

Date: 12/11/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	ouncil
Please Print		E PRINT NAME CLEARLY
Agenda No.	Name Address	Paul Reissy 12/8 Aferandria Lane Madwan 53718
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest uestion.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing) Other Items		3 minutes

(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?				
(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 beithat:	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.			
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?			
(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			

Date: 12/11/2

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print		PLEASE PRINT, NAME CLEA	ARLY ,
Agenda No. 5 $+$		Name $\frac{1}{1}$ Address $\frac{1}{$	LAVIS LION Trail 53718
Please check the app	propriate box:	Please check th	e appropriate box:
Support Oppose Neither Su	pport Nor Oppose	AND Wish to spea	
(If you answered "no, of who you represent	" STOP; you need not comp and go on to the next questio	on or a person other than yourself: olete the rest of this form. If you answ on.) on or organization you are representi	
			· · · · · · · · · · · · · · · · · · ·
Are you being paid fo	r your representation?		Yes No
		s for this person or organization? solete the rest of this form. If you answ	☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Conformation Hearing	· ·	

-		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 that:	are beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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•	~	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: De 11, 2012

WISH TO SPEAK FORM

Registration Statement	- Common C	Council		
Please Print	PLEASI	E PRINT NA	AME CLEARLY	
Agenda No. 566	Name Address		Matuszak McLean Drive	
Please check one:	AND	Plea	ase check:	
Support		X	Wish to Speak	
Oppose				
Neither Support Nor O	ppose			
At this meeting are you representing an or (If you answered "no," STOP; you need nof who you represent and go on to the next. Name, address and telephone number of extensions.	not complete the rest t question.)	t of this form.	If you answered "yes," provide the nam	пе —
				_
Are you being paid for your representation	1?		☐ Yes ☐ No	
Are you appearing as part of your other pa (If you answered "no," STOP ; you need requestion.)	*	_		ĸt
Information Hearin	ommon Council)	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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Date	Signature		
	Print Name		



Date: 12-11-2012

WISH TO SPEAK FORM

Registration Statement	- Common C	Council	
	COMMITTEE		
Please Print			
	PLEASE	E PRINT NA	ME CLEARLY
· .	Name	Donie	IJ. Haider
Agenda No.	Address	120 A	McLean Dr.
	1 Iddi 000	4 1	son, W1 53718
		Mode	10h, WI 53/10
Please check one:	AND	Plea	ase check:
Support		X	Wish to Speak
Oppose		\	
Neither Support Nor O	ppose		
At this meeting are you representing an or (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	not complete the rest t 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 pa (If you answered "no," STOP; you need r question.)			
Information Hearin	ommon Council)	3 minutes	

	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		



		É	1	
Date: _	12	111	117	

WISH TO SPEAK FORM

Registration Stateme	ent - Common Concomment Committee	uncil
Agenda No. Sandview	Name	PRINT NAME CLEARLY Alsa Allen 134 North Star Do Madwan. M
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support No	r Oppose	
At this meeting are you representing a (If you answered "no," STOP; you not of who you represent and go on to the Name, address and telephone number	eed not complete the rest of next question.)	this form. If you answered "yes," provide the name
Are you being paid for your represent	ation?	☐ Yes ☐ No
Are you appearing as part of your othe (If you answered "no," STOP; you no question.)		n or organization? Yes No f this form. If you answered "yes," go on to the nex
Information H	g (Common Council)5 m earing3 m 3 m	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	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			



Date:	12	-//	- 1	12
		······································		

WISH TO SPEAK FORM

Registration Statement -	Common C	Council	
Please Print	PLEASE	E PRINT NAME CLEARLY	
Agenda No	Name Address	RICK FATKE 602 Apollo Way MADISON	
Please check one:	AND	Please 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.	ot complete the rest	on other than yourself:	те
Name, address and telephone number of each	ch person or organi	zation 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 no question.)	d duties for this per ot complete the rest	rson or organization? Yes No t of this form. If you answered "yes," go on to the n	ext
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	3	3 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.)		
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(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 <u> </u>	-11-12 Signature 2 104		
	Print Name RICK FATKE		



~	
Date:	
1/2/15	
Lace.	

