

Date:  $\frac{B}{3}/0$ 

# **WISH TO SPEAK FORM**

### **CITY OF MADISON**

Registration Statement -	COMMITTEE	ouncil	
Please Print	PLEASE	PRINT NAM	ME CLEARLY
Agenda No. 12	Name _ Address _	JIM 511	SKRENTNY F. MAIN ST.
Please check one:	AND	Plea	se check:
<b>Support</b>		X	Wish to Speak
Oppose			
Neither Support Nor Op	pose		
	ot complete the rest of question.)  The person or organized the person of the person o	of this form. If ation you are	f 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.)			
Speaking Limits: Public Hearing (Con Information Hearing Other Items	5	minutes	

#### **REGISTRATION STATEMENT - PAGE 2**

	elected 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, <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:	eing 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?
	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	Signature
	Print Name



Date: 8/3/10

# **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registration Statement -	COMMITTEE	Council
Please Print	<b>PLEASE</b> Name	EPRINT NAME CLEARLY LANCE MCGRATH
Agenda No.	Address	78/10 0 17/
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
□ Neither Support Nor Opport	pose	
At this meeting are you representing an organize (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	ot complete the rest question)	t 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	d duties for this per	<del></del>
Speaking Limits: Public Hearing (Con Information Hearing Other Items		.3 minutes

#### **REGISTRATION STATEMENT - PAGE 2**

Are you an eleother governm	ected official or employee who is appenental body?	aring solely on behalf of your offic	ce or for you Yes	ur municipality or  No
	red "yes" to the question, <b>STOP</b> You rou ou answered "no" to the question, go o		rm, except t	that you must sign
If you are bei that:	ing paid for your representation, or if	your appearance is part of other p	aid duties,	please be advised
1	Before you engage in lobbying as a l with the City Clerk.	obbyist, you or your principal mus	t file an aut	horization
2.	Your principal is not permitted to au City Clerk.	nthorize you to lobby unless you a	re registered	d 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 serest file expense statements with the	vices in any ne City Cle	reporting rk for the
(Please go to Room 103 of i	o the City Clerk's website <u>www.cityo</u> the City-County Building, Madison, for	fmadison.com/clerk/index.html or more information)	go to the	Clerk's Office at
Date	Signature			
	Print Name			



Date: 8-3-10

# DO NOT WISH TO SPEAK FORM

## **CITY OF MADISON**

Please Print  PLEASE PRINT NAME CLEARLY  Name  CAROL CROSSAW  Address  572 E MAIN ST  MADISON WI 53703  Please check one:  Neither Support  Oppose  Neither Support Nor Oppose  At this meeting are you representing an organization or a person other than yourself: Yes No (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 duties for this person or organization? Yes No  (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)	Registrati	ion Statement -	Common Co	ouncil		
Address 512 EMAIN ST  MAD   SON WI 53763  Please check one: AND Please check:  Support Do not wish to speak  Oppose Neither Support Nor Oppose  At this meeting are you representing an organization or a person other than yourself: Yes No (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 duties for this person or organization? Yes No  (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex	Please Print		PLEASE	PRINT NAME CLEA	<b>RLY</b>	
Address 512 EMAIN ST  MAD   SON WI 53763  Please check one: AND Please check:  Support Do not wish to speak  Oppose Neither Support Nor Oppose  At this meeting are you representing an organization or a person other than yourself: Yes No (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 duties for this person or organization? Yes No  (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex			Name	CAROL C	R059	SAN
Please check one:  AND  Please check:  Do not wish to speak  Oppose  Neither Support Nor Oppose  At this meeting are you representing an organization or a person other than yourself:  Yes No (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?  Are you appearing as part of your other paid duties for this person or organization?  Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next	Agenda No. <u>12</u>		Address	电压力磁气 网络电影经验电影 电电流电流 医二氏管 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	医凯克尔氏反射性 电电子电池	医多克氏试验 医骨髓 医二氏性皮肤炎 医抗原生物
Support  Oppose  Neither Support Nor Oppose  At this meeting are you representing an organization or a person other than yourself:  Yes No (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?  Are you appearing as part of your other paid duties for this person or organization?  Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next person or the next person person or the next person or the next person or the next person pe				MADISON	WI	53703
Neither Support Nor Oppose     Neither Support Nor Oppose   Neither Support Nor Oppose     At this meeting are you representing an organization or a person other than yourself:	Please check o	ne:	AND	Please chec	<b>k:</b>	
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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex	Are you being paid fo	r your representation?			Yes	□No
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Speaking Limits: Public Hearing (Common Council) 5 minutes	Speaking Limits:					
Information Hearing				化光线 医克勒氏性 医电子性肾髓炎 医皮肤 化二氯甲烷 医二氢烷		

#### **REGISTRATION STATEMENT - PAGE 2**

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