

WISH TO SPEAK FORM

CITY OF MADISON

RM 20666

Registrati	on Statement -	Common Co	uncil		
Please Print  Agenda No.	)	PLEASE	PRINT NAME O AURIE V 9121 Wa-	CLEARLY EENEND Hersido &	432 4.#31)
F	ne: Woliv Authority upport Nor Op		Please c	heck: ish to Speak	
At this meeting are yo (If you answered "no, of who you represent to Name, address and tel	" STOP; you need no and go on to the next	ot complete the rest of question.) ch person or organiza	f this form. If you	answered "yes," percenting:	No provide the name
Are you being paid for Are you appearing as (If you answered "no, question.)  Speaking Limits:	part of your other pain " STOP; you need not be Public Hearing (Contention Hearing)	d duties for this perso	of this form. If you minutes minutes	☐ Yes ? ☐ Yes a answered "yes,"	No No go on to the next

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes  No
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are l 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.	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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	 	30	-/0

Registration Statement -	Common Co	puncil
Agenda No.	PLEASE   Name Address	PRINT NAME CLEARLY  Al Schueller  130 Sunnymegde #3  Madison 53713
Please check one:  Support 93 public of Oppose	AND	Please check:  Do not wish to speak
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest of question.)	f this form. If you answered "yes," provide the name
AFSCME (	• , •	
Are you being paid for your representation?	,	☐ Yes ☐ No n or organization? ☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	l duties for this persont complete the rest o	
Information Hearing	mmon Council)5 ; 3 ;	minutes

		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, <b>STOP.</b> 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: 1/30/10

# DO NOT WISH TO SPEAK FORM

Registration :	Statement - <u>Co</u>		ncil	
Please Print	CON	MITTEE PLEASE PR	Shawa L.	BONTOUR
Agenda No. 93	support)	Name Address	MAZTALA. Idison, WI.5	10-1 3718
Please check one:		AND	Please check:	
<b>⊠</b> Support			Do not wi	sh to speak
Oppose				
Neither Supp	ort Nor Oppose			
At this meeting are you rep (If you answered "no," ST of who you represent and g  Name, address and telepho	OP; you need not comp to on to the next questio	lete the rest of th n.)	iis form. If you answered	I Yes □ No If "yes," provide the name
Are you being paid for you	r representation?			] Yes □ No
Are you appearing as part of (If you answered "no," ST question.)	of your other paid duties (OP; you need not comp	for this person of the the the rest of the		☐ Yes ☐ No d "yes," go on to the next
Info	olic Hearing (Common Cormation Hearinger Items	3 mi	nutes	

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	red "yes" to the question, <b>STOP.</b> 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 beithat:	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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. —	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				



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Date:	11130		
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Registrati	on Statement -	Common Committee	ouncil		
Please Print			PRINT NAME CLEA	RLY	
Agenda No.	93	-4	9 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IRST STREET	<u> </u>
Please check or	ne:	AND	Please check	<b>α:</b>	
<b>Support</b>			Do not	wish to speak	
Dppose t					
Neither S	upport Nor Op	pose			
of who you represent of	"STOP; you need no and go on to the next ephone number of each	ot complete the rest of question.)  The person or organize the person or organize the complete t	n other than yourself: of this form. If you answe	☐ Yes ☐ No ered "yes," provide the nan	ne 
Are you being paid for Are you appearing as (If you answered "no, question.)	part of your other paid	d duties for this pers	on or organization? of this form. If you answ	☐ Yes ☐ No ☐ Yes ☐ No ered "yes," go on to the ne	 ext
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	g3	minutes		

•	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?
,	twered "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
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_	o 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: 11/30/10



# DO NOT WISH TO SPEAK FORM

Registration	n Statement	COMMITTEE	ıncil		
Please Print			RINT NAME CLE		
Agenda No. <u>9</u>		Name Address 9	June God 44 E. Day Madison, h	io fou Sto	
Please check one	:	AND	Please chec	ek:	
Support			Do not	wish to spe	eak
Oppose			(		
Neither Sup	port Nor Opp	oose			
At this meeting are you really of who you represent and Name, address and telephone.	STOP; you need not did not did not did not did not to the next qu	complete the rest of estion.)	this form. If you ansv	AFSC.	No Ovide the name ME LBO
Are you being paid for you appearing as par (If you answered "no," I question.)	t of your other paid o	luties for this person complete the rest of	or organization? this form. If you ans	Yes	☑ No ☑ No on to the next
In	ublic Hearing (Comn nformation Hearing other Items	3 m	ninutes		

		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, <b>STOP.</b> 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
	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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		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: 11/30/10

# DO NOT WISH TO SPEAK FORM

Registration Statement	
Diagon Delua	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. <u>93</u>	Name Rose Gapinski Address 130 Sunnymo adı Lanı #3  Wadison W 53713
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor O	ppose
(If you answered "no," STOP; you need to of who you represent and go on to the nex	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name et question.)  each person or organization you are representing:
Are you being paid for your representation	n? Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.)	nid duties for this person or organization?
Information Hearin	ommon Council)5 minutes ng3 minutes

•	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	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 b that:	ring paid for your representation, or if your appearance is part of other paid duties, please be advised		
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2.	<ol> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> </ol>		
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?		
_	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 Roll Signature		
	Print Name		



Date:	3	0	10
	 7	/	

Registrati	on Statement - ַ	Common Cou	ncil
Please Print		PLEASE PR	RINT NAME CLEARLY
Agenda No	93	Name	538 Maple Hr. Madizon, WI 53704
Please check or	ne:	AND	Please check:
Support	·		Do not wish to speak
Oppose			
Neither S	upport Nor Op	pose	
(If you answered "no, of who you represent of	" STOP; you need not and go on to the next q	uestion.)	her than yourself: Yes No his form. If you answered "yes," provide the name on you are representing:
Are you being paid for	r your representation?		☐ Yes → No
Are you appearing as a (If you answered "no, question.)	part of your other paid " STOP; you need not	duties for this person of the complete the rest of the	or organization?
Speaking Limits:	Information Hearing	nmon Council)5 mi 	nutes

-	n elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body?
	swered "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.)
lf you ar that:	being 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



Registration Statement -	- Common Council
Please Print	COMMITTEE
	PLEASE PRINT NAME CLEARLY
92	Name Besin Gundlad
Agenda No.	Address / 22% S. Whitne, cm
	Madison, WI
Please check one:	AND Please check:
<b>⊠</b> Support	Do not wish to speak
Oppose	
Neither Support Nor Op	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 paid (If you answered "no," STOP; you need no question.)	<u> </u>
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "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.)
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Date	Signature
	Print Name

