



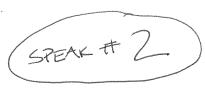
Date: 1/27/12

WISH TO SPEAK FORM

Registration Statemen	t - <u>Common C</u>	ouncil		
•	COMMITTEE			
Please Print	PLEASE	E PRINT NA	ME CLEARLY	
Agenda No. #Z	Name — Address	M1/Ce 7/0 /	Meruis V Plantintan	
		Milwac	ukee lul 53203	
Please check one:	AND	Plea	ase check:	
Support	\		Wish to Speak	
Oppose Appeal (Supe	port Project)			
Neither Support Nor	_			
At this meeting are you representing an (If you answered "no," STOP ; you need of who you represent and go on to the notation. Name, address and telephone number of	d not complete the rest ext question.)	t of this form.	If you answered "yes," provide the na	me
	·		_	
Are you being paid for your representat	ion?		☐ Yes	
Are you appearing as part of your other (If you answered "no," STOP; you nee question.)	paid duties for this per d not complete the res	rson or organiz t of this form.	zation?	ext
Information Hea	Common Council)	3 minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?						
	(If you answered "yes" to the question, 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 that:	ng paid for your represe	ntation, or if you	ar appearance is	part of other paid	duties, please be advised	
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.					
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?					
	the City Clerk's websi ne City-County Building,			<u>'index.html</u> or go	to the Clerk's Office at	
Date 1002	27,2017	Signature (2 ·	111 60 2 6		
	•	Print Name _	MIKE	MEKVIS		





Date: 11-27-12

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil			
3	COMMITTEE				
Please Print	PLEASE	PRINT NAM	NE CLEAF	RLY	
2	Name	TONATHA	N BRIL	NEY	
Agenda No.	Address	100 CAME	ELOT D	RIVE	
		FOND DU	LAC, h	1 549	735
Please check one:	AND	Pleas	se check	· • · •	
Support	1	\square	Wish to	Speak	
Oppose Appeal (Suppo	it Project)				
Neither Support Nor O					
At this meeting are you representing an or (If you answered "no," STOP ; you need rof who you represent and go on to the nex	not complete the rest t question.)	of this form. 19	j you answe		☐ No provide the name
Name, address and telephone number of e	ach person or organi	zation you are	representin	g:	•
NOB HILL APARTMENT	SILCC				
710 N. PLANKINTO					
MILWAUKEE, WI					~
Are you being paid for your representation?					
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.)	aid duties for this pe not complete the res	rson or organiz t of this form.	ation? <i>If you answ</i>	☐ Yes ered "yes,"	No go on to the next
Information Heari	ommon Council)	.3 minutes	•		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
(If you answ this form. If	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.)
If you are be that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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	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: 11/27/12

WISH TO SPEAK FORM

Registration Statement	COMMITTEE	ouncil		<u></u>	
Please Print	PLEASE	PRINT NAI	ME CLEARLY		
Agenda No		DEWAYN 5218 R MADISON	dgs DAK I)c	
Please check one:	AND	Plea	se check:		
Support	. 201	\boxtimes	Wish to Sp	eak	
Oppose Appeal (Suppose	it Project)		·		
Neither Support Nor Op					
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	ot complete the res question.)	i oj inis jorni.	y you aim releas	les yes," p	□ No provide the name
	·				
Are you being paid for your representation	?			Yes	⊠ No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	1 1 de Landhia ma	erson or organi st of this form.	ization? If you answered	Yes "yes,"	No go on to the next
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing3 minutes Other Items3 minutes					

Are you an elected official or empother governmental body?	oyee who is appearing solely on behalf of your office or for your municipalit	y or
(If you answered "yes" to the questhis form. If you answered "no" to	tion, STOP. You need not complete the rest of this form, except that you must st the question, go on to the next question.)	sign
If you are being paid for your repthat:	resentation, or if your appearance is part of other paid duties, please be advi	ised
1. Before you engage with the City Clerk	in lobbying as a lobbyist, you or your principal must file an authorization	
2. Your principal is n City Clerk.	ot permitted to authorize you to lobby unless you are registered with the	
3. If your principal sp period (half year), remainder of the ca	ands or will owe more than \$1,000 for lobbying services in any reporting the principal must file expense statements with the City Clerk for the endar year?	
Please go to the City Clerk's w Room 103 of the City-County Build Date	bsite www.cityofmadison.com/clerk/index.html or go to the Clerk's Office ng, Madison, for more information.)	at
Jaic	Print Name Daway No Pohl	





