

Date:	11-	27.	12	

Registration Statement -		ouncil		
	COMMITTEE			
Please Print	PLEASE	PRINT NA	ME CLEARLY	
Agenda No. 9410	Name Address	Ton 6200 Madis	ya Nye 2 Dominion Dr on, WI 53718	- VC
Please check one:	AND	Plea	se check:	
Support			Wish to Speak	
Oppose				
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 of Name, address and telephone number of each	ot complete the rest question.)	of this form. I	f you answered "yes," pr	No rovide the name
Are you being paid for your representation?	ı		☐ Yes	⊠No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	I duties for this person to complete the rest	son or organize of this form. I		☑No o on to the next
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	ţ	3 minutes		

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



Date:	11-	2	7	,	(2

Registration State	ement - Common C	Council
Please Print		E PRINT NAME CLEARLY
Agenda No. 9#10	Name _ Address _	Troy Nye 6202 Dominion Dr Madison W 53718
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support	Nor Oppose	
At this meeting are you represent (If you answered "no," STOP; yof who you represent and go on to Name, address and telephone numbers.	ou need not complete the rest to the next question.)	t of this form. If you answered yes, provide the hum
Are you being paid for your repr	esentation?	☐ Yes ☐ No
Are you appearing as part of you (If you answered "no," STOP; y question.)	r other paid duties for this person need not complete the rest	erson or organization?
Informati	earing (Common Council) on Hearing	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	11	-2	7-1	-

Registration Statement	- Common C	Council
	COMMITTEE	
Please Print	PLEASI	SE PRINT NAME CLEARLY
Agenda No.	Name Address	RICK FATKE 602 APOCCOWAY MADISAN
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor O	ppose	
At this meeting are you representing an or (If you answered "no," STOP; you need to of who you represent and go on to the next Name, address and telephone number of e	not complete the rest t question.)	st of this form. If you answered "yes," provide the name
Are you being paid for your representation. Are you appearing as part of your other part (If you answered "no," STOP; you need to question.)	aid duties for this per	Yes No Person or organization? Yes No Set of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council)	.3 minutes

	•				
Are you an eleother government	ected official or employe nental body?	e who is appea	ring solely on behalf of	your office or for yo	our municipality or
	red "yes" to the question ou answered "no" to the			of this form, except	that you must sign
If you are beithat:	ng paid for your represe	entation, or if y	our appearance is part of	of other paid duties,	please be advised
1.	Before you engage in le with the City Clerk.	obbying as a lo	bbyist, you or your prin	cipal must file an au	thorization
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spends period (half year), the remainder of the calend	principal mus	nore than \$1,000 for lobb t file expense statement	oying services in any is with the City Cle	reporting ork for the
Room 103 of ti	the City Clerk's websine City-County Building,			.html or go to the	Clerk's Office at
Date <u>Vov</u>	1. 27, 2012	Signature Print Name	RICK FI	ATKE	



Date: 13-12-(3)

WISH TO SPEAK FORM

CITY OF MADISON

Registratio	n Statement	Common C	ouncil			
J		COMMITTEE				
Please Print		PLEASE	E PRINT NAN	ME CLEARI	LY	
Agenda No.	<u>/ ()</u>	Name Address	10-6 12/8 A Mad 190	Reill Lexengen	14 137(0	Lage
Please check one	2:	AND	Pleas	se check:		
Support			·	Wish to	Speak	
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 not and go on to the next q	t complete the rest uestion.)	of this form. If	t you answere		No provide the name
Are you being paid for you appearing as pa	art of your other paid	duties for this per	rson or organizat of this form. I	ation? [☐ Yes ☐ Yes ed "yes," ;	☐ No ☐ No go on to the next
~ L	Public Hearing (Com Information Hearing. Other Items		3 minutes			

(SEE BACK)

Are you an elother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? 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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			



