



WISH TO SPEAK FORM

Registration Statement -	Common C	Council	400 Carl Ann Carl Carl Carl Carl Carl Carl Carl Carl
ni n'	COMMITTEE		
Please Print	PLEASI	E PRINT NA	ME CLEARLY
B	Name	CHRISTOPH	er cost
Agenda No. <u>Ø</u>	Address	5540 SC	LTEN CT.
		WESTPORT	, wt 63697
Please check one:	AND	Plea	se check:
Support		X	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	t complete the rest		
Name, address and telephone number of eac	h person or organi	ization you are	representing:
GEGLAROT DOVELDRIMENT			
222 NORTH STREET			
MADISON, WI 53719			
Are you being paid for your representation?			Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this per tress	rson or organize to f this form.	zation? Yes No If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	***************************************	.3 minutes	

Are you an el other governr	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
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go to Room 103 of	o the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.) Till Signature
	Print Name CUMIS TOPHER Gos H



Date: 4-17-12

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil
Please Print		PRINT NAME CLEARLY
Agenda No. 8- Gebhardt	Name Address	David Waugh 1213 East Mifflin Madison W
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		,
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	complete the rest uestion.)	of this form. If you answered "yes," provide the name
	· .	
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		son 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

	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.)	
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(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	Signature Print Name David Way	

Date: 4/17/12



AVAILABLE TO ANSWER QUESTIONS FORM

Registrati	on Statement -	Common C	ouncil		
J		COMMITTEE			
		PLEASE	PRINT CLEARLY	· .	
· .	,	Name	Angela t	Sack	ت.
Agenda No.		Address	2013 Rus	< S>	
			Madi38r	\	
Please check of	ne:	AND	Please chec	ek:	
Support			Availal	ble to ans	swer
Oppose			questic	ns	
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent of who you represent of Name, address and tell	and go on to the next q	complete the rest uestion.) h person or organiz	on other than yourself: of this form. If you answer zation you are represent	·	∐No provide the name
Are you being paid for Are you appearing as (If you answered "no, question.)	part of your other paid		son or organization? of this form. If you ans	Yes Yes wered "yes,"	□ No □ No ' go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	3 minutes		

ficial or employee who is appearing solely on behalf of your office or for your municipality or ody?		
" to the question, STOP. You need not complete the rest of this form, except that you must size ered "no" to the question, go on to the next question.)		
for your representation, or if your appearance is part of other paid duties, please be advised		
e you engage in lobbying as a lobbyist, you or your principal must file an authorization ne City Clerk.		
principal is not permitted to authorize you to lobby unless you are registered with the lerk.		
r principal spends or will owe more than \$1,000 for lobbying services in any reporting (half year), the principal must file expense statements with the City Clerk for the oder 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.)		
Signature Role Back Print Name Meela Black		

Date: 4/17/12



AVAILABLE TO ANSWER QUESTIONS FORM

Registra	ition Statement -	Common Cou	ncil	· · · · · · · · · · · · · · · · · · ·	
•		COMMITTEE			
		PLEASE PR	RINT CLEARLY		
		Name	40 Gebl	nardt	
Agenda No.)	Address 2	27 NOV	th Street	
		1/	radison		
			, 0.0.		
Please check	one:	AND	Please chec	ck:	
Support			Avoilal	ble to answer	
Support	•				
Oppose			questio)112	
Neither	Support Nor Op	pose			
(If you answered "no of who you represent Name, address and	you representing an organo," STOP ; you need not and go on to the next of telephone number of each and the property of the pr	et complete the rest of the question.) The person or organization	his form. If you answon you are represent	☐Yes ☐ No wered "yes," provide the ing:	name
Are you being paid	for your representation?			Yes No	
	s part of your other paid o," STOP; you need no			☐ Yes ☑ No wered "yes," go on to th	e next
Speaking Limits:	Information Hearing	nmon Council)5 mi 3 mi 3 mi	nutes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
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Date	7/17 Signature / White Office Character Print Name of to Gellar at