WISH TO SPEAK FORM

Registration Statement -	Common C	Council		
· ·	COMMITTEE			
Please Print	PLEASE	E PRINT NA	ME CLEARLY	
1	Name	Terrell	Walter	
Agenda No. 472			Plantinten	ave
·			kee, WI S.	
Please check one:	AND	Plea	se check:	
Support	\		Wish to Spe	eak
Depose Appeal (Suppl	vt Pojet)	·		
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 resi question.)	t of this form.	lf you answered "y	
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this pe	rson or organiz t of this form.	zation?	
Speaking Limits: Public Hearing (Con Information Hearing Other Items	5	3 minutes		

d "yes" to the question, STOP. You need not complete the rest of this form, except that you				
answered "no" to the question, go on to the next question.)	must sign			
g paid for your representation, or if your appearance is part of other paid duties, please be	e advised			
Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	n			
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?				
he City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's (City-County Building, Madison, for more information.)	Office at			
Signature Dei Ace				
30 Signature of the state of th	paid for your representation, or if your appearance is part of other paid duties, please be efore you engage in lobbying as a lobbyist, you or your principal must file an authorization ith the City Clerk. Our principal is not permitted to authorize you to lobby unless you are registered with the tity Clerk. your principal spends or will owe more than \$1,000 for lobbying services in any reporting the principal must file expense statements with the City Clerk for the mainder of the calendar year? The City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's website www.cityofmadison.com/clerk/index.html			





Date:	11/27/12
Date.	

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil			
Please Print	COMMITTEE		0 1 - 1		
	PLEASE	E PRINT NAN	4	LY	
gt ->	Name	Keuin			
Agenda No. 472	Address	500 W	Silves	Spring.	Drive
		Glendole,	WIS	3217	
Please check one:	AND	Pleas	se check:	; ;	
Support			Wish to	Speak	
Oppose Appal (Support	t Project)				
Neither Support Nor Op	pose				
At this meeting are you representing an org (If you answered "no," STOP ; you need no of who you represent and go on to the next	ot complete the res	on other than yet of this form. I	ourself: f you answer	☐ Yes red "yes,"	$\begin{tabular}{l} igwedge \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
Name, address and telephone number of each	ch person or organ	ization you are	representing	·• ›•	
					~
Are you being paid for your representation	?			Yes	ĭ No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this ne	rson or organiz	ation? If you answe	☐ Yes red "yes,"	No go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	.3 minutes			

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?						
	red "yes" to the question, we answered "no" to the q		eed not complete the rest of this form, except that you must sign a to the next question.)			
If you are being that:	ng paid for your represen	tation, or if y	our appearance is part of other paid duties, please be advised			
1.	Before you engage in lob with the City Clerk.	bbying as a lo	bbyist, you or your principal must file an authorization			
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?					
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)						
Date _///2-	7/12	Signature	ACH.			
		Print Name	Heum Newell			





Date: __//-] 7 - /2

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council
Please Print	PLEASE	SE PRINT NAME CLEARLY
	Name	Jim BORRIS
Agenda No.	Address	710 N Plankinton Ave
		Milw WI 53203
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose Appeal Supp	A Project)	
Neither Support Nor Op		
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.)	st 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.)	l duties for this per t complete the rest	erson or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
	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	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date	27-/2 Signature Print Name Print Name DAMES D BORRI/		



Date: 11/28/12

WISH TO SPEAK FORM

Registration Stater	nent - Comme	on Council		
Please Print		EASE PRINT NAM	IE CLEARLY	
Agenda No. #2	Nar ——— Ado	me Shell dress 3000	Carter 1 Ashford	dlane
Please check one:	AND	Pleas	se check:	
Support Mysia	l.		Wish to Speak	
Oppose				
Neither Support N	Nor Oppose			
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to what Name, address and telephone number of the state of t	of the next question.)	organization you are	representing:	™ No provide the name
Are you being paid for your repre Are you appearing as part of your (If you answered "no," STOP; you question.)	ot 11.1 diam famo	ine rest of this form.	☐ Yes eation? ☐ Yes If you answered "yes,"	No No go on to the next
Information	on Hearingns	3 minutes		

Are you an electe other government	ed official or employee who is appearing solely on behalf of your office or for your municipality or tal body?	
(If you answered this form. If you a	"yes" to the question, STOP. You need not complete the rest of this form, except that you must sign inswered "no" to the question, go on to the next question.)	
If you are being that:	paid for your representation, or if your appearance is part of other paid duties, please be advised	
1. Be	efore you engage in lobbying as a lobbyist, you or your principal must file an authorization ith the City Clerk.	
2. Yo Ci	Your principal is not permitted to authorize you to lobby unless you are registered with the City 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?	
Please go to the Room 103 of the C	e 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	Signature	
	Print Name	