Date: 11-30-20 10



# DO NOT WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	<u>ouncil</u>
Please Print	DI FASE	PRINT NAME CLEARLY
Agenda No. 9	NameAddress	Deborah Spronle 1617 Tarragon Drive Mdsh, W153716
Please check one:	AND	Please check:
Support  Oppose		Do not wish to speak
Neither Support Nor Op	ppose	
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ot complete the rest o	other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of ea		
Are you being paid for your representation.  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this perso	☐ Yes ☐ No on or organization? ☐ Yes ☑ No of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 g3	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, <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.)
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Date	Signature
	Print Name



Date:		[30]	10
	1	<i>!</i>	

Registrati	on Statement -	Common Co	uncil
Please Print		PLEASE P	RINT NAME CLEARLY
Agenda No	93	Name Address	FLARON CRAWMAN 108 PROUDEST ST MARISON, WI 5275
Please check or	ie:	AND	Please check:
Support			Do not wish to speak
Oppose			
Neither S	upport Nor O <sub>l</sub>	ppose	
(If you answered "no, of who you represent a	" STOP; you need named no and go on to the next	question.)	other than yourself: Yes No This form. If you answered "yes," provide the name ion you are representing:
Are you being paid for Are you appearing as a (If you answered "no, question.)	part of your other pai	id duties for this persor	☐ Yes ☐ No  n or organization? ☐ Yes ☐ No  this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearin	mmon Council)5 n g3 n	ninutes

	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.)
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Date	Signature
	Print Name



Date:	
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Registratio	n Statement	Common Co	ouncil	
Please Print		PLEASE	PRINT NAME CLEA	ARLY
Agenda No.	) <u>}</u>	Name	160 ( ) jie 533 W N	to lan 4102
Please check on	e: [	AND	Please chec	k:
Support	_		Do not	wish to speak
Oppose			/	
Neither Su	pport Nor Opp	ose		
At this meeting are you (If you answered "no," of who you represent and Name, address and telephone where the state of the	STOP; you need not nd go on to the next qu	complete the rest of testion.)  person or organization	f this form. If you answ	Yes No No vered "yes," provide the name
Are you being paid for you appearing as pa (If you answered "no," question.)	art of your other paid of	duties for this perso complete the rest o	on or organization? f this form. If you ansv	☐ Yes ☐No☐ Yes ☑Ño wered "yes," go on to the next
	Public Hearing (Comr Information Hearing Other Items	3	minutes	

		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, <b>STOP.</b> 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.)				
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Date _		Signature				
		Print Name				



Date:	

### **CITY OF MADISON**

Registra	cion Statement	Common Co	uncil		***************************************
Please Print  Agenda No.	<u></u>	PLEASE F Name Address	PRINT NAME CLEA Andg 1,	ARLY fort in	
Please check of Support Oppose Neither S	one: Support Nor Op	AND	Please chec	k: wish to s	speak
(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	complete the rest of uestion.)	this form. If you answ		□ No provide the name
Are you appearing as	part of your other paid, "STOP; you need not  Public Hearing (Communiformation Hearing	mon Council)5 m	this form. If you answ ninutes ninutes	☐ Yes ☐ Yes vered "yes,"	No go on to the next

(SEE BACK)

	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, <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.)			
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Date	Signature			
	Print Name			



Date:	property and a second	30-	10
Date.			

Registrati	on Statement	Common C	ouncil	
Please Print  Agenda No.	3	PLEASE Name	PRINT NAME CLE	ARLY Gray Hoon Prame
Please check of Support Oppose	parties and the second and the secon	AND	Please chec	ck: t wish to speak
At this meeting are yo (If you answered "no, of who you represent of	u representing an orga " STOP; you need not and go on to the next q	nization or a person complete the rest of the state of th	n other than yourself: of this form. If you answer eation you are represent	☐ Yes ☐ No wered "yes," provide the name
Are you being paid for Are you appearing as (If you answered "no, question.)  Speaking Limits:	part of your other paid	t complete the rest and the mon Council)5	of this form. If you ans is minutes is minutes	☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the next

•	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.)			
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Date	Signature			
	Print Name			



Date:	_
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Registratio	on Statement	COMMITTEE	ncil	
Please Print		PLEASE PI	RINT NAME CLEAR	
Agenda No.	73	Name	David For 205 Rains Madison,	
Please check on	e:	AND	Please check	· •
Support -	(5.93)		Do not w	vish to speak
Oppose Neither Su	ipport Nor Op	pose		
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	' <b>STOP;</b> you need not nd go on to the next q	t complete the rest of t nuestion.)	his form. If you answer	red "yes," provide the name
Are you being paid for	your representation?			☐ Yes ĎÄNo
Are you appearing as p	art of your other paid	duties for this person t complete the rest of t	or organization? his form. If you answe	Yes No red "yes," go on to the next
	Information Hearing.	nmon Council)5 m 3 m 3 m	inutes	

•		ected official or empl nental body?	oyee who is appea	ring solely on behalf of your office or for your municipality or  Yes No	
		· ·		eed not complete the rest of this form, except that you must sign to the next question.)	
If you that:	are bei	ing paid for your repi	esentation, or if y	our appearance is part of other paid duties, please be advised	
	1.	Before you engage with the City Clerk.		bbyist, you or your principal must file an authorization	
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
	3.		the principal mus	nore than \$1,000 for lobbying services in any reporting t file expense statements with the City Clerk for the	
•		o the City Clerk's wo he City-County Buildi		madison.com/clerk/index.html or go to the Clerk's Office at more information.)	
Date _	//	30-10	Signature	Dauid Poklukoolic David Poklinkoski	
			Print Name	DAVID POKLINKOSKI	



Date: 11 30 10

# DO NOT WISH TO SPEAK FORM

Registration	on Statement - ַ	COMMITTEE	uncil		
Please Print			RINT NAME CLEA		
Agenda No	<u> </u>	Name	Tim Bird	der	
Please check on	e:	AND	Please checl	k:	
Support			Do not	wish to sp	oeak
Oppose					
Neither St	ipport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" <b>STOP;</b> you need not and go on to the next q	t complete the rest of uestion.)  h person or organizat	this form. If you answ		□ No rovide the name
Are you being paid for	your representation?			Yes	No No
Are you appearing as partial (If you answered "no, question.)	part of your other paid "STOP; you need no	duties for this person t complete the rest of	1 or organization? <sup>°</sup> this form. If you answ	Yes vered "yes," g	No o on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3 n	ninutes		

