

Date:	- management	10-1	2

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil		
Please Print		E PRINT NA	ME CLEARLY	b
Agenda No.	Name Address (Alysso 504 Bni Wate	Hellenbra de wood (n Aony, WI	nd-Best 53094
Please check one:	AND	Plea	ase check:	
Support Oppose			Wish to Speal	k
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 quality Name, address and telephone number of each	t complete the rest question.)	of this form.	If you answered "yes,	No " provide the name
	·			
Are you being paid for your representation?			☐ Yes	☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)				☐ No " 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?		
	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?		
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date: 7/17/26/2

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil		
Please Print		: PRINT NAM	IE CLEARLY	
Agenda No	Name Address	Decel 118 MADI	Lean A	se. 53709
Please check one:	AND	Pleas	se check:	
Support			Wish to Speak	
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP ; you need no of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest question.)	of this form. If	you answered "yes," prov	No ide the name
			Δ.	
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.)	l duties for this per t complete the rest	son or organiza of this form. If	tion? Yes You answered "yes," go o	No on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes		

	NEGOTIATION OTT EMERIT THE E		
Are you an ele other governme	cted official or employee who is appearing solely on behalf of your office or for your mynicipality or ental body?		
(If you answere this form. 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.)		
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(Please go to Room 103 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date	Signature Print Name		



Date: 7-17-12

WISH TO SPEAK FORM

Registration Statemen	t - Common C	Council
Please Print Agenda No. 39	PLEAS Name — Address	EPRINT NAME CLEARLY KOSEMARY LEE UI W WILSON #108 53703
Please check one:	AND	Please check:
Support		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 not not not address and telephone number of	d not complete the rest ext question.)	of this form. If you answered "yes," fro lide the name
	:	
Are you being paid for your representati	on?	Yes No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Information Hea	Common Council)	3 minutes

Are you an e other governs	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.)		
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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3.	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.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: _	71	CONTRACTOR	7-1	· ·	2	•

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 39	Name Address	Refecca Buell 1315 W. Dayton St, Apt 10 Madison, WI 53715
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each Associated Students	t complete the rest question.) h person or organiz	of this form. If you answered "yes," provide the name zation you are representing:
333 East Campus		
Madison, WI 5370	6	
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.)		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 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.)		
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Date	H117/12 Signature Rebecca BNEN		



Date:	7	17	1/2	

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 39	Name _ Address _	Jamie Nicole Wheeler 116 E. Gorham St. Apt D Madison, W153703
Please check one:	AND	Please check:
Support Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.) th person or organiz	of this form. If you answered "yes," provide the name
ASM (Associated Students of Student Council	M(accident)	
333 E. Coempus Hall		
Madison, WI 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.)		on or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	; <u>.</u>	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.)	
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Date 7	Fint Name Jamie W. Wheeler	



Date: 17 July 1/2

WISH TO SPEAK FORM

Registration Statement -		ouncil
Please Print	COMMITTEE	
<u>ricase rimi</u>	PLEASE	PRINT NAME CLEARLY
Agenda No	Name Address	Lang Lyotonson, - 1210 Harmette Ir
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 the name
·	· · ·	
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		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?
(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 t Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: July 17th, 2012

WISH TO SPEAK FORM

Registration Statement -	Common C	Council
	COMMITTEE	
Please Print	DIEAC	E PRINT NAME CLEARLY
 00	Name	Mirsten Lombard
Agenda No. <u>(39</u>	Address	210 N. Poterson St, #2
		Madison
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	nose	•
support to sp	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	t complete the resi question.)	t of this form. If you answered "yes," provide the name
	· .	
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)		rson or organization? Yes No t of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		

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.)	
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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: $\frac{1}{2} - \frac{12}{2}$	Date:	2-,	12-	12	
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WISH TO SPEAK FORM

Registration Statement -	Common C	Council		
Please Print	PLEASI	E PRINT NA	ME CLEARLY	
Agenda No. 39		1202 4	STOPP. Pegent St 150N, WI	-
Please check one:	AND	Plea	se check:	
Support		Z	Wish to Spe	eak
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	complete the resuuestion.)	of this form. I	If you answered "ye	
	· .			
Are you being paid for your representation?			Ye	es 💹 No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need not question.)				
Speaking Limits: Public Hearing (Com Information Hearing.				

	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.)
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(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	7/1	7/12
		7

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Benie Ogden Address 1615 Madison St Madison S374
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
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	nization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the name
	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
Information Hearing.	mon Council)5 minutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answe this form. If 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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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	

CITY OF MADISON

Registrati	on Statement -	Common Co	uncil	
Please Print Agenda No.		PLEASE I Name Address	PRINT NAME CLEA Mitch Codsta- 5754 Pima Madson, WI	ARLY [] [] [] []
Please check or	ne:	AND	Please chec	k:
Support Oppose			Do not	wish to speak
	upport Nor Op	pose		
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need no	t complete the rest oj		Yes No vered "yes," provide the nam
Name, address and tel-	ephone number of eac	h person or organiza	tion you are representi	ng:
Are you being paid for	your representation?			☐ Yes ☑ No
Are you appearing as partial (If you answered "no, question.)	* *	•	· ·	Yes No vered "yes," go on to the nex
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3 r	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.)					
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)						
Date	Signature Print Name Mifcl Colst-2					