Date:	
-------	--

WISH TO SPEAK FORM

CITY OF MADISON

Registration St	atement - Common Committee	Council	
Please Print	•	PRINT NAME CLEARLY	
Agenda No	NameAddress _	Brad Wojciechowski 717 Diving Hawk trail Madison, WI 53713	
Please check one:	AND	Please check:	
Support the	appeal	Wish to Speak	
Oppose			
Neither Suppo	ort Nor Oppose		
(If you answered "no," STO of who you represent and go	esenting an organization or a person PP; you need not complete the rest on to the next question.) e number of each person or organi	t of this form. If you amone the first form	name
(If you answered "no," ST	4 1 1 1 Countries man	☐ Yes ☐ No erson or organization? ☐ Yes ☐ No est of this form. If you answered "yes," go on to the	he next
Info	lic Hearing (Common Council) rmation Hearing	3 minutes	

(SEE BACK)

Are you an eother govern	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:	sing 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:	11/27/17	· · · · · · · · · · · · · · · · · · ·

WISH TO SPEAK FORM

Registration Statement		Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No.	Name Address	DAN Kerkman 29 Geronime air. MADISON,
Please check one:	AND	Please check:
Support the appeal Oppose	pan	Wish to Speak
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 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.)	duties for this per complete the rest	son or organization?
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?	
	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.)	
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised	
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	





DO NOT WISH TO SPEAK FORM

Registration	Statement -	Common C	Council	
Please Print		PLEASE	E PRINT NAME CLEA	\RLY
Agenda No		Name Address	DAWN VYSE 1106 Moodan Madron W	109 101 4109 153713
Please check one	•	AND	Please chec	k:
Support Oppose Neither Sup	oposal· oport Nor Op	pose	Do not	wish to speak
At this meeting are you reference (If you answered "no," of who you represent and Name, address and telepton	STOP; you need no d go on to the next o	nt complete the res question.)	t of this form. If you ansv	Yes No No Wered "yes," provide the name ing:
			·	
Are you being paid for y	our representation?)		☐ Yes ☐ No
Are you appearing as pa (If you answered "no," question.)	rt of your other paid STOP; you need no	d duties for this pe ot complete the res	rson or organization? st of this form. If you ans	☐ Yes ☐ No wered "yes," go on to the nex
I	Public Hearing (Connformation Hearing	g	3 minutes	

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
100	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				
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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: 11/27/12

DO NOT WISH TO SPEAK FORM

Registration State	ment - Common Council
Please Print Agenda No. Z Hil	PLEASE PRINT NAME CLEARLY Name Dawn Friedrich Address Worland Ratts
Please check one:	AND Please check:
Support	Do not wish to speak
^	THAT OF ALL
Oppose Neither Support	Now Onnosa
(If you answered "no," STOP; yo of who you represent and go on to	ing an organization or a person other than yourself: Yes No ou need not complete the rest of this form. If you answered "yes," provide the name to the next question.) The provide the name of the next question or organization you are representing:
Are you being paid for your representation of you appearing as part of you (If you answered "no," STOP; you question.)	esentation? Yes No r other paid duties for this person or organization? Yes No No ou need not complete the rest of this form. If you answered "yes," go on to the next
Informati	earing (Common Council)5 minutes ion Hearing

re you an elected official or employee who is appearing solely on behalf of your office or for your municipaliner governmental body?	ty or		
you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must is form. If you answered "no" to the question, go on to the next question.)	sign		
you are being paid for your representation, or if your appearance is part of other paid duties, please be advat:	vised		
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?	period (half year), the principal must file expense statements with the City Clerk for the		
lease go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Offic om 103 of the City-County Building, Madison, for more information.)	e at		
te Signature			
Print Name			



AVAILABLE TO ANSWER QUESTIONS FORM

Registration S	Statement - Common COMMITTEE	Council
	PLEAS	SE PRINT CLEARLY
Agenda No.	Name Addres	IVAN CHARS 1108 MODRLAND RD MADISON, WI 53713
Please check one:	AND	Please check:
At this meeting are you rep (If you answered "no," ST of who you represent and g	ort Nor Oppose resenting an organization or a per OP; you need not complete the re	est of this form. If you answered yes, provide the name
(If you answered "no," ST question.) Speaking Limits: Published Info	of your other paid duties for this t	5 minutes3 minutes

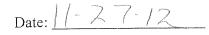
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the 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.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)				
Date <u> 2</u>	7/12 Signature Print Name TUAN CYARS				



