



Date: 18 Jan 2011

WISH TO SPEAK FORM

Registra	tion Statement -	Common C	Council		
Please Print			E PRINT NA	ME CLEARLY	
Agenda No. 7		. Name Address	Mindy Cet 2 5 Modison	Preston Mills St	
Please check	one:	AND	Plea	ase check:	
Support			X	Wish to Spe	eak
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organo, "STOP; you need not and go on to the next quelephone number of each was a solution.	complete the rest uestion.)	of this form.	If you answerdd "ye	
Are you being paid f	or your representation?		, ,	☐ Ye	es XI No
Are you appearing as	part of your other paid, "STOP; you need not	duties for this per complete the rest	son or organiz	zation?	es No
Speaking Limits:	Public Hearing (Com Information Hearing.		3 minutes		

Are you an eleother governm	ected 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, 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 are bei that:	ng 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?	
	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	
	Print Name	



Date:	1	 <u> </u>	E irany.	 49
Date:		4		 ()

WISH TO SPEAK FORM

Registration St	atement - Common Co	ouncil
Please Print Agenda No.	PLEASE Name Address	PRINT NAME CLEARLY David Blada 523 Courth terro
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Suppor	rt Nor Oppose	
(If you answered "no," STOP of who you represent and go o		f this form. If you answered "yes," provide the name
Are you being paid for your re	epresentation?	☐ Yes ☐ No n or organization? ☐ Yes ☐ No
		f this form. If you answered "yes," go on to the next
Inform	Hearing (Common Council) 5 ration Hearing 3 ration Hearing 3 ration Hearing	minutes

Are you an elected official or employe other governmental body?	e who is appear	ng solely on behalf of yo	ur office or for you Yes	r municipality or
(If you answered "yes" to the question this form. If you answered "no" to the			this form, except the	hat you must sign
If you are being paid for your represe that:	entation, or if yo	ur appearance is part of	other paid duties, p	please be advised
1. Before you engage in le with the City Clerk.	obbying as a lob	byist, you or your princip	al must file an auth	orization
2. Your principal is not p City Clerk.	ermitted to auth	orize you to lobby unless	you are registered	with the
	principal must	ore than \$1,000 for lobbying file expense statements	_	_
Please go to the City Clerk's websi Room 103 of the City-County Building,			ml or go to the C	Clerk's Office at
Date	Signature			
	Print Name			



Date: 1/18/2011

WISH TO SPEAK FORM

Registration Statemer	nt - Common C	ouncil		
Please Print	PLEASE	EPRINT NAME	-100%-	
Agenda No. <u>73</u>	— Address	James 928 Wee Madisc	st Shore	
Please check one:	AND	Please o	check:	
⊠ Support		\mathbf{w}	ish 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 not have address and telephone number of South Control Wisconsin	d not complete the rest next question.) f each person or organiz	of this form. If you	answered "yes," provide the	e name
Are you being paid for your representate Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for this per			he next
Information Hea	(Common Council)	3 minutes		

•		ected official or employee ental body?	who is appeari	ng solely on behalf of your office or for your municipality or Yes No
, ,		ed "yes" to the question, S ou answered "no" to the qu		d not complete the rest of this form, except that you must sign o the next question.)
If you a	are bein	ng paid for your represent	tation, or if you	ur appearance is part of other paid duties, please be advised
	1.	Before you engage in lob with the City Clerk.	obying as a lobl	byist, you or your principal must file an authorization
	2.	Your principal is not per City Clerk.	rmitted to autho	orize you to lobby unless you are registered with the
	3.		orincipal must	re than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
*	_	the City Clerk's website he City-County Building, M		adison.com/clerk/index.html or go to the Clerk's Office at ore information.)
Date _	1/18	8/2011	Signature Print Name	James A. Beane



Date: 18 January 2011

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council	
Please Print Agenda No. 73	PLEASE Name Address	Kaja 1015	MECLEARLY Rebane Grant St. Apt =
Please check one:	AND		se check:
Support Oppose Neither Support Nor Opp	pose		Wish to Speak
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 Name, address and telephone number of each and the state of t	complete the rest uestion.) h person or organiz	of this form. I	f you answered "yes," provide the name representing:
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.)	•	_	
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3	minutes	