Registration		Common Committee	ouncil	.,	
Please Print			PRINT NAME CLE	ADI V	
Agenda No.		Name _ Address _	Lindsey Sa 132 E.J. Was Madison, W	wter Sh J 53	#511 103
Please check one		AND	Please chec	ek:	
Support Oppose			Do not	wish to s	peak
	port Nor Oppo	ose			
At this meeting are you re (If you answered "no," S of who you represent and Name, address and teleph	TOP; you need not co go on to the next ques	mplete the rest o	of this form. If you answ		No provide the name
Are you being paid for yo	-			Yes	No
Are you appearing as part (If you answered "no," S question.)				☐ Yes wered "yes," §	∐No zo on to the next
In	blic Hearing (Commo formation Hearing her Items	3	minutes		

	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?						
(If you answer this form. If yo	wered "yes" to the question, STOP. You need not complete the rest of you answered "no" to the question, go on to the next question.)	f this form, except that you must sign					
If you are beinthat:	being 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 unles City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3. If your principal spends or 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.k</u> of the City-County Building, Madison, for more information.)	<u>tml</u> or go to the Clerk's Office at					
Date	Signature Andry Some Print Name Lindsey Some	When					



Date:	7	7		2	
	 7	 	,	 	•

Registrati	on Statement - ַ	COMMITTEE	ouncil	
Please Print Agenda No.	30	PLEASE Name Address	PRINT NAME CLEAD Dam We 140 W Coc Madison	ARLY OlloHZ Thom St WI 5370
Please check or	ie:	AND	Please chec	k:
Support			Do not	wish to speak
Oppose				
Neither S	upport Nor Op	pose		•
of who you represent c	" STOP; you need not and go on to the next qu	complete the rest o uestion.)		Yes No ered "yes," provide the name
Are you being paid for	your representation?			☐ Yes ☐ No
Are you appearing as p (If you answered "no, question.)				☐ Yes ├No ered "yes,"/go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 1	ninutes	

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	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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,	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at an e City-County Building, Madison, for more information.
Date	Signature Print Name Samaryka Wellaita



CITY OF MADISON

Registrati	on Statement -	Common Co	uncil	·
Please Print		DIEASE	PRINT NAME CLEAR	ıv
Agenda No9		Name	Dan Saelau 1004 Willow E Sun Prairie, W.	Smoh Trl.
Please check of	ne:	AND	Please check:	
Support			Do not w	ish to speak
Oppose				
Neither S	upport Nor Op	pose		
(If you answered "no, of who you represent	and go on to the next q	t complete the rest o question.)	other than yourself: f this form. If you answere tion you are representing:	☐ Yes ☑ No ed "yes," provide the name
Are you being paid to	r your representation?			□ Yes □ No
Are you appearing as	part of your other paid	I duties for this person to complete the rest of	on or organization? If this form. If you answer	☐ Yes ☐ No ed "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes	

(SEE BACK)

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?				
	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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,	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at a City-County Building, Madison, for more information.)				
Date <u>7//</u>	Signature Paululy Print Name Supaly				



Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Address Madish W 5311
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 to of who you represent and go on to the nex	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question.) ach person or organization you are representing:
Are you being paid for your representation	n? Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.)	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council)5 minutes ng3 minutes3 minutes

Are you an elother government		who is appear	ing solely on behalf of your of	fice or for yo	ur municipality or
100	ered "yes" to the question, S' you answered "no" to the que		ed not complete the rest of this j to the next question.)	form, except i	hat you must sign
If you are be that:	ing paid for your representa	ation, or if yo	our 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.		incipal must	ore than \$1,000 for lobbying se file expense statements with		
	o the City Clerk's website the City-County Building, Mo		nadison.com/clerk/index.html o ore information.)	r go to the	Clerk's Office at
Date		Signature	DM Skins	10 m	
		Print Name	Julian Otter		



Date: 7/7/10/7

DO NOT WISH TO SPEAK FORM

Registration Statement	t - Common Co	uncil
Please Print	DIEAGE	
Agenda No.	NameAddress	PRINT NAME CLEARLY PATRICIC MCCAUGHIST YOU MI Fflin ST
Please check one:	AND	Please check:
Support Oppose		Do not wish to speak
Neither Support Nor C	Oppose	
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the new Name, address and telephone number of the state of	not complete the rest of xt question.)	this form. If you answered "yes," provide the name
Are you being paid for your representation	n?	☐ Yes ☐ No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)		or organization? Yes No this form. If you answered "yes," go on to the next
Information Heari	ommon Council)5 m ng3 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 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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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:	7//	may / Lames	
-	/-/		-

Registrat	ion Statement -	Common Co	ouncil		
Please Print Agenda No.		PLEASE Name Address	PRINT NAME CLE MUCY 702 M. H Madison, A	EARLY Tensey Ligh Point Rd	
Please check or	ne:	AND	Please che	ck:	
Support			Do not	t wish to speak	
Oppose			/	⊕	
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need not	t complete the rest o	other than yourself: f this form. If you answ	Yes No wered "yes," provide the n	ıame
Name, address and telepartment of the same	ephone number of each	h person or organiza	tion you are represent h Centual Wi	ing: AASCW)
Are you being paid for your representation?					
Are you appearing as partial (If you answered "no, question.)	oart of your other paid "STOP; you need not	duties for this perso complete the rest of	n or organization? f this form. If you answ	Yes No No wered "yes," go on to the	next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3 r	ninutes		

	REGISTRATION STATEMENT - PAGE 2			
Are you an electory other government	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?			
(If you answere this form. If you	ed "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 are bein that:	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.			
	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 th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)			
Date	Signature Print Name Naucy Seusen			