

Date: 8/6/13

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil
	COMMITTEE	
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No	Name Address	Neil Gebrart 2443 Bray Haven Dr
	· •	
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 quality Name, address and telephone number of each	t complete the rest ruestion.)	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 pers t complete the rest	son or organization?
Speaking Limits: Public Hearing (Com- Information Hearing) Other Items		3 minutes

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or municipality or learning solely on behalf of your office or for your municipality or municipality or learning solely on behalf of your office or for your municipality or municipality or learning solely on behalf of your office or for your municipality or learning solely on behalf of your office or for your municipality or learning solely on behalf of your office or for your municipality or learning solely on behalf of your office or for your municipality or learning solely on behalf of your office or for your municipality or learning solely or lear
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.)
If you are 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.
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.
	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:		
Date.	 	

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil		
	COMMITTEE			
Please Print	•			
	PLEASE	PRINT NAME CLEARLY		
	Name	John McKenzie		
Agenda No.	Address	902 Hidden Cave Rd		
	_	Madison Wi		
Please check one:	AND	Please check:		
Support	4	Wish to Speak		
Oppose				
	nose			
Neither Support Nor Opp	pose			
At this meeting are you representing an organization or a person other than yourself: (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?		☐ 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	on or organization? Yes Who of this form. If you answered "yes," go on to the next		
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items	3	minutes		

re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?
you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign is 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 at:
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te 8/6/11 Signature Print Name John McKenzie
Time traine / V - (V





AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	COMMITTEE	ouncil	,	
Agenda No.	+ 21	PLEASE Name Address	PRINT CLEARLY Vurg Wee 1836 Key MADISON	1	- H(
Please check of	one:	AND	Please che	eck:	
Support Oppose			X Availa questi	ible to ans ions	wer
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga o, "STOP; you need not t and go on to the next q elephone number of each	complete the rest uestion.)	of this form. If you an	swered "yes,"	No provide the name
Ano year hain a maid f	on violan managementation?			☐ Yes	
Are you appearing as	or your representation? s part of your other paid o, "STOP; you need not	duties for this pers	on or organization? of this form. If you an	Yes	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing.				

-		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, STOP. You need not complete the rest of this form, except that you must sign a 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
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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 e City-County Building, Madison, for more information.)
Date	5-6	Signature Comment of the Comment of



Date:	8	- Co-	13	

WISH TO SPEAK FORM

Registration Statement	Common C	ouncil
•	COMMITTEE	
Please Print	•	
	PLEASE	PRINT NAME CLEARLY
	Name _	Joanna Burish
Agenda No. 111) 21 3 104	Address _	8114 Starr Grass Dr
	·	Madison, WI 53719
Please check one:	AND	Please check:
Support	:	Wish to Speak
Oppose		an 313104
Neither Support Nor Opp	pose	
of who you represent and go on to the next qu	complete the rest of the complete the comple	of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organiza	ation you are representing:
Welton Enterprises	ITAC	702 N. Blackhawk Av Sk 10
•	<i>\$</i>	mdsn WI 537 19
·		
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 o	on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes

		n elected official or employee who is appearing solely on behalf of your office or for yournmental body?	our municipality or No
		swered "yes" to the question, STOP. You need not complete the rest of this form, except If you answered "no" to the question, go on to the next question.)	that you must sign
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	2.	Your principal is not permitted to authorize you to lobby unless you are registere City Clerk.	d with the
	3.	Your principal must file expense statements with the City Clerk for the remain calendar year regardless of the amount spent on lobbying.	der of the
		o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the of the City-County Building, Madison, for more information.)	Clerk's Office at
Date .		Signature	
	•	Print Name	