Date:	

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 PR	INT NAME CLEA	RLY	
Agenda No.297	56 (50)	Name DE Address	1 Simmons 19 Waubes	3 - (1	<u>CC</u>
Please check the app	ropriate box:		Please check the		box:
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to speal Do not wish t Available to a	k to speak answer questi	ons
(If you answered "no,	ou representing an organiza " STOP; you need not con and go on to the next quest	nplete the rest of th		☐ Yes ered "yes," pa	☐ No rovide the name
Name, address and tel	ephone number of each pe	rson or organization	a you are representing	ng:	
	·	·			
Are you being paid fo	r your representation?			☐ Yes	No
	part of your other paid duti " STOP; you need not con			☐ Yes ered "yes," g	No o on to the next
Speaking Limits:	Public Hearing (Commor Information Hearing				

Are you an elected official or employee w	ho is appearing solely on behalf of yo	ur office or for your municipality or
other governmental body?		Yes No

(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.)

ONDIENS 17A

Date

Signature

Print Name



Date:	

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil
Please Print		PRINT NAME CLEARLY
Agenda No	Name Address	Keith Pollod 406 North St Madison
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
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 que. Name, address and telephone number of each	complete the rest (uestion.)	of this form. If you answered "yes," provide the name
Good man Community	Conference	ation you are representing.
149 Waubosa Mc A 608-241-0884	adisor W	Ŧ.
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 perso complete the rest of	on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing	3	

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 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 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.			
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.			
	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 MHMM			



Date: 4/30/13

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil
Please Print	DIFASE	PRINT NAME CLEARLY
Agenda No. 50	Name _ Address _	James Kramer 2411 W. Broadway
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
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 que Name, address and telephone number of each Simpson Sto free Res	complete the rest of uestion.)	f this form. If you answered "yes," provide the name
-	4	· · · · · · · · · · · · · · · · · · ·
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)	duties for this perso complete the rest o	on or organization? Yes No f this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comr Information Hearing Other Items	3	minutes

-		lected 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.)
If you that:	are be	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.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.
		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: 4/30/13

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil	
Please Print	PLEASE	PRINT NA	ME CLEARLY
Agenda No50	Name <u>f</u>	tsnieg (Crawford Breadway
Please check one:	AND	Plea	ise check:
Support			Wish to Speak
Oppose		-	
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 que Name, address and telephone number of each	complete the rest o uestion.)	f this form. Į	If you answered "yes," provide the name
Simpson Street Free T	Press		
	4	,	
Are you being paid for your representation?			☐ Yes ☐ No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)	duties for this perso complete the rest o	n or organiza f this form. I	ation? Yes No If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3 t	ninutes	

Are you an el other governr	lected 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: 4-30-13

WISH TO SPEAK FORM

Registration Statement -	Common C	Council	_
Please Print		E PRINT NAME CLEARLY	
Agenda No. 50	Name Address	Deidre Græn 2411 W. Broadway	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose	. '		
Neither Support Nor Op	pose	Y	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	complete the rest uestion.)	of this form. If you answered "yes," provide th	'ie name
Simpson Street Free Pres	Š		
-	4		
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 pers complete the rest	son or organization? Yes No of this form. If you answered "yes," go on to t	he next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	3 minutes	

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Signature
Print Name