



Date: 7/6/20/3

# WISH TO SPEAK FORM

Registration Statement -	Common C	Council		
<b>G</b>	COMMITTEE	•		
Please Print	PLEASE	E PRINT NAN	ME CLEARLY	
Agenda No. 50	Name Address	2602	Garcia Sier	71 H . x
		Madis	50m, W15	3+11
Please check one:	AND	Pleas	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 Name, address and telephone number of ea	ot complete the rest question.)	t of this form. If	f you answerea yes,	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 n question.)	d duties for this per ot complete the res	rson or organiza t of this form. L	ation?	☐ No " go on to the next
Speaking Limits: Public Hearing (Co. Information Hearing Other Items	g	.3 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?  Yes No
	red "yes" to the question, <b>STOP.</b> 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
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 he City-County Building, Madison, for more information.)
Date 7	Signature  Print Name  Mario Garcia Sienca



Date:	
Daw.	

Registration Statement -	Common C	Council
	COMMITTEE	
Please Print	PLEASE	E PRINT NAME CLEARLY
Aganda No.	Name	Judith Rosario
Agenda No.	Address	Madison WI 53713
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
of who you represent and go on to the next	nt complete the resu question.)	t of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organi	zation you are representing:
Centro Hispano &	4 Dan	e County
SID W Badger	Rd.	
Madison WI	537	13
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 res	rson or organization?
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	5	.3 minutes

Are you an e other govern	lected 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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Date	Signature
	Print Name



Date: 7/16/20()

## **WISH TO SPEAK FORM**

Registration Statement -	Common C	Council	
	COMMITTEE		
Please Print	· .		
	PLEASE	E PRINT NAME CLEARLY	
	Name	COACH ASSA	
Agenda No. <u>50</u>	Address	5809 BALSUM RI	Dt.
		MD NI 53711	
Please check one:	AND	Please check:	
/ · G		Wigh to Speek	
<b>✓</b> Support		<b></b> ✓ Wish to Speak	
Oppose			,
Neither Support Nor Op	nose		
	F		
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest question.)	t of this form. If you answered "yes," provide the	name
		<del>-</del>	
Are you being paid for your representation?	,	☐ Yes   ✓ No	
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question.)	duties for this per t complete the rest	rson or organization?	e next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	•••••	.3 minutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	red "yes" to the question, <b>STOP.</b> 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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	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 <u> </u>	6-13 Signature ————————————————————————————————————			
	Print Name COACH ASSA			



T .	
Date:	
Date.	

Registration	on Statement -	Common Co	uncil		
Please Print		PLEASE F	PRINT NAI	ME CLEARLY	
Agenda No. <u>+ 5</u> (	)	NameAddress	Becky	L. Green	
Please check on	ie:	AND	Plea	se check:	
<b>Support</b>				Wish to Speal	<b>.</b>
Oppose					
Neither St	upport Nor Op	ppose			
At this meeting are you (If you answered "no, of who you represent to Name, address and telement of the control	" <b>STOP;</b> you need no and go on to the next	ot complete the rest o question.)	f this Jorm. 1	ij you answerea yes,	☐ No " provide the name
MCMOTING	10//1/00/ 1	*( <i>O</i> *		-	
			,		
Are you being paid for	r your representation	?		Yes	✓No
Are you appearing as (If you answered "no, question.)	part of your other pai	id duties for this person toot complete the rest of	on or organiz	zation?	□ No " go on to the next
Speaking Limits:	Information Hearin	ommon Council)5 .g3 3	minutes		

-	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of other governmental body?				
		red "yes" to the question, <b>STOP.</b> 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:	u 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 <sub>.</sub>		Signature			
		Print Name			