-		ected official or employee wnental body?	vho is appea	aring solely on behalf of your office or for your municipality or Yes No
		red "yes" to the question, <b>S</b> zou ou answered "no" to the que		eed not complete the rest of this form, except that you must sign n to the next question.)
If you that:	ı are bei	ing paid for your representa	ition, or if y	your appearance is part of other paid duties, please be advised
	1.	Before you engage in lobb with the City Clerk.	ying as a lo	obbyist, you or your principal must file an authorization
	2.	Your principal is not perm City Clerk.	nitted to aut	thorize you to lobby unless you are registered with the
	3.	* * * *	incipal mus	more than \$1,000 for lobbying services in any reporting st file expense statements with the City Clerk for the
•		o the City Clerk's website the City-County Building, Mo		<u>madison.com/clerk/index.html</u> or go to the Clerk's Office at more information.)
Date <sub>.</sub>	<u> </u>	No. piece	Signature Print Name	Tim River



Date: 1 / 39/0

# DO NOT WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil
Please Print		PRINT NAME CLEARLY
Agenda No. 93	Name _ Address _	Sam lestolin Westmingter ct.
Please check one:	AND	Please check:
<b>Support</b>		Do not wish to speak
Oppose		
Neither Support Nor Op	pose	
of who you represent and go on to the next q  Name, address and telephone number of each	t complete the rest of uestion.)	f this form. If you answered "yes," provide the name
LOCAL 60		
Are you being paid for your representation?		Tes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person t complete the rest of	on or organization?  Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information 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, <b>STOP.</b> 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.)				
If you are be 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?				
	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: ///30//0

# DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	ouncil		
Please Print			PRINT NAME CLE	EARLY	
Agenda No	3	Name <u>f</u> Address _	delina Evk 3833 Rida Madisox	CONS execus WI	rud 1 Al, 53704
Please check or	ie:	AND	Please che	ck:	
∑ Support			🔀 Do no	t wish to	speak
Oppose					
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of the second of the	" STOP; you need no and go on to the next	ot complete the rest of question.)	f this form. If you ans		□ No provide the name
Are you being paid for	your representation?	,		☐ Yes	No
Are you appearing as a (If you answered "no, question.)	part of your other paid " STOP; you need no	d duties for this person to complete the rest o	on or organization? If this form. If you and	☐ Yes swered "yes,"	.[X] No ' go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	g3	minutes		

-		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, <b>STOP.</b> 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:	ı are bei	ng 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 he City-County Building, Madison, for more information.)
Date <sub>.</sub>		Signature
		Print Name



Date: 1/30/2010

# DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	uncil		
Please Print			PRINT NAME CLE	EARLY	
Agenda No.		Name [/	1112 ROGE 208 S. PIN	BURC ST ST# S3:	- Z 704
Please check or	ne:	AND	Please che	ck:	
Support Oppose			Do no	t wish to spo	eak
At this meeting are you (If you answered "no, of who you represent of what was and teles and teles and teles are you have a supplied to the su	" STOP; you need no and go on to the next	anization or a person of complete the rest of question.)	this form. If you ans ME		No Ovide the name
Are you being paid for Are you appearing as p (If you answered "no, question.)  Speaking Limits:	part of your other paid "STOP; you need no Public Hearing (Cor	d duties for this person of complete the rest of mmon Council)5 n	this form. If you ans ninutes	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes," go	No No on to the next
		g3 n 3 n			

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental 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 you answered "no" to the question, go on to the next question.)
If you are I that:	peing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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: 1/30/0

## DO NOT WISH TO SPEAK FORM

Registration Statemen	t - Common Cou	ıncil	
Please Print	PLEASE PF	RINT NAME CLEARLY	
Agenda No.	Address A	337 E Johnson Apt 2 Madison WI 5370f	)
Please check one:	AND	Please check:	
<b>Support</b>		Do not wish to speak	
Oppose			
Neither Support Nor	Oppose		
At this meeting are you representing an (If you answered "no," STOP; you need of who you represent and go on to the note that the note is address and telephone number of the note is a state of the note of the note is a state of t	d not complete the rest of the ext question.)	this form. If you answered "yes," provide th	e name
Are you being paid for your representat	ion?	☐ Yes 🔯 No	
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for this person d not complete the rest of t	or organization?	he next
Information Hea	Common Council)5 mi ring	inutes	

-		lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
		red "yes" to the question, <b>STOP.</b> 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	ing 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



Registratio	on Statement -	Common Cou	ncil		
Please Print  Agenda No.			RINT NAME CLEA ATTACKS 106 FAWK 200 FAWK	ARLY	
Please check on	e:	AND	Please chec	k:	
Support			Do not	wish to s	peak
Oppose					
Neither Su	ipport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	' <b>STOP;</b> you need no nd go on to the next q	t complete the rest of to question.)	his form. If you answ	local	No provide the name
Are you being paid for Are you appearing as p (If you answered "no," question.)	eart of your other paid	duties for this person to complete the rest of t	or organization? his form. If you ansv	Yes Yes vered "yes,"	No No go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 mi 3 mi	nutes		

•	rnmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou 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
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. –	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



		<i>f</i>	1
Date:	<u>( (</u>	130	110
			1

Registrati	on Statement - ַ	COMMITTEE	ouncil	
Please Print		•	PRINT NAME CLE	
Agenda No	3		forms O MU 27 N. BLAIR MADISON	
Please check or	ne:	AND	Please chec	ek:
Support  Oppose			Do not	wish to speak
	upport Nor Op	pose		
At this meeting are yo (If you answered "no, of who you represent a Name, address and tel	and go on to the next q	t complete the rest of uestion.)	f this form. If you ansv	wered "yes," provide the name
Are you being paid for Are you appearing as (If you answered "no, question.)	part of your other paid	duties for this perso t complete the rest o	on or organization? If this form. If you ans	☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the next
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 rnmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou 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
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	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: 1(/30/10

# DO NOT WISH TO SPEAK FORM

Registrat	ion Statement - ַ	Common Co	uncil		
Please Print		PLEASE P	PRINT NAME CLE	ARLY	
Agenda No.		Name / /	141 Sheri Madissi	5570	ve #2
Please check o	ne:	AND	Please che	ck:	
Support			Do no	t wish to s	speak
Oppose			С		
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 lephone number of each	complete the rest of uestion.)	this form. If you ans		□ No provide the name
, ,,	r your representation?	duties for this nerson	n or organization?	☐ Yes	D(No
	"STOP; you need not				go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 m	ninutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	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 I that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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: 11-30-10

## DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Cou	uncil
Please Print	PLEASE P	RINT NAME CLEARLY
Agenda No.	Name	Rob Lewis  509 East Gorham St.  Madison, W153703
Please check one:	AND	Please check:
<ul><li>✓ Support #93</li><li>✓ Oppose</li></ul>		Do not wish to speak
Neither Support Nor Op	ppose	
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	nt complete the rest of question.)	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.)	d duties for this person of complete the rest of	or organization?
Information Hearing	nmon Council)5 m 53 m 3 m	inutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		red "yes" to the question, <b>STOP.</b> 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 ai that:	re beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1	l <b>.</b>	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	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



Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Lori Fict  Address  H13 Dor Crossing Fr  Madison 53704
Please check one:	AND Please check:
<b>⊠</b> Support	Do not wish to speak
Oppose	
Neither Support Nor Op	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
	AFSCANE
In Support	of Public Anthority Model
Are you being paid for your representation?	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	id duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

-	n elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body?
	swered "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.)
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	o 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: 11-30-10

# DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil
Please Print	,	PRINT NAME CLEARLY
Agenda No. <u>\$393</u>	Name	Senni fer McCalley 509 ashter Dr Verona, WI
Please check one:	AND	Please check:
Support Item 93		Do not wish to speak
Oppose		
Neither Support Nor Op	pose	
of who you represent and go on to the next q  Name, address and telephone number of each	t complete the rest o question.) h person or organiza	of this form. If you answered "yes," provide the name
AFSCME, Local 60 8033 Eccisen De Se	udeB	
Madison		
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)	duties for this perso t 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 (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 nmental body?  Yes No
	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.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fifthe City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	11	130	110	
			•	

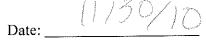
Registrati	on Statement -	Common Co	uncil		
Please Print			PRINT NAME CLEA	ARLY	
Agenda No/	13	Name _ Address _	Benjamin 1115 E h	Ratliffe Jilson	57
Please check of	ne:	AND	Please chec	ek:	
Oppose	1tem 93 upport Nor Op	pose	Do not	wish to s	peak
(If you answered "no, of who you represent	ou representing an orga " STOP; you need not and go on to the next q sephone number of eac	t complete the rest o uestion.)	f this form. If you ansv	vered "yes," p	No provide the name
Are you appearing as	r your representation? part of your other paid " <b>STOP;</b> you need no	duties for this perso t complete the rest o	on or organization? If this form. If you ans	☐ Yes ☐ Yes wered "yes,"	□ No □ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		

•		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		red "yes" to the question, <b>STOP.</b> 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 a that:	re bei	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	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?
	4.4	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



Registration Statement	- Common Co	uncil
Please Print	PLEASE I	PRINT NAME CLEARLY
Agenda No. <u>493</u>		Bretchen Lowe 205: Crystal Ln Madison 53714
Please check one:	AND	Please check:
Support # 93		Do not wish to speak
Oppose		
Neither Support Nor O	ppose	
At this meeting are you representing an orgalized (If you answered "no," STOP; you need no of who you represent and go on to the next.  Name, address and telephone number of each	not complete the rest of t question.)	f this form. If you answered "yes," provide the name
Are you being paid for your representation  Are you appearing as part of your other pa	id duties for this perso	☐ Yes ☐ No  n or organization? ☐ Yes ☐ No  f this form. If you answered "yes," go on to the next
question.)		
Information Hearin	ommon Council)5 i ag3 i 3	minutes

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental 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 that:	peing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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





Please check one:  AND  Please check:  Support  Oppose  Neither Support Nor Oppose  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.)  Are you being paid for your representation?  Are you appearing as part of your other paid duties for this person or organization?  Are you appearing as part of your other paid duties for this person or organization?  Are you appearing as part of your other paid duties for this person or organization?  Are you appearing as part of your other paid duties for this form. If you answered "yes," go on to the next question.)  Speaking Limits:  Public Hearing (Common Council)	Registration	on Statement	Common Col	uncil
Support  Oppose  Neither Support Nor Oppose  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?  Are you appearing as part of your other paid duties for this person or organization?  (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)  Speaking Limits:  Public Hearing (Common Council)5 minutes		7-5	Name	PRINT NAME CLEARLY Danco Sucuson 8102 Bacton Rd
At this meeting are you representing an organization or a person other than yourself:    Yes	Support	ne:	AND	
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 question.)  Speaking Limits: Public Hearing (Common Council) 5 minutes	At this meeting are yo (If you answered "no,	u representing an orga " <b>STOP;</b> you need not	inization or a person of tomplete the rest of	
Are you appearing as part of your other paid duties for this person or organization?   (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)  Speaking Limits: Public Hearing (Common Council)5 minutes	• •	-		tion you are representing:
HIIOMIGHOU HOGELIS Hillians Hillians	Are you appearing as partial (If you answered "no, question.)	part of your other paid " <b>STOP;</b> you need not Public Hearing (Com	duties for this persor t complete the rest of nmon Council)5 n	n or organization?

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body?
	swered "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.)
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	o 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:	1/30/10	
Date.	- 11 11 11 11 11 11 11 11 11 11 11 11 11	

Registrati	on Statement -	Common Co	ouncil	
Please Print		PLEASE I	PRINT NAME CLEARLY	
Agenda No. <u>93</u>		Name	Sam Steverson 406 E. Washington Ave, #14 Madison, Wi	
Please check or	1e:	AND	Please check:	
Support			Do not wish to speak	
Oppose				
Neither S	upport Nor Op	pose		
of who you represent of Name, address and tel	" <b>STOP;</b> you need no and go on to the next q	t complete the rest o question.) h person or organiza	of this form. If you answered "yes," provide the ation you are representing:	' name
Are you being paid for Are you appearing as a (If you answered "no, question.)	part of your other paid	I duties for this perso	Yes No on or organization? Yes No of this form. If you answered "yes," go on to th	ie nexi
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes	

-		ected official or employee ental body?	who is appea	ring solely on behalf of your office or for your municipality or Yes No	
		ed "yes" to the question, S u answered "no" to the qu		ed not complete the rest of this form, except that you must sign to the next question.)	
If you ar that:	re bein	ng paid for your represent	tation, or if y	our appearance is part of other paid duties, please be advised	
1		Before you engage in lob with the City Clerk.	obying as a lo	bbyist, you or your principal must file an authorization	
2	. <b>.</b>	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3	•		orincipal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the	
	_	the City Clerk's website ne City-County Building, M		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)	
Date	1/30	) <u> </u>	Signature Print Name	Some Stevener	



Date: 11/38/10

# DO NOT WISH TO SPEAK FORM

Registration Sta	tement - Common Committee	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No		Donah Zinn DII Mgod 59 #2 Maylsan WI 53715
Please check one:	AND	Please check:
Support 93		Do not wish to speak
Oppose		
Neither Suppor	t Nor Oppose	:
(If you answered "no," STOP; of who you represent and go or Name, address and telephone n	nting an organization or a person you need not complete the rest of to the next question.)  umber of each person or organized the second of the second or organized the second of the se	of this form. If you answered "yes," provide the name ation you are representing:
Are you being paid for your rep Are you appearing as part of yo (If you answered "no," STOP; question.)	our other paid duties for this pers	☐ Yes ☐ No on or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the nex
Informa	Hearing (Common Council)5 tion Hearing3 ems3	minutes