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil	
Please Print		PRINT NA	ME CLEARLY
Agenda No	Name Address		MUNSON EAST LAKESIDE N WI S3715
Please check one:	AND	Plea	ise 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 way with the state of the	t complete the rest question.)	of this form.	If you answered "yes," provide the name erepresenting:
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.)			
Speaking Limits: Public Hearing (Com Information Hearing Other Items	3	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 'this form. If you ar	"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 p that:	paid for your representation, or if your appearance is part of other paid duties, please be advised		
	fore you engage in lobbying as a lobbyist, you or your principal must file an authorization th the City Clerk.		
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(Please go to the Room 103 of the C	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 [7/11	Signature Signature		
ę ·	Print Name OKAN MUNSON		



___AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Cou	ıncil		
			RINT CLEARLY		
Agenda No5	~lo	Name	Tonya 1 6202 Dom	Nye inion f	<u>)(</u> 87.8
Please check	one:	AND	Please chec	ck:	
Support Support	;		Availal	ole to ans	wer
Oppose			questic	ons	
Neither	Support Nor Op	pose		,	
(If you answered "n of who you represen	you representing an orga to, "STOP; you need not at and go on to the next q telephone number of each	t complete the rest of t uestion.)	his form. If you answ		No provide the name
					
Are you being paid	for your representation?			☐ Yes	☑No
	s part of your other paid o," STOP; you need not			☐ Yes wered "yes,"	No go on to the next
Speaking Limits:		mon Council)5 m			

Are you an electory other government		who is appear	ing solely on behalf of your	office or for you	ir municipality or No
	ed "yes" to the question, k a answered "no" to the q		ed not complete the rest of th to the next question.)	is form, except t	hat you must sign
If you are being that:	g paid for your represen	tation, or if yo	ur appearance is part of oth	er paid duties,	please be advised
	Before you engage in lobwith the City Clerk.	obying as a lob	byist, you or your principal	must file an aut	norization
	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 e City-County Building, M		adison.com/clerk/index.html ore information.)	or go to the	Clerk's Office at
Date 12	11.17	Signature	Tongonnye		
		Print Name	Tonya Nye		



AVAILABLE TO ANSWER QUESTIONS FORM

Registra	ation Statement -	Common Co	uncil	
Agenda No.	5	PLEASE F Name Address	PRINT CLEARLY OF MCLE MADISON (FADUEN COME
Please check	one:	AND	Please che	ck:
Support Oppose	t.		Availa questic	ble to answer ons
	Support Nor Op	pose		
(If you answered "n of who you represer	you representing an organo," STOP; you need not and go on to the next question telephone number of each	t complete the rest of uestion.)	this form. If you ans	Yes No wered "yes," provide the nam
Are you being paid	for your representation?			☐ Yes ☐ No
Are you appearing a	as part of your other paid			☐ Yes ☐ No swered "yes," go on to the nex
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 m	ninutes	

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





AVAILABLE TO ANSWER QUESTIONS FORM

Registration St		mmon Cou	ıncil		
		PLEASE PI	RINT CLEA	RLY	
Agenda No. #5		Name	875	Dickma E. Wiscon whee, WI	sin Ave.
Please check one:		AND	Please	check:	
Support			$\mathbf{A}\mathbf{v}$	ailable to an	swer
Oppose			qu	estions	
Neither Suppor	t Nor Oppose				
At this meeting are you represe (If you answered "no," STOP of who you represent and go of who you represent and go of whom you represent a go of the your representation and go of the your re	you need not complete to the next question number of each person.	lete the rest of the control of the	his form. If yo	nu answered "yes,	
875 E- Wisconsin			5320	12 4/21-	231-5887
Are you being paid for your re	presentation?			Yes	⊠No
Are you appearing as part of you (If you answered "no," STOP, question.)					No " go on to the next
	Hearing (Common Cation Hearing	3 mi			

	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.)
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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 /2 -	11.12 Signature May Distring