Are you an ele other governme	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 u answered "no" to the question, go on to the next question.)	
If you are beir that:	ng 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.	
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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 the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



Date: 1/8/2011

DO NOT WISH TO SPEAK FORM

Registration S	tatement - Commo	on Council
Please Print		EASE PRINT NAME CLEARLY
Agenda No. 73	Nam Add	1022
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Suppo	ort Nor Oppose	
(If you answered "no," STO of who you represent and go	on to the next question.)	e rest of this form. If you answered "yes," provide the name organization you are representing:
Are you being paid for your	representation?	☐ Yes ☐ No
Are you appearing as part of (If you answered "no," STO question.)	your other paid duties for the OP ; you need not complete the	is person or organization? Yes No ne rest of this form. If you answered "yes," go on to the next
Infor	ic Hearing (Common Council mation Hearingr Items	3 minutes

Are you an e	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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	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: 18-Jan-2011

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council			
Please Print	COMMITTEE			
	PLEASE PRINT NAME CLEARLY			
Agenda No.	Name Sierra Pape Address 305 DORRIS Ct. MADSON W 5370			
Please check one: Support	AND Please check: Do not wish to speak			
Oppose				
Neither Support Nor Op	ppose			
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 no question.)	d duties for this person or organization? Yes No No to complete the rest of this form. If you answered "yes," go on to the next			
Information Hearing	nmon Council)5 minutes g3 minutes 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, 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.)		
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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, .	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:

DO NOT WISH TO SPEAK FORM

Registrati	ion Statement - ₋	Common Cou	ncil		O
Please Print			RINT NAME CLEA	ARLY	
Agenda No.		Name Address Address	Sell Novious 17 Sheboya at 150 N	V 4 Ave5 531	08H 705
Please check o	ne:	AND	Please chec	k:	
Support	•		Do not	wish to s	speak
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent	ou representing an orga "STOP; you need not and go on to the next q dephone number of each	t complete the rest of the uestion.)	his form. If you answ on you are representi	no [,]	□ No provide the name
Are you being paid fo	r your representation?			Yes	□No
	part of your other paid "STOP; you need not			☐ Yes vered "yes,"	☐ No go on to the nex
Speaking Limits:	Information Hearing.	ımon Council)5 mi 3 mi 3 mi	nutes		

-	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, 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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	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	





DO NOT WISH TO SPEAK FORM

Registration Statement -					
Please Print		COMMITTEE			
1 lease 1 lilli		PLEASE	PRINT NAME CLE	ARLY	
Agenda No.		Name	WILLY 15 1014 CC 537	ECKE LBY 15	5T
Please check one	: :	AND	Please chec	ek:	
Support			Do not	t wish to s	speak
Oppose					
Neither Su	pport Nor Opp	ose			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not on the good on to the next qu	complete the rest o estion.)	f this form. If you ans		□ No provide the name
Are you being paid for y	our representation?			Yes	☐ No
Are you appearing as pa (If you answered "no," question.)				Yes wered "yes,"	☐ No go on to the next
I	Public Hearing (Comn nformation 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?			
(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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(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	Signature		
	Print Name		



Date:	
Date.	

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Joshua Ray Van Hatter Address Mad Son, W. L. 33711
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor O	ppose
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation Are you appearing as part of your other pai (If you answered "no," STOP; you need n	
Information Hearin	mmon Council)5 minutes g3 minutes3 minutes

		cted official or employed ental body?	e who is appea	ring solely on behalf of your office or for your municipality or Yes No
		ed "yes" to the question, u answered "no" to the c		red not complete the rest of this form, except that you must sign to the next question.)
If you a that:	re bein	g paid for your represe	ntation, or if y	our appearance is part of other paid duties, please be advised
	1.	Before you engage in lowith the City Clerk.	obbying as a lo	bbyist, you or your principal must file an authorization
2	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
·	3.		principal must	fore than \$1,000 for lobbying services in any reporting till expense statements with the City Clerk for the
,		the City Clerk's websi e City-County Building,		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)
Date	1/1	8/2011	Signature Print Name	Joshue Ray Var Haller