-		ected official or employe ental body?	e who is appea	nring solely on behalf of your office	or for you Yes	r municipality or No
		ed "yes" to the question, ou answered "no" to the		eed not complete the rest of this form to the next question.)	ı, except th	at you must sign
If you that:	are beii	ng paid for your represe	ntation, or if y	our appearance is part of other paid	d duties, p	lease be advised
	1.	Before you engage in lowith the City Clerk.	obbying as a lo	bbyist, you or your principal must fi	ile an auth	orization
	2.	Your principal is not pe City Clerk.	ermitted to aut	thorize you to lobby unless you are	registered	with the
	3.		principal mus	nore than \$1,000 for lobbying servic t file expense statements with the	•	* —
		the City Clerk's websi he City-County Building,		<u>madison.com/clerk/index.html</u> or go nore information.)	to the C	lerk's Office at
Datej	11/3	0/10	Signature	J/J/		
			Print Name	" Johah 211	1/1	

Date: 30 //04 / 0



## DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Co	uncil		
Please Print  Agenda No.	13	PLEASE P Name	PRINT NAME CLE  Davo  645 Skyll	EARLY arrig	¥ 10
Please check or	ne:	AND	Please che		7/3
Support Oppose	apport Nor Opp		∠ Do no	t wish to sp	eak
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" <b>STOP;</b> you need not and go on to the next qu	complete the rest of uestion.)	this form. If you ans	wered "yes," pro	No No ovide the name
Are you being paid for Are you appearing as p (If you answered "no, question.)	part of your other paid	duties for this persor complete the rest of	n or organization? This form. If you ans	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Swered "yes," go	No No on to the next
Speaking Limits:	Public Hearing (Comin Information Hearing	3 n	ninutes		

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
, v •	red "yes" to the question, <b>STOP.</b> 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 beithat:	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?
	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:	

Registration	Statement -	Common Co	ouncil		<del></del>
Please Print		PLEASE	PRINT NAME CL	EARLY	
Agenda No. <u>73</u>		Name _ Address _	Hathlou Has N AFSOME	Rideou Bajdu Aloc	et Vin
Please check one	:	AND	Please cho	eck:	
Support			Do no	ot wish to s	speak
Oppose			,		
Neither Sup	port Nor Op	pose			/
At this meeting are you re (If you answered "no," So of who you represent and	TOP; you need no	ot complete the rest o	other than yourself:  f this form. If you an	Yes aswered "yes,"	No provide the name
Name, address and teleph	none number of eac	ch person or organiza	ition you are represe	nting:	
Are you being paid for yo	our representation?	•		☐ Yes	☑ No
Are you appearing as par (If you answered "no," S question.)				Yes aswered "yes,"	No go on to the next
In	formation Hearing	mmon Council)5 g3	minutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental 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 fyou 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.	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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	
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Registrati	on Statement -	COMMITTEE	ouncil	
<u>Please Print</u>		PLEASE	PRINT NAME CLEARLY	
Agenda No	7	Name (	Grag Gotzian 589 Aztalan De Maoisn 53718	
Please check or	ie:	AND	Please check:	
Support			Do not wish to speak	
Oppose				
Neither S	upport Nor O	ppose		
At this meeting are yo (If you answered "no, of who you represent a	" STOP; you need n	ot complete the rest o	n other than yourself: Yes No No of this form. If you answered "yes," provide the nar	me
Name, address and tel	ephone number of ea	nch person or organiza	ration you are representing:	
Are you being paid for	r your representation	?	☐ Yes No	
Are you appearing as (If you answered "no, question.)	part of your other pa " <b>STOP;</b> you need n	id duties for this person to to complete the rest of	son or organization?	exi
Speaking Limits:	Information Hearin	mmon Council) 5 g3	3 minutes	

Are you an elected official other governmental body?	al or employee who is appearing solely on behalf of?	f your office or for your municipality or Yes No
	o the question, <b>STOP.</b> You need not complete the rest "no" to the question, go on to the next question.)	st of this form, except that you must sign
If you are being paid for that:	your representation, or if your appearance is part	of other paid duties, please be advised
1. Before you with the C	u engage in lobbying as a lobbyist, you or your prin City Clerk.	ncipal must file an authorization
2. Your princ City Clerk	cipal is not permitted to authorize you to lobby un	less you are registered with the
period (ha	incipal spends or will owe more than \$1,000 for lotalf year), the principal must file expense statement of the calendar year?	• • • • •
_	Clerk's website <u>www.cityofmadison.com/clerk/inde</u> unty Building, Madison, for more information.)	x.html or go to the Clerk's Office at
Date	Signature	
	Print Name	



Date:	1/30	/12

Registratio	n Statement -	Common Co	uncil		
Please Print			PRINT NAME CLE	ARLY	
Agenda No.	>	Name Address	Alexander 244 W. Lab Madican W	J. G. Relaun 8 L. 587	icrya 7.
Please check one		AND	Please chec	:k:	
Support =	793		Do not	wish to s	speak
Oppose		·			
At this meeting are you (If you answered "no," of who you represent ar Name, address and telep	STOP; you need no nd go on to the next o	ot complete the rest o question.)	f this form. If you ansv		No provide the name
Are you being paid for you appearing as pa (If you answered "no," question.)	art of your other paid	d duties for this perso		Yes Yes Wered "yes,"	No No go on to the next
	Information Hearing	mmon Council)5 53	minutes		

•		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?			
		ed "yes" to the question, <b>STOP.</b> 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 that:	are bein	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 the City-County Building, Madison, for more information.)			
Date _	1(/	Signature Print Name  Alexander J. Gierra			



Date: 11/30/2010

# DO NOT WISH TO SPEAK FORM

Registration State	nent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Address
Please check one:	AND Please check:
<b>Support</b>	Do not wish to speak
Oppose	
Neither Support N	or Oppose
(If you answered "no," <b>STOP</b> ; yo of who you represent and go on to	er of each person or organization you are representing:
Are you being paid for your representations Are you appearing as part of your (If you answered "no," STOP; you question.)	ther paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Informatio	ing (Common Council)5 minutes  Hearing

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?			
	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:	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?			
	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:	
Duit.	-