DO NOT WISH TO SPEAK FORM

Registratio	n Statement - ַ	Common Co	uncil	
Please Print			RINT NAME CLEARLY	
Agenda No. 2		Name Address	Ellen Hans 10 Spead	Cir
Please check on		AND	Please check:	ch to speak
Oppose	he Appeal ipport Nor Op	pose	Do not wis	sh to speak
of who you represent a	' STOP; you need no and go on to the next	ot complete the rest of question.)	other than yourself: [fthis form. If you answered this form are representing:	☑ Yes ☑ No d "yes," provide the name
Are you being paid for	· vour representation	?		Yes No
		'I duties for this pers	on or organization? [of this form. If you answere	☐ Yes ☐ No ed "yes," go on to the next
Speaking Limits:	Information Hearin	ommon Council)5 ag3	minutes	

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of their governmental body?				
100	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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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 he City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				





DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Sta	ement - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Mary Jo Treadaway Address 705 Engolhant Nr Madisbn W1 53713
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	,
Neither Suppor	Nor Oppose
(If you answered "no," STOP; of who you represent and go or	nting an organization or a person other than yourself: Yes No You need not complete the rest of this form. If you answered "yes," provide the name to the next question.) Imber of each person or organization you are representing:
Are you being paid for your rep	resentation? Yes No
Are you appearing as part of you (If you answered "no," STOP; question.)	ar other paid duties for this person or organization? Yes No you need not complete the rest of this form. If you answered "yes," go on to the next
Informa	tearing (Common Council)5 minutes ion Hearing

(SEE BACK)

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you answer this form. If yo	ed "yes" to the question, 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 bein 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?
(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 a clear county Building, Madison, for more information.)
Date	Signature
	Print Name



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name GENE CALL Address 9 GERONIMO CIR MADISON MI 53713
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose the project	
of who you represent and go on to the next	anization or a person other than yourself: Yes Yoo ot complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of ea	ch person or organization you are representing:
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
	mmon Council)5 minutes g3 minutes

(SEE BACK)

Other Items......3 minutes

Are you an elected official or emother governmental body?	ployee who is appearing solely o	on behalf of your office or for you	ur municipality or
(If you answered "yes" to the qu this form. If you answered "no" i	estion, STOP. You need not compo the question, go on to the next o	olete the rest of this form, except t question.)	hat you must sign
If you are being paid for your rethat:	epresentation, or if your appearan	nce is part of other paid duties, p	please be advised
1. Before you engag with the City Cler		or your principal must file an autl	norization
2. Your principal is City Clerk.	not permitted to authorize you to	o lobby unless you are registered	I with the
3. If your principal speriod (half year remainder of the contraction)), the principal must file expens	,000 for lobbying services in any se statements with the City Cler	reporting k for the
(Please go to the City Clerk's Room 103 of the City-County Bui	website <u>www.cityofmadison.com</u> lding, Madison, for more informa	<u>l/clerk/index.html</u> or go to the (ation.)	Clerk's Office at
Date	Signature		
	Print Name		

Date: 1/-27-12



DO NOT WISH TO SPEAK FORM

Registration	on Statement -	Common Co	ouncil	
Please Print		PLEASE	PRINT NAME CLE	EARLY
Agenda No		Address 1	Laura Gam 038 Moort Modison, W	and Rd #201
Please check or	ie:	AND	Please che	eck:
Support			Do no	ot wish to speak
Oppose			t.	
Neither S	upport Nor O _l	ppose		
At this meeting are yo (If you answered "no, of who you represent to Name, address and tel	" STOP; you need no and go on to the next	ot complete the rest of question.)	of this form. If you an	swerea yes, provide ine name
Are you being paid for Are you appearing as a (If you answered "no,	part of your other pai	id duties for this pers	on or organization? of this form. If you ar	☐ Yes ☐ No ☐ Yes ☐ No nswered "yes," go on to the nex
question.) Speaking Limits:	Public Hearing (Co Information Hearin	mmon Council)5 g3 3	minutes minutes	

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 11-2/-12

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council			
Please Print	PLEASE PRINT NAME CLEARLY			
Agenda No	Name Lavra Ramirez Address 1038 Moorland Rd #203 Madison WI 53713			
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 organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?	?			
the most of your other pai				
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing				

Are you an elected official or empother governmental body?	ployee who is appear	ring solely on behalf of	your office or for you Yes	ur municipality or No
(If you answered "yes" to the que this form. If you answered "no" to			of this form, except i	that you must sign
If you are being paid for your rethat:	presentation, or if yo	our appearance is part o	f other paid duties,	please be advised
1. Before you engage with the City Clerk		obyist, you or your princ	ipal must file an aut	horization
2. Your principal is a City Clerk.	not permitted to auth	norize you to lobby unle	ess you are registered	d with the
period (half year).	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 v Room 103 of the City-County Build			<u>html</u> or go to the	Clerk's Office at
Date	Signature			
	Print Name	AMILIAN AND AND AND AND AND AND AND AND AND A		



