

Date:	8-6-13	

# WISH TO SPEAK FORM

Registration Statement -	Common (	Council
_	COMMITTEE	
Please Print		
	PLEASI	PRINT NAME CLEARLY
	Name	Joanna Burish
Agenda No. 11 ) 21 3 104	Address	8114 Starr Grass Da
	•	Madison, WI 53719
Please check one:	AND	Please check:
Support	;	Wish to Speak
Oppose		on 313104
Neither Support Nor Opp	nose	
Treither Support Troi 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 que.  Name, address and telephone number of each	complete the rest uestion.)	of this form. If you answered "yes," provide the name
Welton Enterprises	IInc	702 N. Blackhawk Av Sk 109
•	£	Mdsn 1/1 537 5
Are you being paid for your representation?		Yes No
question.)	complete the rest	of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items		3 minutes

Are you an elected of other governmental	official or employee who is appearing solely on behalf of your offi body?	ce or for your municipality or Yes No
	res" to the question, <b>STOP.</b> You need not complete the rest of this forwered "no" to the question, go on to the next question.)	orm, except that you must sign
If you are being pai	id for your representation, or if your appearance is part of other p	oaid duties, please be advised
	ore you engage in lobbying as a lobbyist, you or your principal must the City Clerk.	et file an authorization
	r principal is not permitted to authorize you to lobby unless you a Clerk.	re registered with the
	r principal must file expense statements with the City Clerk for ndar year regardless of the amount spent on lobbying.	the remainder of the
	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or y-County Building, Madison, for more information.)	go to the Clerk's Office at
Date	Signature	
	Print Name	



Date:	
Duit.	

# WISH TO SPEAK FORM

Registration Statement	- Common Co	ouncil	
-	COMMITTEE		
Please Print	PI FASE	PRINT NAME CLEARLY	
Agenda No.	NameAddress	Ry = Q Q m fins in	(«() M
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 o t question.)	of this form. If you answered "yes," pr	☑ No ovide the name
		-	
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 a question.)	id duties for this person to complete the rest o	on or organization?	No on to the next
Information Hearing	ommon Council)5 ng3	minutes	

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?  Yes No
	wered "yes" to the question, <b>STOP.</b> 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: _	8	-G	_	13	
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# WISH TO SPEAK FORM

Registration Statement -	Common C	Council		
-	COMMITTEE	•		
Please Print	• .			
	PLEASE	E PRINT NA	ME CLEARLY	
164	Name	(and	le Schooffer	
Agenda No.	Address	887	Choine Meadai	) ( ic_
,	•	orego	on, WI 5357	75
Please check one:	AND	Plea	ise check:	
Support	:	· 📈	Wish to Speak	
Oppose		, .		
Neither Support Nor Opp	nose			
Treffici Support Ivor 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 of who you represent and go on to the next quality of the property of each who you have a supplied to the property of the property	complete the rest uestion.)	of this form.	If you answered "yes," provi	No ide the name
11/100,300 001				
·_·			*	
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 organiz of this form.		No n 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?
	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.)
If you are t 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.
(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 fithe City-County Building, Madison, for more information.)
Date O	06-13 Signature

Print Name



# **AVAILABLE TO ANSWER QUESTIONS FORM**

Registration Statement -	Common Co	ouncil
	,	PRINT CLEARLY
Agenda No. 104	Name Address	Kurt Welton 1836 KEYES AVE MADISON, WI 5371)
Please check one:	AND	Please check:
Support		Available to answer
Oppose		questions
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 of question.)	f this form. If you answered "yes," provide the name
•		☐ Yes ☑ No  n or organization? ☐ Yes ☑ No  f this form. If you answered "yes," go on to the next
question.)  Speaking Limits: Public Hearing (Com Information Hearing.  Other Items	3 n	

	elected official or employenmental body?	ee who is appeari	ng solely on behalf of your off	ice or for you	ur municipality or No	
	vered "yes" to the question you answered "no" to the		d not complete the rest of this for the next question.)	orm, except t	that you must sign	
If you are t that:	peing paid for your represo	entation, or if you	ar appearance is part of other	paid duties,	please be advised	
1.	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 part City Clerk.	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 Room 103 o	to the City Clerk's webs of the City-County Building	ite <u>www.cityofmo</u> , Madison, for mo	<u>adison.com/clerk/index.html</u> or re information.)	go to the	Clerk's Office at	
Date	6/13	Signature Print Name	ML 1 CURSON D. WELTON			