Registratio	n Statement -	Common Co	uncil			
Please Print		PLEASE I	PRINT NA	ME CLEA	RLY	
Agenda No. 93		Name	os n	Lurso J Few	5+. 1	Madison
Please check one	<b>:</b> :	AND	Plea	ase checl	k:	
<b>Support</b>			X	Do not	wish to s	speak
Oppose						
Neither Su	pport Nor Op	pose				
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need no	t complete the rest of question.) The person or organization	f this form.	If you answ	ered "yes," <sub>.</sub>	□ No provide the name
Are you being paid for y  Are you appearing as pa	•		n or organi	zation?	☐ Yes	⊠No ⊠No
(If you answered "no," question.)	STOP; you need no	t complete the rest o	f this form.	If you answ	vered "yes,"	go on to the nex
Ţ	nformation Hearing	nmon Council)5   	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 I 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.	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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Registration Statement -	Common Co	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	Name <u>&lt;</u> Address _	Sue Thompson 3201 Milwaukee St Madison
Please check one:	AND	Please check:
Support		Do not 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 of the state of the	t complete the rest o juestion.)	f this form. If you answeved "yes," provide the name
The support of the	White Hill	
HESCIME LOC	ial led	
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.)	duties for this person discomplete the rest of	on or organization?  Yes No of this form. If you answered "yes," go on to the next
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 ernmental body?
	swered "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.	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?
	o 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

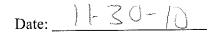
Date: 11-30-2010



# DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common C	ouncil		
Please Print  Agenda No.	3	Name	PRINT NAME CLE Douglas Peter 619 E Johnson	rson	·
Please check on  Support Oppose	e:	AND	Please chec	ck: t wish to s	peak
	apport Nor Opp	pose			
(If you answered "no," of who you represent a	" <b>STOP;</b> you need not and go on to the next qu	complete the rest uestion.)	n other than yourself: of this form. If you answartion you are represent	wered "yes," p	
Are you being paid for Are you appearing as p		duties for this pers	son or organization?	☐ Yes	⊠ No
			of this form. If you ans		
Speaking Limits:	Public Hearing (Cominformation Hearing Other Items		3 minutes		

•		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
( 0 0		ed "yes" to the question, <b>STOP.</b> 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 a that:	re bein	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	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
Ĵ		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 a clerk's City-County Building, Madison, for more information.)
Date		Signature
		Print Name





Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 93 Support  public cuthority model	Name Barb Peters  Address 2038 E.M. F.F. a St  McDS-
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Op	ppose
of who you represent and go on to the next  Name, address and telephone number of ea	ot complete the rest of this form. If you answered "yes," provide the name question.)  ch person or organization you are representing:
AFSCME Council: Excelsion DVIVE	
Madisa Drive	
Are you being paid for your representation	Yes No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this person or organization?  Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

-	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?				
	wered "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:	peing 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.	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 fifthe City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				





Registration Statement - Co	mmon Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 93 public outhout a mode support	Name Baub Peters  Address 2038 E.M. F.L. is ST  McD. Sci W. S. S. 3704
Please check one:	AND Please check:
Support ammenoment of	Do not wish to speak
<b>Oppose</b>	
■ Neither Support Nor Oppose	
At this meeting are you representing an organizatio (If you answered "no," <b>STOP</b> ; you need not complete of who you represent and go on to the next question.  Name, address and telephone number of each person	lete the rest of this form. If you answered "yes," provide the name 1.)
AFSCME Council 24	
Excedsion Duive	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not compaquestion.)	for this person or organization?  Yes No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common C Information Hearing	3 minutes

-		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
		red "yes" to the question, <b>STOP.</b> 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 be	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?	
	_	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	





Registratio	on Statement	Common Cou	uncil		
Please Print		PLEASE P	RINT NAME CLE	ARLY	
Agenda No. <u>43</u>		Name	Dominic Sti 61 Talmai	yker dge 937	°04
Please check on	e:	AND	Please chec	ek:	
∑ Support	•		Do not	t wish to s	speak
<b>Oppose</b>			,		
Neither Su	ipport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent at Name, address and tele	' <b>STOP;</b> you need not nd go on to the next q	complete the rest of uestion.)	this form. If you ansv	wered "yes," [	No provide the name
Are you being paid for	your representation?		3	Yes	☐ No
Are you appearing as p (If you answered "no," question.)	art of your other paid 'STOP; you need not	duties for this person complete the rest of	or organization? this form. If you ans	☐ Yes wered "yes,"	No go on to the next
	Public Hearing (Com Information Hearing) Other Items	3 m	ninutes		

-		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, <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 that:	ı are be	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: (1/30/10

## DO NOT WISH TO SPEAK FORM

Registrati	on Statement - ַ	Common Co	uncil		
Please Print  Agenda No.	3	PLEASE I Name Address	PRINT NAME CLEA RICK MAI N 6826 FO ALBANY	RX	SC77CENGEN. 3502
Please check or Support	ne:	AND	Please chec	ck: t wish to s	peak
Oppose Neither S	upport Nor Op	pose	/		
At this meeting are yo (If you answered "no, of who you represent a Name, address and tele	" <b>STOP;</b> you need not and go on to the next q	complete the rest og uestion.)	f this form. If you ansv	AFS	□ No provide the name `LME  L60
Are you being paid for	your representation?			Yes	⊠ No
Are you appearing as a (If you answered "no, question.)				☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 1	minutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "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 I that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fifthe City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	
-------	--

Registration	on Statement -	Common Co	ouncil
Please Print		PLEASE	PRINT NAME CLEARLY
Agenda No	<i>t</i> 3	Name	Danold hoof, 205 CB/Stul Lang Madsin S3V14
Please check or	ie:	AND	Please check:
Support			Do not wish to speak
Oppose			
At this meeting are you (If you answered "no, of who you represent of	" <b>STOP;</b> you need no and go on to the next	ganization or a persor of complete the rest of question.)	n other than yourself: Yes No of this form. If you answered "yes," provide the name ration you are representing:
Are you being paid for			☐ Yes ☐ No
Are you appearing as partial (If you answered "no, question.)	oart of your other pai " <b>STOP;</b> you need no	d duties for this person to complete the rest of	on or organization?
Speaking Limits:	Information Hearing	mmon Council)5 g3	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 b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:  $\frac{11/30/t0}{}$ 

## DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common C	ouncil		
Please Print  Agenda No.	93	Name _	PRINT NAME C David W 3316 I	is-e	714
Please check or	ne:	AND	Please cl	heck:	
<b>Support</b>			Do 1	not wish to sp	peak
Oppose					•
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent a Name, address and tele	" STOP; you need not and go on to the next q	t complete the rest ( nuestion.)	of this form. If you	answerêd "yes," p AFS	□ No rovide the name CME l (g()
Are you being paid for	your representation?			Yes	⊠ No
Are you appearing as p (If you answered "no, question.)	part of your other paid " STOP; you need not	duties for this pers t complete the rest	on or organization? of this form. If you	Yes Yes Yes," g	No go òn to the next
Speaking Limits:	Public Hearing (Com Information 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?		
	red "yes" to the question, <b>STOP.</b> 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 be 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?		
-	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: Nov 30, 2010