DO NOT WISH TO SPEAK FORM

Date: _____

CITY OF MADISON

Registration	Statement - Common Cour	ncil
Please Print		annon Solenson
Agenda No.		08 Moorland Rd, Tadison, WI 53713
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Sup	port Nor Oppose	
(If you answered "no," S of who you represent and	epresenting an organization or a person of TOP; you need not complete the rest of the go on to the next question.) Some number of each person or organization.	us form. If you answered yes, proving
Are you being paid for you Are you appearing as par (If you answered "no," Squestion.)	a lating for this person	☐ Yes ☐ No or organization? ☐ Yes ☐ No this form. If you answered "yes," go on to the next
i j	ublic Hearing (Common Council)5 m nformation Hearing	inutes

(SEE BACK)

re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ner governmental body?		
you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign s form. If you answered "no" to the question, go on to the next question.)		
you are being paid for your representation, or if your appearance is part of other paid duties, please be advised		
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
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?		
lease go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at om 103 of the City-County Building, Madison, for more information.)		
te Signature		
Print Name		



Date:	

CITY OF MADISON

Madison	CITY OF IVIADISON	
Registration	statement - Common Council	
Agenda No. 2	PLEASE PRINT NAME CLEARLY Name Back Browslough Address 1168 Moorland Rd	
Please check one Support Oppose Neither Su	AND Please check: Do not wish to speak port Nor Oppose	
(If you answered no,	epresenting an organization or a person other than yourself: Yes No STOP; you need not complete the rest of this form. If you answered "yes," provide the nod go on to the next question.) hone number of each person or organization you are representing:	эте
Are you being paid fo Are you appearing as (If you answered "no question.) Speaking Limits:	your representation? Yes No No art of your other paid duties for this person or organization? Yes No No STOP; you need not complete the rest of this form. If you answered "yes," go on to the Public Hearing (Common Council) 5 minutes Information Hearing	? next

Are you an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answithis 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 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 to Room 103 of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



CITY OF MADISON

1000000	
Registration Staten	nent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Address 100 0 000 270
Please check one:	AND Please check:
Support Propos	Do not wish to speak
Oppose	
Neither Support	Nor Oppose
(If you answered "no, STOF, y	ing an organization or a person other than yourself: Yes No ou need not complete the rest of this form. If you answered "yes," provide the name to the next question.) The most of each person or organization you are representing:
	recentation?
(If you answered "no, S101, question.)	ur other paid duties for this person or organization? [1] Yes [2] No war with the next you need not complete the rest of this form. If you answered "yes," go on to the next you need not complete the rest of this form. If you answered "yes," go on to the next you need not complete the rest of this form.
Speaking	Hearing (Common Council)5 minutes stion Hearing
	(SEE BACK)

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality on the 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:
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.)
Oate Signature
Print Name



Date: 1/- 27-12

CITY OF MADISON

Registration Sta	atement - Common Council	
Please Print	PLEASE PRINT NAME CLEA	
Agenda No	Name Address 1 26 /M	60P/ANd//
Please check one:	AND Please chec	ek:
Support Prope	Sat Do not	wish to speak
Oppose	, and the second se	
Neither Suppor	rt Nor Oppose	
(If you answered "no," STOP of who you represent and go o	senting an organization or a person other than yourself: P; you need not complete the rest of this form. If you answon to the next question.) number of each person or organization you are represent	
Are you being paid for your re		☐ Yes☐ No☐ Yes☐ No
Are you appearing as part of y (If you answered "no," STOF question.)	your other paid duties for this person or organization? P; you need not complete the rest of this form. If you ans	
Inform	Hearing (Common Council)5 minutes nation Hearing	

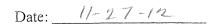
•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are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



CITY OF MADISON

Registration	Statement - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name MICHAEL WACHMAN Address 3038 ARTESIAN MADIGON
Please check one	. AND Please check:
Support	Do not wish to speak
Oppose	
Neither Sup	oport Nor Oppose
(If you answered "no," I of who you represent and	representing an organization or a person other than yourself: STOP; you need not complete the rest of this form. If you answered "yes," provide the name d go on to the next question.) hone number of each person or organization you are representing:
Are you being paid for y	et of your other paid duties for this person or organization?
(If you answered "no," question.)	STOP; you need not complete the rest of this form. If you answered "yes," go on to the next
I	Public Hearing (Common Council)5 minutes nformation Hearing

	elected official or employmental body?	yee who is appea	uring solely on behalf of your	office or for you	ur municipality or
	ered "yes" to the questic you answered "no" to th		eed not complete the rest of thing to the next question.)	is form, except t	hat you must sign
If you are bethat:	eing paid for your repre	sentation, or if y	our appearance is part of other	er paid duties, p	please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lo	bbyist, you or your principal i	nust file an autl	norization
2.	Your principal is not City Clerk.	permitted to aut	horize you to lobby unless yo	u are registerec	l with the
3.		e principal mus	nore than \$1,000 for lobbying t file expense statements with		
	to the City Clerk's web the City-County Buildin		madison.com/clerk/index.html nore information.)	or go to the (Clerk's Office at
Date		Signature	Muchen Th	r aulin	
		Print Name	MICHAEL	NACH	MAX