Date: _/2////2___



AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement -	Common Council COMMITTEE
Agenda No. 5 - Granduru Gracy	PLEASE PRINT CLEARLY Name Den Brukmen Address
Please check one:	AND Please check:
Support Oppose	Available to answer questions
☐ Neither Support Nor Op	pose
of who you represent and go on to the next quality. Name, address and telephone number of each	t complete the rest of this form. If you answered "yes," provide the name question.) the person or organization you are representing:
Vendin Homes - 276-300	0
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	umon Council)5 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.)				
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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	/11/12 Signature ————————————————————————————————————				
·	Print Name Denie Brinkning				





AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement - Common Council			
•	COMMITTEE		
	PLEASE PRINT CLEARLY		
	Name CHRIS WIPTER		
Agenda No	Address 4820 H PANGLEWOOD ON.		
	Appleton, WI 54913		
Please check one:	AND Please check:		
Support Available to answer			
Oppose	questions		
Neither Support Nor Op	nose		
recent support to 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	t complete the rest of this form. If you answered "yes," provide the name		
Name, address and telephone number of each	h person or organization you are representing:		
Rollie WINTER 4 ASS	; o C .		
3315A N. BALLAND			
Appleton, WI 549			
7111 4000 1 3 11			
Are you being paid for your representation?			
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		

		elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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.)				
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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 _	12	1-11-12 Signature OWNT. Print Name CHAIS WINTER				
		Print Name CHALIS WINTER				





QAVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement -	
	PLEASE PRINT CLEARLY
Agenda No.	Name Michael Schmitt Address 21045 DAK Ridge Of.
	Brookfield, WI 53045
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	complete the rest of this form. If you answered "yes," provide the name uestion.) n person or organization you are representing:
Apple fon, W,	
-920-739-0101	,
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

_		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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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 _	12	1-11-12 Signature Michael J Schmitt



AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Cou	ncil
		COMMITTEE	
		PLEASE PR	RINT CLEARLY
		Name	Dan / DAY
Agenda No	5	Address	7530 WESTWARD WAY
			Manies la cl
			1.111012010101
Please check	one:	AND	Please check:
Support	Support Available to answer		
			questions
Oppose			•
Neither	Support Nor Op	pose	
(If you answered "n of who you represent Name, address and t	at and go on to the next quelephone number of each	complete the rest of the uestion.) n person or organization	nis form. If you answered "yes," provide the name
	DUDIAN HOMES	, E	\$ 10 \$100 \$10
V <i>C</i>	IVIIIIII PEODO	(Emilian	
Are you being paid t	for your representation?		Yes □ No
	s part of your other paid o," STOP; you need not		or organization? Yes No
Speaking Limits:	Information Hearing.	mon Council)5 min	nutes
	Other Rems	3 mi1	iuies

-	tre you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?				
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Date	12/11/12 Signature Name Man				
	Print Name DANIEL W. VAY				



Date: Dec 11, 2012

DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Co	ouncil	
Please Print		PLEASE	PRINT NAME CLE	ARLY
Agenda No	+6	NameAddress	Jeff Wi 620 M Madiso	nderlin cean Dr. n, WI 537
Please check on	e:	AND	Please chec	ek:
Support Oppose	造		Do not	wish to speak
Neither Su	pport Nor Opp	ose		
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not nd go on to the next qu	complete the rest of uestion.)	this form. If you ansv	Yes No vered "yes," provide the name ng:
Are you being paid for	your representation?			Yes No
Are you appearing as pa (If you answered "no," question.)				Yes No No wered "yes," go on to the next
I	Public Hearing (Common of Common of	3 r	ninutes	

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.)			
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please go to Room 103 of	o the City Clerk's website <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	SignaturePrint Name			



Date: 12/11/2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement - ַ	Common C	Council		NEW YORK CONTROL OF THE STATE O
Please Print		DIFACE	TODIST SISSON OF	ADIV	
Agenda No. 5+6		Name	Mike Te Ronde 6121 Tredenists Madren 53953		
Please check o	ne:	AND	Please che		
Support			Do not	t wish to spe	eak
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent	and go on to the next qu	complete the rest uestion.)	n other than yourself: of this form. If you answ tation you are represent] No vide the name
	part of your other paid		on or organization? of this form. If you ans	Yes Yes wered "yes," go o] No] No on to the next
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3	minutes		

(SEE BACK)