Date:	
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CITY OF MADISON

Registrat	ion Statement	Common C	Council			
Please Print		PLEASE	E PRINT NA	ME CLEARLY	•	
Agenda No	9+10		Kristina 602 A	Futke pollo Way		
Please check o	ne:	AND	Plea	ise check:		
Support				Wish to S	peak	
At this meeting are you (If you answered "no of who you represent	Support Nor Oppour representing an organ, "STOP; you need not and go on to the next quellephone number of each	nization or a perso t complete the rest vuestion.)	of this form.	If you answered		⊠ No ovide the name
Are you being paid for	or your representation?				Yes [□ No
Are you appearing as (If you answered "no question.)	part of your other paid, "STOP; you need not	duties for this per t complete the rest	rson or organize to f this form.		Yes ["yes," go	No on to the next
Speaking Limits:	Public Hearing (Com Information Hearing)					

(SEE BACK)

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name



Date: Nov 27, 2012

WISH TO SPEAK FORM

Registration Statem		non Council		
Please Print	COMMITT	EE.		
1 louise 1 lille	Pl	EASE PRINT NA	ME CLEARLY	
Agenda No. 9\$10		ame <u>Sean</u> ddress <u>738 M</u> Madise	Matuszak Clean Drive	
Please check one:	ANI	D Plea	ase check:	
Support			Wish to Speak	
Oppose				
Neither Support No	or Oppose			
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to the Name, address and telephone number	need not complete the next question.)	the rest of this form.	If you answered "yes,"	No provide the name
Are you being paid for your represen	ntation?		☐ Yes	□ No
Are you appearing as part of your ot (If you answered "no," STOP ; you question.)	her paid duties for t need not complete t	his person or organize the rest of this form.	zation?	☐ No go on to the next
Information 1	ng (Common Counc Hearing	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.)
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Date	Signature
	Print Name



Date: 1/ /27//2

DO NOT WISH TO SPEAK FORM

Registrati	ion Statement	Common Cour	ncil
Please Print GRANDVIEW Agenda No. COPP	COMMONS ENTER 25 STORE	PLEASE PR Name Address	RINT NAME CLEARLY BUICE MUNIZZA 105 VICKSBURG RD ADISON 53710
Please check or	ne:	AND	Please check:
Support			Do not wish to speak
Oppose			
Neither S	upport Nor Opp	oose	
(If you answered "no, of who you represent a	ou representing an organ " STOP; you need not and go on to the next qu ephone number of each	complete the rest of thinestion.)	is form. If you answered "yes," provide the name
	part of your other paid o		Yes No or organization? Yes No nis form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 min	nutes

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



DO NOT WISH TO SPEAK FORM

Registration	Statement - Commor	n Council
Please Print Agenda No. 28116	9+10 Name	SE PRINT NAME CLEARLY Carolyn Mortgomen ss 1205 Mc Lan Dr. 1) Vadison W1 53718
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
At this meeting are you re (If you answered "no," Si	port Nor Oppose presenting an organization or a peropertial properties of the peroperties of the peropertie	erson other than yourself: Yes No rest of this form. If you answered "yes," provide the name
Name, address and telepho	one number of each person or orga	anization you are representing:
Are you being paid for you Are you appearing as part (If you answered "no," ST question.)	of your other paid duties for this p	Yes No person or organization? Yes No rest of this form. If you answered "yes," go on to the next
Inf	blic Hearing (Common Council) . Cormation Hearing	3 minutes

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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	Signature
	Print Name

Date: 1 0 1 2	Date:	11.2	> 1)
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AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement -	
	COMMITTEE
	PLEASE PRINT CLEARLY
17	Name Max Dickman
Agenda No. 4 10	Address 875 E Wisconsin Ave.
	Address 875 E Wisconsin Are. Milwarkee, WI 53202
Please check one:	AND Please check:
Support	Available to answer
Oppose	questions
Neither Support Nor Opp	pose
of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid (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 eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
omer governii	lental body:
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Date 11. d	Signature May Dickman