CITY OF MADISON

Registration St	tatement - Common C	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No		Mike treadoway TOS Engolhart Drive Madison 53713
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Suppo	rt Nor Oppose	
(If you answered "no," STO of who you represent and go	senting an organization or a personal P; you need not complete the rest on to the next question.) number of each person or organization.	of this form. If you answered "yes," provide the name
		☐ Yes ☑ No
Are you being paid for your range of you appearing as part of you answered "no," STOR question.)	your other paid duties for this pers	
Inforn	e Hearing (Common Council)5 nation Hearing	minutes

		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	nswere 1. If yoı	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign a current 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 the	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)
Date		Signature
		Print Name



Date: _____

CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name GARAD RUBINI Address 1120 moosland Rah Madison WT, 53713
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose off the Affect	and the second s
Neither Support Nor Op	pose
of who you represent and go on to the next of	it complete the rest of this form. If you allower the your
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.)	The state of the s
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

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



CITY OF MADISON

Registration Statem	ent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Onex Torres Address 1024 Moorland vd #5 Madison WI 53713
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose > off the	appeal .
Neither Support No	or Oppose
(If you answered "no," STOP; you of who you represent and go on to the	g an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name the next question.) er of each person or organization you are representing:
(If you answered "no," STOP; you question.) Speaking Limits: Public Hear:	ther paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next ing (Common Council)5 minutes
Information Other Items	Hearing

	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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(Please go t 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		



CITY OF MADISON

Registration	on Statement	Common C	ouncil			
Please Print		PLEASE	PRINT NAM	JE CLEARLY		
Agenda No		NameAddress	Philipp 10441 Madis	4 1600. Noonforce on WT5:	10.5 1818 3713	
Please check or	1e:	AND	Pleas	se check:		
Support	Theproposal			Do not wish	to speak	
Oppose			·			
Neither S	upport Nor Op	pose				
At this meeting are you (If you answered "no, of who you represent to Name, address and tel	" STOP; you need no and go on to the next o	t complete the rest question.)	of this form. 1)	j you answerea - ye	es	name
					din	
Are you being paid fo					es 🔀 No	
Are you appearing as (If you answered "no, question.)	part of your other paid," STOP; you need no	d duties for this per ot complete the rest	son or organiz of this form. I	ation?		e nexi
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	<u> </u>	3 minutes			

	REGISTRATION STATEMENT - PAGE 2		
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? \tag{Yes \tag{Yes} No		
	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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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
(Please go to Room 103 of to	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date	Signature Shilly Afford Print Name Phologoph Thank 45		



Date:	

CITY OF MADISON

Registration St	catement - Common Cou	uncil	
Please Print	PLEASE P	RINT NAME CLEARLY	
Agenda No	Address <u>//</u>	ichard Jackson 122 moveland Rd 4ABISON WF. 53713	
Please check one:	AND	Please check:	
Support		Do not wish to speak	
Oppose of af	ef the spopeal		
Neither Suppo	ort Nor Oppose		
(If you answered "no," STC of who you represent and go	esenting an organization or a person of the person of the person of the next question.) The number of each person or organization.	Tinis form. If you answered yes, provide the	name
Are you being paid for your		☐ Yes ☐ No on or organization? ☐ Yes ☐ No	
Are you appearing as part o (If you answered "no," STO question.)	f your other paid duties for this person <i>OP;</i> you need not complete the rest of	on or organization?	e next
Info	lic Hearing (Common Council)5 rmation Hearing	minutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No					
(If you 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.)				
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised				
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(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)				
Date	Signature				
,	Print Name				



Date: _____

CITY OF MADISON

Registrat	ion Statement	Common (Council		Aggango cacadada de
Please Print Agenda No.	2	Name		· Dead	
Agenda 110.		Address	1040 1	Moorland Rd.	
Please check o	ne:	AND	Please	check:	
Support			\square D	o not wish to	speak
Oppose	Appeal				
Neither S	upport Nor Opp	oose			
(If you answered "no, of who you represent	ou representing an organ organ organ or stand on the next quallephone number of each	complete the rest uestion.)	of this form. If y	ou answered "yes,"	No provide the name
Are you being paid fo	r your representation?			☐ Yes	□ No
Are you appearing as (If you answered "no, question.)	part of your other paid on "STOP; you need not	duties for this per complete the rest	son or organization of this form. If y	on? Yes ou answered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items		3 minutes		