## DO NOT WISH TO SPEAK FORM

Registratio	n Statement	Common Cou	ıncil		
Please Print		PLEASE P	RINT NAME CLEA	ARLY	
Agenda No. 93 C	support)	Name Reb	200 Observatory 1 Modgen, WI		
Please check on	e:	AND	Please chec	k:	
Support 1	tem 93		Do not	wish to speak	
Oppose					
Neither Su	pport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent ar	STOP; you need not	complete the rest of t	ther than yourself: this form. If you answ	Yes No vered "yes," provide the	name
Name, address and telep	phone number of each		on you are representi	ng:	
Are you being paid for y	art of your other paid	duties for this person	or organization?	☐ Yes ☐ No	
(If you answered "no," question.)	STOP; you need not	t complete the rest of	this form. If you ansv	vered "yes," go on to the	? next
	Information Hearing.	mon Council)5 m 3 m 3 m	inutes	·	

		ected official or employee vental body?	who is appear	ing solely on behalf of your off	ice or for you	ır municipality or No
		ed "yes" to the question, <b>S</b> u answered "no" to the qu		ed not complete the rest of this f to the next question.)	<sup>©</sup> orm, except t	hat you must sign
If you that:	are beir	ng paid for your representa	ation, or if yo	our appearance is part of other	paid duties, j	please be advised
	1.	Before you engage in lobl with the City Clerk.	bying as a lob	byist, you or your principal mu	st file an autl	horization
	2.	Your principal is not perr City Clerk.	mitted to auth	orize you to lobby unless you	are registered	I with the
	3.	7 1 1	rincipal must	ore than \$1,000 for lobbying se file expense statements with t	-	<del>-</del>
	_	the City Clerk's website ne City-County Building, M		adison.com/clerk/index.html or ore information.)	go to the (	Clerk's Office at
Date _	The same of the sa	0/2010	Signature	Robert Figuerion		
	,	. 1	Print Name	Robert Figuerog		



Date: /// 30/18

## DO NOT WISH TO SPEAK FORM

Registration S	tatement - Commor	n Council	<del></del>
Please Print	PLEA	ASE PRINT NAME CLEARLY	
Agenda No93	Name ————————————————————————————————————	SED KESSENICH SSS 932 CTH U VERDNA, WI 5359	` <i>3</i>
Please check one:	AND	Please check:	
Support		Do not wish to spea	.k
Oppose			
At this meeting are you represent and go	on to the next question.)	person other than yourself:  The second of this form. If you answered "yes," providing the second of this form. If you answered "yes," providing the second of this form. If you are representing:  LUCAC	
Are you being paid for your  Are you appearing as part of (If you answered "no," STO question.)	your other paid duties for this	Pes Property of this form. If you answered "yes," go or	No No 1 to the next
Infor	ic Hearing (Common Council) mation Hearingr	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, <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 b 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.
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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?
	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	Signature
	Print Name



Registration Statement -	Common Council
	COMMITTEE
Please Print	DI EASE DOINT NAME CLEADI V
	PLEASE PRINT NAME CLEARLY
013	Name //NDA LUND
Agenda No.	Address JANO CHARMANY WAY
,	ME FARLAND 111 53558
Please check one:	AND Please check:
Support 93	Do not wish to speak
Support	Do not wish to speak
<b>Oppose</b>	
Neither Support Nor Op	ppose
Z. Z	
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	ot complete the rest of this form. If you answered "yes," provide the name
Name address and talanhana number of ago	ch person or organization you are representing:
Name, address and telephone number of each	The person of organization you are representing.
1	
IN SUPPORT OF	PUBLIC AMHORITY MODER
Are you being paid for your representation?	☐ Yes ☐ No
Are you being paid for your representation:	
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?
Information Hearing	nmon Council)5 minutes g3 minutes3 minutes

•	relected official or employee who is appearing solely on behalf of your office or for your municipality or remental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou 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.
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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?
	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: 11/30/10

## DO NOT WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil		
Please Print	PLEASE	PRINT NAME CLEARLY		
Agenda No.	-	EMAAN ABDE C- HALIM 837 VISTA RIDGE DR MT HORERS		
Please check one:	AND	Please check:		
Support 93		Do not wish to speak		
Oppose  Neither Support Nor Oppose  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:				
question.)	duties for this pers	of this form. If you answered "yes," go on to the next		
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items	· · · · · · · · · · · · · · · · · · ·	3 minutes		

Are you an el other governn	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, <b>STOP.</b> 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:	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?	
_	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: 61/30/2010

## DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Cour	ncil	<del></del>
Please Print		PLEASE PRI	INT NAME CLEARLY	
Agenda No.	23	Name /// Address	WA POLAN KY MY 307 JUNN COLD DE TOREST, W/	HOBE (RT 5363
Please check or	ne:	AND	Please check:	
Support			Do not wish to spea	k
Oppose			/	
Neither S	upport Nor Opj	pose		
(If you answered "no, of who you represent	ou representing an organ, "STOP; you need not and go on to the next qualephone number of each	complete the rest of the uestion.)	is form. If you answered "yes," provi	de the name
	AFCCM	TE how	4L 60	<u> </u>
Are you being paid fo	or your representation?		☐ Yes	No
Are you appearing as (If you answered "no, question.)	part of your other paid "STOP; you need not	duties for this person o complete the rest of th	or organization?	No n to the next
Speaking Limits:	Information Hearing.	mon Council)5 min 3 min	nutes	/ / /
11/30/10-F:\Clcommon\Council Documer	nts\Registration Forms\Registration Form 20	(SEE BACK) 10 - Do not wish to speak.docx	H' )//	

		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, <b>STOP.</b> 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 a	are bei	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:	11/80/	(h
	\$ · · · ·	

Registration Statem	ent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Dominique Host &  Address 1608 N. Thompson &  Maricon, 05 837000
Please check one:	AND Please check:
Support (3)	Do not wish to speak
Oppose	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to the	an organization or a person other than yourself: Yes \ \ \ No \ \ eed not complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number	of each person or organization you are representing:
Are you being paid for your representate you appearing as part of your ot (If you answered "no," STOP; you question.)	er paid duties for this person or organization? Yes No  eed not complete the rest of this form. If you answered "yes," go on to the next
Information	g (Common Council)5 minutes learing

•	n elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body?
	swered "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.
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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?
_	o 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: 11 30 10

