 8/6/13 AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Cou	ıncil	ALL PROPERTY OF THE PROPERTY O
Agenda No.		•	RINT CLEARLY Brad Mullins FOI N- Carroll St-	
Please check	one:	AND	Please check:	
Support	,		Available to answer	*
Oppose			questions	
Neither	Support Nor Op	pose		
(If you answered "n of who you represen	no," STOP; you need not nt and go on to the next q	t complete the rest of t question.)	ther than yourself: Yes Nothis form. If you answered "yes," provide on you are representing:	o the name
Are you being paid	for your representation?		☐ Yes ☐ No	0
Are you appearing a (If you answered "n question.)	is part of your other paid to," STOP; you need not	duties for this person t complete the rest of i	or organization?	
Speaking Limits:	Information Hearing.	nmon Council)5 m 3 m 3 m	inutes	

		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, 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 _	4	Signature Rus White