Are you an elected other governmental	official or employee who is appearing solely on behalf of your office or for your municipality or body?	
(If you answered "y this form. If you ans	ves" to the question, STOP. You need not complete the rest of this form, except that you must sign swered "no" to the question, go on to the next question.)	
If you are being pathat:	id for your representation, or if your appearance is part of other paid duties, please be advised	
	ore you engage in lobbying as a lobbyist, you or your principal must file an authorization the City Clerk.	
	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
peri	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 Room 103 of the Ci	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ty-County Building, Madison, for more information.)	
Date	Signature Print Name	
	A THILL I WHILL	



Date: $\frac{2-1}{2}$

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration S	tatement - Common Council	
Please Print	PLEASE PRINT NAME CLEARLY Name KAREN TE RONCE	
Agenda No. 5+6	Address 6121 Fredericksbue	g LV
Please check one:	AND Please check:	
Support	Do not wish t	o speak
Oppose		
Neither Suppo	rt Nor Oppose	
(If you answered "no," STO of who you represent and go	senting an organization or a person other than yourself: Yes by you need not complete the rest of this form. If you answered "yes on to the next question.) number of each person or organization you are representing:	· · · · · · · · · · · · · · · · · · ·
	epresentation? Yes Your other paid duties for this person or organization? Yes Yes You need not complete the rest of this form. If you answered "yes	☐ No
Inform	Hearing (Common Council)5 minutes sation Hearing	

(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?				
(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 being 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.)			
Date	Signature Print Name			



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration		Common Co	uncil		
Please Print		PLEASE F	PRINT NAME CLE	ARLY	
Agenda No. 5- Seam	<u>Viaherray</u>	Name	Suckley Brinkmi 11.9 North Stat Madyon, WI	71) 1 D) - #J2 53 718	94
Please check one:		AND	Please chec	ck:	
Support			Do not	t wish to s	peak
Oppose		•			
Neither Sup	port Nor Oppo	se			
At this meeting are you re (If you answered "no," So of who you represent and Name, address and telephone	TOP; you need not congo on to the next quest	nplete the rest of tion.)	this form. If you answ		No provide the name
Are you being paid for you	•			∐ Yes	No
Are you appearing as part (If you answered "no," ST question.)				∐ Yes wered "yes," g	☑ No go on to the next
Infe	olic Hearing (Commor ormation Hearing er Items	3 m	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?				
(If you answer this form. If yo	(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.	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.)				
D (Signatura			
Date	Signature Print Name			



Date: 12/1/12

DO NOT WISH TO SPEAK FORM

Registrat	tion Statement -	Common Committee	ouncil	
Please Print			PRINT NAME CLEA	RLY
Agenda No5		NameAddress	Tim Al 734 No Madison	len rth Star Dr
Please check o	ne:	AND	Please check	7.0 1.0
Support Oppose			Do not v	wish to speak
	Support Nor Op	pose		
(If you answered "no of who you represent	and go on to the next q	complete the rest of uestion.)		Yes No red "yes," provide the name g:
Are you being paid fo	r your representation?			Yes No
	part of your other paid "STOP; you need not			Yes No red "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 r	ninutes	

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	(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 beithat:	If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:			
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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			



Date:	_12-	1/	12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE			
Please Print	PLEASE PRINT NAME CLEARLY			
Agenda No. 5 (Grocery)	Name Kristina tatke Address 602 Aprilla Way Madison			
Please check one:	AND Please check:			
Support Oppose	Do not wish to speak			
Neither Support Nor Oppose 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	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			

(SEE BACK)

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.)		
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(Please go to Room 103 of t	the City Clerk's website <u>www.citvofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date	Signature		
4400	Print Name		



Date: $\frac{12/11/12}{}$

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Co	uncil
Please Print	PLEASE P	RINT NAME CLEARLY
Agenda No 5 +6	Name Address	Troy A. Nye 6202 Dominion Dr Madison WE 53718
Please check one:	AND	Please check:
Support Oppose	,	Do not wish to speak
Neither Support Nor Op	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 of tuestion.)	his 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 complete the rest of t	or organization?
Speaking Limits: Public Hearing (Communication Hearing Other Items	3 mi	nutes

(SEE BACK)