Date:	
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Registration Statement		ouncil
Please Print  Agenda No.	PLEASE I  Name  Address	PRINT NAME CLEARLY  JESS MARKLE  1521 BRYNWOOD DE
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 no of who you represent and go on to the next Name, address and telephone number of each of the part of t	not complete the rest of t question.)  ach person or organiza	tion you are representing:
		·
Are you being paid for your representation.  Are you appearing as part of your other pa (If you answered "no," STOP; you need re question.)	id duties for this perso	Yes No on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Co Information Hearing	ommon Council)5 1 1g3 1	minutes

	elected official or employee who is appearing solely on behalf of your nmental body?	office or for your municipality or Yes No
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of the fyou answered "no" to the question, go on to the next question.)	is form, except that you must sign
If you are being that:	being paid for your representation, or if your appearance is part of oth	er paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal with the City Clerk.	must file an authorization
2.	Your principal is not permitted to authorize you to lobby unless you city Clerk.	ou are registered with the
3.	Your principal must file expense statements with the City Clerk calendar year regardless of the amount spent on lobbying.	for the remainder of the
Room 103 of th	to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> of the City-County Building, Madison, for more information.	or go to the Clerk's Office at
Date	Signature Print Name  1 - 15	W DRXLI



D /	
Date:	

## CITY OF MADISON

Registration Statemen	nt - Common C	ouncil		
Please Print	PLEASE	PRINT NAME CL	EARLY	Ĉ
Agenda No. #50	Name Address	Jeresa 3430 k Madison	laple 6	7- Giron role Dr. 537/9
Please check one:	AND	Please cho	eck:	
Support		Wisl	h to Speak	
Oppose				
Neither Support Nor	Oppose			
At this meeting are you representing ar (If you answered "no," STOP; you need of who you represent and go on to the to Name, address and telephone number of	ed not complete the rest next question.)	of this form. If you an	iswered "yes,"	☐ No provide the name
			_	
Are you being paid for your representa	tion?		Yes	No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	r paid duties for this per ed not complete the rest	son or organization? of this form. If you ar	Yes Yes nswered "yes,"	No go on to the next
Information He	(Common Council)	3 minutes		

(SEE BACK)

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?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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_	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date 7 (	Signature Print Name    Level   ellet - 6 ivon



Date: 7/14/13

## WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil		
_	COMMITTEE	•		
Please Print	PLEASE	PRINT NA	ME CLEARLY	
Agenda No. # 50	Name Address	Danye 3722 W Uadh'sw	II Reed V. Karstu VII	us on #1 52704
Please check one:	AND	Plea	se check:	•
Support			Wish to Sp	eak
Oppose		(		
Neither Support Nor Op	pose	· .		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality of who you have and telephone number of each with the state of	t complete the rest question.)	of this form. I	f you answered "y	Yes
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 pers t complete the rest	son or organiz of this form. I	ation?	Yes No Yes No yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> 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 bothat:	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 7	Signature Danyel Reach  Print Name DOWN (1) Reach



Date	:4/	10	13
		Marie Construction of the	

Registration Statement	Common C	<u>ouncil</u>
Please Print		PRINT NAME CLEARLY
Agenda No. #50	Name Address	Gester, 149 Warbesa
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an organized (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each of the next of th	question.)	
question.)	id duties for this per tot complete the re-	5 minutes
Speaking Limits: Public Hearing (Co Information Hearin Other Items	σ	3 minutes

	NEGOTIATION OF ATEMENT - FAGE 2
Are you an elect other governmen	ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body?
(If you answered this form. If you d	d "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you are being that:	paid for your representation, or if your appearance is part of other paid duties, please be advised
1. B	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Y	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. Y	our principal must file expense statements with the City Clerk for the remainder of the alendar year regardless of the amount spent on lobbying.
(Please go to th Room 103 of the (	ne City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at City-County Building, Madison, for more information.)  Signature
	Print Name Deenah 61 Vews



	7	/,	11	//	/	
Date:		//	6/	_	<u>/</u>	$\leq$

Registration Statement -	Common C	ouncil	
	COMMITTEE		
Please Print	PLEASE	PRINT NAME CLEARLY	·
Agenda No.	Name _ Address _	Fabiola 13 Swanton Madism, W	tamdar Pd IS37K
Please check one:	AND	Please check:	
Support		☐ Wish to Spe	ak
<b>Oppose</b>			
Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q  Name, address and telephone number of each	complete the rest of uestion.)	of this form. If you answered "ye	
Are you being paid for your representation?		Ye	s 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? Year of this form. If you answered "year"	
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes	

