

WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common C	ouncil		
	• .	COMMITTEE	•	en e	
Please Print		DIFASE	PRINT NAN	ME CLEARLY	
		· , 	TAM		2025
	\mathcal{L}	Name .			1.) 10.
Agenda No		Address	6300	S JACOBS	- WAY
		-	MHOI	500, W15,	55/1/
Please check	one:	AND	Pleas	se check:	-
Support			X	Wish to Speak	٠,٠
Oppose					
Neither .	Support Nor Opp	pose			
(If you answered "n of who you represen	you representing an organg, "STOP; you need not tand go on to the next quelephone number of each	complete the rest uestion.)	of this form. If	you answered "yes,"	No provide the name
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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 on, "STOP; you need not	duties for this pers complete the rest	on or organiza of this form. If	tion? Yes You answered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com				:
	Information Hearing Other Items	3 3	minutes	•	
	Outer nems	***************************************			

(SEE BACK)

Are you other gov	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
(If you ar this form	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 ar 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 g Room 103	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



WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common (Council
	COMMITTEE	
Please Print		
	PLEASI	E PRINT NAME CLEARLY
	Name	Gloria Meyer
Agenda No	Address	13 Jacob's Ct
	•	Madison WT 53711
	·.	- Charles of the state of the s
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose	•	
Neither Support Nor Opp	nose	
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•		" .
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 the	complete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n 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 not question.)	duties for this pers complete the rest	son or organization? Yes No No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items		minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you this fo	i answei rm. 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.)
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date		Signature
		Print Name



Date:	
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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	COMMITTEE	Council
Please Print		PRINT NAME CLEARLY
Agenda No.		Sherri Swartz 2402 Prairie Rd. Madison
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 no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest 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 paid (If you answered "no," STOP; you need no question.)	l duties for this per t complete the rest	son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes

(SEE BACK)

	elected official or employee who is appermental body?	aring solely on behalf of your office or t	for your municipality or Yes No
	ered "yes" to the question, STOP. You revou answered "no" to the question, go o	need not complete the rest of this form, ex n to the next question.)	ccept that you must sign
If you are be that:	eing paid for your representation, or if	your appearance is part of other paid du	ities, please be advised
1.	Before you engage in lobbying as a l with the City Clerk.	obbyist, you or your principal must file a	an authorization
2.	Your principal is not permitted to au City Clerk.	thorize you to lobby unless you are reg	istered with the
3,	If your principal spends or will owe period (half year), the principal muremainder of the calendar year?	more than \$1,000 for lobbying services is file expense statements with the City	n any reporting y Clerk for the
(Please go to Room 103 of t	o the City Clerk's website <u>www.cityoj</u> the City-County Building, Madison, for	f <u>madison.com/clerk/index.html</u> or go to more information.)	the Clerk's Office at
Date 9/18	12 Signature	Sherri Swartz	
	Print Name	Sherri Swartz	•



Date: 597 18,2012

WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement	Common C	ouncil		
		COMMITTEE			
Please Print		PLEASE	PRINT NAME CLEA	RLY	
Agenda No	4	Name _ Address _	1114 700	ance resa	firace
Please check o	ne:	AND	Please check	# 4 g	
Support			Wish to	o Speak	, ře
Oppose		,			
Neither S	upport Nor Opp	ose			
(If you answered "no,	ou representing an organ "STOP; you need not a and go on to the next qu	complete the rest c	other than yourself: of this form. If you answe	Yes [red "yes," pr	No No ovide the name
Name, address and tel	lephone number of each	person or organize	ation you are representing	errace	- Hammert
- Nighber	hood Group		J	· · · · · · · · · · · · · · · · · · ·	<u></u>
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Are you being paid fo	r your representation?			Yes (JNo .
Are you appearing as (If you answered "no, question.)	part of your other paid d "STOP; you need not d	luties for this perso complete the rest o	on or organization? f this form. If you answe	Yes red "yes," go	No on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3	minutes	· · · · · · · · · · · · · · · · · · ·	
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(SEE BACK)

Are you an electory other government	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 answered "no" to the question, go on to the next question.)
If you are bein that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
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Date	Signature
	Print Name



WISH TO SPEAK FORM

CITY OF MADISON

Registrati	ion Statement		ouncil		
		COMMITTEE			
Please Print		PLEASE	PRINT NAME CLEA	RLY	
		Name	James Partee	,	
	4		,		
Agenda No		Address	6305 Jac	obs way	
			Madison		
Please check or	ne:	AND	Please check	****	
Support				Speak **	
Oppose		In	favor of hei	guborhood	
Meither S	upport Nor Opi	oose hou	se on There	sa Lu.	
	II.				
(If you answered "no, of who you represent of	and go on to the next q	complete the rest uestion.)	n other than yourself: of this form. If you answer tation you are representing		e name
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Are you being paid for	your representation?			Yes No	
Are you appearing as a (If you answered "no, question.)	part of your other paid on some of your other paid on the source of the	duties for this pers complete the rest	on or organization? of this form. If you answe	Yes No red "yes," go on to th	'ie next
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items		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 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.)				
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ate Signature				
Print Name				