	The state of the s			
Are you an elected official or emother governmental body?	ployee who is appearing solely on behalf of your office or for your municipality or Yes No			
(If you answered "yes" to the que this form. If you answered "no" i	estion, STOP. You need not complete the rest of this form, except that you must sign o the question, go on to the next question.)			
If you are being paid for your rethat:	epresentation, or if your appearance is part of other paid duties, please be advised			
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
2. Your principal is City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
period (half year	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please go to the City Clerk's Room 103 of the City-County Bui	website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at lding, Madison, for more information.)			
Date	Signature Print Name Bornett D. Reed			



CITY OF MADISON

Registration	Statement	Common Cou	ıncil		
Please Print		PLEASE P	RINT NAME CLEA	RLY	
Agenda No	ng-us	Name Address //	c groen Obmob	Rous	2.12
Please check one	•	AND	Please check	Κ:	
Support ?	ROPOSAL	-	Do not	wish to sp	eak
Oppose					
Neither Su	pport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need no ad go on to the next o	t complete the rest of question.)	this form. If you answ	pered "yes," pr	No Povide the name
Are you being paid for Are you appearing as p (If you answered "no," question.)		1 desting for this perso	on or organization? of this form. If you ans	☐ Yes ☐ Yes wered "yes," g	☐ No ☐ No go on to the next
Speaking Limits:	Information Hearin	mmon Council)5 g3	minutes		

Are you an e other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answe this form. If y	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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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
(Please go to Room 103 of i	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		



	NOT	MICL	TO	CDEAL	(FORM
nn	NOI	WISH	$\mathbf{I} \cup$	SPEAR	/ LOWINI

Date: _____

CITY OF MADISON

Registrati	ion Statement -	Common Cou	ncil		
Please Print		PLEASE PF	RINT NAME CLEA	RLY	
Agenda No.	Nob Hall	NameAddress	Loweret 12 Moorla	ad Rd	AP#E
Please check o	ne:	AND	Please chec	k:	
Support			Do not	wish to s	peak
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represen	ou representing an org o, " STOP; you need no t and go on to the next	ot complete the rest of question.)	inis joim. 17 you ansi		No No Norovide the name
Name, address and to	elephone number of ea	ch person or organizat	ion you are represent	ing:	
Are you being paid	for your representation	?		Yes	□No
Are you appearing a (If you answered "n question.)	s part of your other pai o," STOP; you need n	d duties for this person ot complete the rest of	n or organization? Tthis form. If you ans	☐ Yes swered "yes,"	No go on to the next
Speaking Limits:	Information Hearin	mmon Council)5 r 3 r 3 r	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?
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 nat:
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 soom 103 of the City-County Building, Madison, for more information.)
Pate Signature
Print Name



Date	

CITY OF MADISON

Registration	Statement - Commo	on Council
Please Print Agenda No.	PLE Name Addre	
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Supp	oort Nor Oppose	
(If you answered "no," ST of who you represent and g	go on to the next question.)	person other than yourself: Yes No rest of this form. If you answered "yes," provide the name ganization you are representing:
Are you being paid for you	•	Yes No
Are you appearing as part of (If you answered "no," ST question.)	of your other paid duties for this OP; you need not complete the	s person or organization? Yes No rest of this form. If you answered "yes," go on to the next
Info	lic Hearing (Common Council) ormation Hearinger Items	3 minutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer	red "yes" to the question, 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:	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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(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:	
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CITY OF MADISON

Registrat	ion Statement	Common Co	ouncil	
Please Print Agenda No.	7 4:11 7 4:11	PLEASE Name Address	PRINT NAME CLE Janus B 112 montand Madison	ARLY Santer RI #5 WI 83713
Please check o	ne:	AND	Please chec	ek:
Support			Do not	wish to speak
Oppose				
Neither S	upport Nor Opp	oose		
(If you answered "no, of who you represent	ou representing an organ "STOP; you need not and go on to the next que ephone number of each	complete the rest o uestion.)	f this form. If you answ	Yes No vered "yes," provide the name
	part of your other paid of			☐ Yes ☐ No ☐ Yes ☐ No vered "yes," go on to the next
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3 1	ninutes	

Are you an election 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 unswered "no" to the question, go on to the next question.)
If you are bein that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go to Room 103 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Data	Signature
Date	Print Name