-		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, <b>STOP.</b> 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	<u> </u>	16/13 Signature Develop Herbert

Print Name Falsiola



## CITY OF MADISON

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Deviated ion Statement -	Common C	ouncil
Registration Statement	COMMITTEE	
Please Print	•	
1 lease 1 tille	PLEASE	PRINT NAME CLEARLY
	Name	Kacien CAIRE Myban leap
Agenda No.	Address	2192 5 fork Street
3		Madon, WE 58203
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
of who you represent and go on to the next of	t complete the resi question.)	of this form. If you unswered yes, Free and
Name, address and telephone number of each	ch person or organi	zation you are representing:
Mohan / parice of	Great 1	Varfyon
2102 S Bark &	ret, Suite	200
Madison Lit	53763	
Are you being paid for your representation?	)	☐ Yes No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question.)	d duties for this pe ot complete the res	rson or organization? Yes No t of this form. If you answered "yes," go on to the next

(SEE BACK)

Public Hearing (Common Council) .....5 minutes

Speaking Limits:

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
(If you ans this form. I	vered "yes" to the question, <b>STOP.</b> 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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Date	Signature
	Print Name





Registration Statemen	it - <u>Common Co</u>	ouncil
	COMMITTEE	
Please Print	PLEASE	PRINT NAME CLEARLY
	Name	James Kramer
Agenda No	Address	James Kramer 2411 W. Broadwary
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor	Oppose	
At this meeting are you representing an (If you answered "no," STOP; you nee of who you represent and go on to the no.  Name, address and telephone number of the no.	d not complete the rest of next question.)	f this form. If you answered "yes," provide the name
		-
Are you being paid for your representate  Are you appearing as part of your other (If you answered "no," STOP; you need question.)	naid duties for this perso	Yes No on or organization? Yes No of this form. If you answered "yes," go on to the nex
Information Hea	(Common Council)5 aring3	minutes

Are you an e other govern	ected official or employee who is appearing solely on behalf of your office or for your municipality on mental body?
	red "yes" to the question, <b>STOP.</b> 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:	+	110/	13
Date.		(	

Registration Statement	- Common C	ouncil		
Please Print	PLEASE	PRINT NA	ME CLEARLY	
Agenda No	Name Address		Arapahoe lune son, wl	-
Please check one:	AND	Plea	ase check:	
<b>Support</b>			Wish to Speak	
Oppose				
Neither Support Nor O	ppose			
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the next Name, address and telephone number of e	not complete the rest ct question.)	oj tnis jorm.	If you unswered yes, provide the nam	1е 
Are you being paid for your representation  Are you appearing as part of your other period (If you answered "no," STOP; you need question.)	aid duties for this ne	rson or organi t of this form.	☐ Yes ☐ No ization? ☐ Yes ☑ No . If you answered "yes," go on to the ne	 vxt
Speaking Limits: Public Hearing (C	Common Council)	3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, <b>STOP.</b> 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 fifthe City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 1/16/19

## WISH TO SPEAK FORM

Registration Staten	nent - <u>Common (</u> COMMITTEE	Council
Please Print	•	E PRINT NAME CLEARLY
A. V.		
Agenda No. 50	Name	
Agenda No.	Address	206 E WINNEQUAN RI
		MADOON, WI 53716
Please check one:	AND	Please check:
<b>Support</b>		Wish to Speak
Oppose		
Neither Support N	or Oppose	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to to Name, address and telephone numbers.	need not complete the rest he next question.)	st of this form. If you answered "yes," provide the name
		· · · · · · · · · · · · · · · · · · ·
		·
Are you being paid for your represe	ntation?	☐ Yes ☐ No
Are you appearing as part of your of (If you answered "no," STOP; you question.)	ther paid duties for this per need not complete the rest	rson or organization?  Yes No St of this form. If you answered "yes," go on to the next
Information	ng (Common Council) Hearing	.3 minutes

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?	
		ed "yes" to the question, <b>STOP.</b> 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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Date		Signature	
		Print Name	