WISH TO SPEAK FORM

CITY OF MADISON

Registra	ation Statement -	Common Co	uncil		
	· .	COMMITTEE	•		
Please Print		•			
		PLEASE F	PRINT NAME CLE	EARLY	
		Name	Kevin	Wynore	
Agenda No.	4	Address		Lucyln	
215 Onda 1 (0.		Address	1/2	July CV	
		·	V Geo i	500	
Please check	one:	AND	Please che	ck:	
Support			Wish	to Speak	, fe
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Name, address and t	elephone number of each	n person or organizati	ion you are represent	ing:	٠,
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Are you being paid f	for your representation?			Yes X	No ·
Are you appearing a (If you answered "no question.)	s part of your other paid o, "STOP; you need not	duties for this person complete the rest of	or organization? this form. If you ans		No n to the next
Speaking Limits:	Public Hearing (Com			:	
	Information Hearing	3 m	inutes		•
	Other Items	3 m	inutes		

Are you an el other government	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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Date	Signature			
	Print Name			

Date: $\frac{1/18/12}{}$

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print		PLEASE PR	INT NAME CLEAF	RLY	
Agenda No.	474	Name All	i Brooles 7 Rogers S	st-Apt-i	В
Please check the app	ropriate box:		Please check the	appropriate bo	ox:
	pport Nor Oppos			o speak nswer questions	
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need no	anization or a person otle of complete the rest of the question.)	ner than yourself: nis form. If you answe] No vide the name
Name, address and tel	ephone number of each	ch person or organizatio	n you are representing	g: Digani	reps
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(If you answered "no,	nart of your other paid	d duties for this person of the complete the rest of the	or organization? his form. If you answi	Yes	No No on to the next
question.) Speaking Limits:	Information Hearing	mmon Council)5 mi g3 mi 3 mi	nutes		

Are you an oother govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answethis 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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Date	Signature
	Print Name

Date: 9 18 12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print			NT NAME CLEA	·) / " 1 / C	n(
Agenda No.	13 4	Name	14 13 T	ay Phillip Neresa Te	rracl
Please check the app	ropriate box:			e appropriate box:	
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to spea Do not wish Available to	k to speak answer questions	
(If you answered "no, of who you represent of	ou representing an organizar "STOP; you need not con and go on to the next quest ephone number of each per	nplete the rest of thi ion.)	is form. 15 you answ		o ? the name
Are you being paid fo	or your representation?			☐ Yes	lo
Are you appearing as (If you answered "no question.)	part of your other paid dut," STOP; you need not con	ies for this person omplete the rest of the	r organization? nis form. If you ansv	☐ Yes ☑ N wered "yes," go on	lo to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 mir	nutes		

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Date	Signature		
	Print Name		

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print		PLEASE	PRINT NAME CLEA		
Agenda No.	+3-4	Name 6	JOSHQV	1ti Fr	engk
At this meeting are you (If you answered "no of who you represent	apport Nor Oppose ou representing an organity, "STOP; you need not contain and go on to the next que	complete the rest (estion.)	Wish to spea Do not wish Available to nother than yourself:	answer question Yes wered "yes," pro	ns
Are you appearing as (If you answered "no question.)	or your representation? s part of your other paid do, " STOP ; you need not o	complete the rest	of this form. If you ans	☐ Yes	☐ No ☐ No ⊙ on to the next
Speaking Limits:	Public Hearing (Comn Information Hearing		3 minutes		

	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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Date	Signature			
	Print Name			

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

			•
Please Print		PLEASE PRINT NAM	ME CLEARLY
Agenda No. 9	3 4	Name ALM Address LLM TWWe	12 ODGO SU TENVACE
Please check the app	propriate box:	Please	se check the appropriate box:
At this meeting are y (If you answered "no of who you represent	o," STOP; you need n t and go on to the next	AND Do	ij you unswered yes, provide me
	for your representation		Yes No
Are you appearing a (If you answered "n question.)	s part of your other pa o," STOP; you need	aid duties for this person or organimot complete the rest of this form.	. If you answered "yes," go on to the ne
Speaking Limits:	Information Heari	ommon Council)5 minutes ng3 minutes	

Are you an eother govern	elected 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, 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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Date	Signature		
	Print Name		

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print		PLEASE P	RINT NAME CLEA		
Agenda No. 20	+>-4	Name $\frac{1}{\sqrt{2}}$ Address $\frac{1}{\sqrt{2}}$	mit a Gree 115 Theres	a Temace	
Please check the app	propriate box:		Please check the	e appropriate box:	
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to spea Do not wish Available to		
(If you answered "no, of who you represent	ou representing an organizat "" STOP; you need not com and go on to the next questi lephone number of each per	iplete the rest of ion.)	this form. If you answ		ie name
Are you being paid fo	or your representation?			Yes No	
Are you appearing as (If you answered "no question.)	part of your other paid duti," STOP; you need not con	es for this persor aplete the rest of	n or organization? Tthis form. If you answ	Yes No vered "yes," go on to	the next
Speaking Limits:	Public Hearing (Common Information Hearing	3 n	ninutes		

Are you an elother government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
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Date	Signature		
	Print Name		