CITY OF MADISON

Registration Statem	ent - Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Ally ugalde Itvan (2) Address 1108 moortand Rd +12
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose > off +	re appeal
Neither Support No	
(If you answered "no," STOP; you not of who you represent and go on to the	n organization or a person other than yourself: Yes No ed not complete the rest of this form. If you answered "yes," provide the name next question.) of each person or organization you are representing:
(If you answered "no," STOP; you no	tion?
Information He	(Common Council)5 minutes aring

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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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.)
_	Signatura
Date	Signature
	Print Name





CITY OF MADISON

Registration Statemen	- Common Council COMMITTEE
Please Print Agenda No.	PLEASE PRINT NAME CLEARLY Name PLEASE PRINT NAME CLEARLY NAME
Please check one: Support	AND Please check: Do not wish to speak
Oppose (appeal) Neither Support Nor (Oppose
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the need to	organization or a person other than yourself: Yes No. I not complete the rest of this form. If you answered "yes," provide the name xt question.)
Name, address and telephone number of	each person or organization you are representing:
Are you being paid for your representation	on? Yes No
Are you appearing as part of your other part (If you answered "no," STOP; you need question.)	paid duties for this person or organization? Yes Ano not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council)5 minutes ing

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:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date 11. F	Signature Print Name Pennifer Genzalez



Date: $\sqrt{29/2}$

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
	Name Varysson Garzalez
Agenda No.	- Address 11/8 Moorland vd. #11/0
	Madison, WI 53713
Please check one:	AND Please check:
Support	Do not wish to speak
Dppose (appear)	
Neither Support Nor (Oppose
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the ne	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name ext question.)
Name, address and telephone number of	each person or organization you are representing:
MOD Hill Apartments	Repovotion
Are you being paid for your representation	on? Yes No
Are you appearing as part of your other part (If you answered "no," STOP; you need question.)	paid duties for this person or organization? Yes No No d not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council)5 minutes ring3 minutes

Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(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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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
(Please go to Room 103 of	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)		
Date \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Signature Print Name OVER GOVERNE		



Date:

AVAILABLE TO ANSWER QUESTIONS FORM

1adison CITY OF MADISON

Registration Statement -	Common Co	ouncil
_	COMMITTEE	
	PLEASE	PRINT CLEARLY
	Name	NATHAN WAUTIER
Agenda No.		22 East Mifflin, Saite 600
	Audi ess _	MADISON, WI
		110 15010, WI
Please check one:	AND	Please check:
Support		Available to answer
Oppose Appeal (Supps	rt-Project)	questions
Neither Support Nor Op	pose	
At this meeting are you representing an orga	nization or a person	other than yourself: Yes No
(If you answered "no," STOP; you need not	t complete the rest o	of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	uestion.)	
Name, address and telephone number of each	n person or organiza	ation you are representing:
Nob Hill Apartmits,	//	
A		Yes No
Are you being paid for your representation?		105 110
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	mon Council)5	minutes
Information Hearing.		minutes minutes

	INL	.Olo I KAI IOI	I OTATEMENT - I	AGE Z		*
Are you an el other governn	lected official or employee vental body?	who is appear	ring solely on bel	alf of your offic	e or for you	ır municipality or No
	red "yes" to the question, S ou answered "no" to the qu				rm, except t	hat you must sign
If you are bei that:	ing paid for your representa	ation, or if yo	our appearance is	part of other p	aid duties, 1	please be advised
1.	Before you engage in lobb with the City Clerk.	bying as a lol	obyist, you or you	r principal mus	file an aut	norization
2.	Your principal is not perricity Clerk.	mitted to auth	norize you to lobl	oy unless you an	e registered	l with the
3.	If your principal spends of period (half year), the principal remainder of the calendar	incipal must	•		•	
	o the City Clerk's website the City-County Building, M				go to the (Clerk's Office at
Date//		Signature Print Name	NATH	JE WHET	1642	



AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registrati	on Statement -	COMMITTEE	Council		_
		PLEASE	PRINT CLEARLY		
Agenda No. <u>井</u> 乙			KILL FORD 710 N PLAN MILLO SUKE	UKINTON	
Please check or	ie:	AND	Please chec	k:	
Support Oppose	Appeal Supe	part Project	Availab question	le to answer ns	
	upport Nor Op				
of who you represent a	" STOP; you need no and go on to the next o	ot complete the rest question.)	n other than yourself: of this form. If you answ zation you are representing		-
Are you being paid for	your representation?			Yes No)
Are you appearing as p (If you answered "no," question.)			son or organization? of this form. If you answ	☐ Yes ☐ Novered "yes," go on to	
Speaking Limits:	Public Hearing (Con Information Hearing	5			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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.)
If you are b	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name