Date:	
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### 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 No5		Name Dotyna Mo Address 3033 Web <u>madlson</u>	WI 83714
Please check the app Support Oppose Neither Su	pport Nor Oppose	AND Wish to spe	
(If you answered "no of who you represent  Name, address and te	," <b>STOP;</b> you need not co and go on to the next que.	zation or a person other than yourself: omplete the rest of this form. If you answertion.)  person or organization you are represent	
Women o	& Worthing	ton	-
Are you appearing as	or your representation?  part of your other paid du	uties for this person or organization? complete the rest of this form. If you ans	☐ Yes ☑ No ☐ Yes ☑ No swered "yes," go on to the next
Speaking Limits:	Information Hearing	on Council)5 minutes 3 minutes	

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, <b>STOP.</b> 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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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 he City-County Building, Madison, for more information.)
Date	Signature Detyn Mene
	Print Name Dolling Modre

Date: 7-16-2013



# DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name CARLA MCCANTS  Address 3041 WEBB AUL #1  MADISON, WI 53714
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Op	ppose
of who you represent and go on to the next  Name, address and telephone number of each	of complete the rest of this form. If you answered "yes," provide the name question.)  ch person or organization you are representing:
Woman of Wor	e-thing-ton
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.)	of complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

Are you an elother governr		ee who is appear	ing solely on behalf of your office or for your municipality or Yes No
(If you answe this form. If y	red "yes" to the question ou answered "no" to the	n, <b>STOP.</b> You nee question, go on t	ed not complete the rest of this form, except that you must sign to the next question.)
If you are be that:	ing paid for your repres	entation, or if yo	ur appearance is part of other paid duties, please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lob	byist, you or your principal must file an authorization
2.	Your principal is not particularly Clerk.	permitted to auth	orize you to lobby unless you are registered with the
3.	Your principal must f calendar year regardles		ments with the City Clerk for the remainder of the spent on lobbying.
(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 7-1	5-2013	Signature	Carle McCarts
		Print Name	CARIA MCCANTS



# DO NOT WISH TO SPEAK FORM

Registra	tion Statement	Common Co	ouncil		
Please Print  Agenda No.		PLEASE  Name  Address	PRINT NAME CLE REACE 2314 LO WORLOW	Balle Balle Lelan WI	5 d Ave 5370
Please check of Support	one:	AND	Please che	ck: t wish to sp	oeak
Oppose Neither	Support Nor Opp	oose			
(If you answered "not of who you represen	you representing an organ o," <b>STOP;</b> you need not a t and go on to the next qu elephone number of each	complete the rest o uestion.)	f this form. If you ans	wered "yes," pr	No rovide the name
			·		
Are you being paid f	or your representation?			Yes	□ No
Are you appearing as (If you answered "no question.)	s part of your other paid of your other paid of you need not of	luties for this perso complete the rest o	n or organization? f this form. If you ans	☐ Yes   wered "yes," go	No on to the next
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items	3 1	ninutes		

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> 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
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.
(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

Date:  $\frac{7 - 16 - 13}{}$ 



# DO NOT WISH TO SPEAK FORM

Registra	ation Statement	Common Co	uncil		
Please Print		PLEASE P	RINT NAME CLE	ARLY	
Agenda No	50	Name Address	Rissel Sa 4701 B Madrey	nderson 16-0-6-46 NI 537	< L.
Please check	one:	AND	Please che	ck:	
Support	<del>.</del>		Do no	t wish to speak	
Oppose					
Neither	Support Nor Opp	oose			
(If you answered "r of who you represer	you representing an organ no," STOP; you need not not and go on to the next qu telephone number of each	complete the rest of a	this form. If you ans		e name
		·			
Are you being paid	for your representation?			Yes No	
Are you appearing a (If you answered "n question.)	s part of your other paid on, "STOP; you need not	duties for this person complete the rest of	or organization? this form. If you ans	Yes No wered "yes," go on to the	he next
Speaking Limits:	Public Hearing (Comm. Information Hearing Other Items	3 m	inutes		

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Date	Signature
	Print Name