## DO NOT WISH TO SPEAK FORM

Registration Staten	ent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY  Name Avgela Vellavduta
Agenda No.	Address 811 & Dayton Mulson W 53703
Please check one:	AND Please check:
Support 93  Oppose	Do not wish to speak
Neither Support N	r Oppose
(If you answered "no," STOP; you of who you represent and go on to t	an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name e next question.)  To of each person or organization you are representing:
A	tation?
Are you being paid for your represe Are you appearing as part of your o (If you answered "no," STOP; you question.)	ter paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information	g (Common Council)5 minutes  Iearing3 minutes3 minutes

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou 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.
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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?
	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:	11/30	1	δ	
	1 /	I		

Registration S		mmon Cou	ncil		
Please Print		PLEASE PR	RINT NAME CLEA	ARLY	
Agenda No. <u>93</u>	Supplied of	Name	Jim Weld 1838 Span Mad 150n	H St W1 63	r 204
Please check one:		AND	Please chec	k:	
Support 9	3		Do not	wish to s	speak
M Oppose 1					
Neither Supp	ort Nor Oppose				
At this meeting are you rep (If you answered "no," ST of who you represent and g  Name, address and telephor	<b>OP;</b> you need not compl o on to the next question	lete the rest of t 1.)	his form. If you answ		No provide the name
A				☐ Yes	Ñ No
Are you being paid for you		6 41		<u> </u>	
Are you appearing as part of (If you answered "no," ST question.)	of your other paid duties <i>OP</i> ; you need not compl	for this person lete the rest of i	or organization? his form. If you ansv	☐ Yes wered "yes,"	$\bigvee_{i}$ No $i$ go on to the next
Info	lic Hearing (Common Cormation Hearinger Items	3 m	inutes		

•		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		red "yes" to the question, <b>STOP.</b> 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 a that:	ire beii	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	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3	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:	

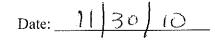
Registration State	ement - Common C	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No3	Name / Address	Mac Thomas 120 S. 1st St. Madison w± 5376
Please check one:	AND	Please check:
Support		Do not wish to speak
<b>Oppose</b>		/
☐ Neither Support	Nor Oppose	
At this meeting are you represent (If you answered "no," STOP; yof who you represent and go on the Name, address and telephone number 1500 meetings.	oou need not complete the rest to the next question.)	t of this form. If you answered "yes," provide the name
Are you being paid for your repre	esentation?	☐ Yes ☐ No
Are you appearing as part of you (If you answered "no," STOP; y question.)		rson or organization?
Informati	earing (Common Council)5 on Hearing3	3 minutes

		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?			
		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 that:	ı are be	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?			
	_	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			



Registration Statement -	Common Co	ouncil		
Please Print	PLEASE	PRINT NAME CLI	EARLY	
Agenda No. <u>93</u>	Name	Mark 1 2534 Mud. Sovi	Situe hoard wi	9 53709
Please check one:	AND	Please che	eck:	
<b>Support</b>		Do no	ot wish to sp	eak
Oppose				
Neither Support Nor O	ppose			
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next.  Name, address and telephone number of each of the state o	ot complete the rest of question.)	f this form. If you an	swered "yes," pr	No ovide the name
Are you being paid for your representation	?		☐ Yes [	∑No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)			ш ° п	No o on to the next
Information Hearing	mmon Council)5 g3	minutes		

Are you an e other govern	nental body?	ee who is appea	ring solely on beha		your municipality or S	
, , ,	red "yes" to the question ou answered "no" to the		-		ot that you must sign	
If you are be that:	ing paid for your repress	entation, or if y	our appearance is p	part of other paid dutie	s, please be advised	
1.	Before you engage in l with the City Clerk.	obbying as a lo	bbyist, you or your	principal must file an a	authorization	
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?					
,	o the City Clerk's webs the City-County Building			i <u>ndex.html</u> or go to th	e Clerk's Office at	
Date	30.10	Signature	Work Mark	Bita)		
		Print Name	Nerk	Dirie/		





Registratio	n Statement	Common Cour	ncil
Please Print		PLEASE PR	INT NAME CLEARLY
Agenda No. <u>93</u>		Name	WILLIAM LARIMORE 725 CHAPMAN ST MADISON 537
Please check on	e:	AND	Please check:
Support			Do not wish to speak
Oppose			
At this meeting are you	STOP; you need not not go on to the next q	nization or a person oth complete the rest of th	is form. If you answered "yes," provide the name
		TATSE	#251
Are you being paid for	your representation?		☐ Yes ☐ No
Are you appearing as pa (If you answered "no," question.)	art of your other paid STOP; you need not	duties for this person of complete the rest of th	r organization? Yes No is form. If you answered "yes," go on to the next
•	Information Hearing.	mon Council)5 mir 3 mir 3 mir	nutes

Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, <b>STOP.</b> 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
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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 ne City-County Building, Madison, for more information.)
Date	30/10 Signature William BLARIMORE



Registrati	on Statement -	Common Co	ouncil	
Please Print  Agenda No.	3	PLEASE I Name Address	PRINT NAME CLEARLY Heidi Conde 215 Martin Luther Kin	ie Tr
Please check of	ne:	AND	Blud, Madison  Please check:	<i>J</i>
Support Oppose Neither S	upport Nor Op	pose	<b>∑</b> Do not wish to speak	
(If you answered "no, of who you represent	and go on to the next q	t complete the rest of nuestion.)	n other than yourself: Yes No of this form. If you answered "yes," provide the tation you are representing:	ne name
Are you appearing as	r your representation? part of your other paid " STOP; you need not		☐ Yes ☑ No son or organization? ☐ Yes ☑ No of this form. If you answered "yes," go on to t	the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3 1	3 minutes	

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	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 that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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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?
	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: 11/36/2010	

Registration Stateme	ent - Common Common Committee	ouncil
Please Print	COMMITTEE	
	PLEASE	PRINT NAME CLEARLY
Agenda No. 93		DAVEBULL
Agenda No/	— Address _	4802 ALUS HUT
		- 10000 OV Sum
Please check one:	AND	Please check:
Support	,	Do not wish to speak
Oppose		
Neither Support No	r Oppose	
of who you represent and go on to the	eed not complete the rest on the rest of the rest of the rest on the rest of t	of this form. If you answered "yes," provide the name
Name, address and telephone number		zation you are representing:
APSCME L	ccal 60	
Are you being paid for your represent	ation?	☐ Yes ☐ No
Are you appearing as part of your oth (If you answered "no," STOP; you n question.)	er paid duties for this pers eed not complete the rest	son or organization?
Information H	g (Common Council)5 [earing	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, <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 that:	u are be	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?
		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: // / 24/ 40/ 5	_	11	12	al au	6
	Date:	<u> </u>	<u> </u>	1 401	U'

Registrati	on Statement - ַ	COMMITTEE	ouncil	
Please Print		•	PRINT NAME CLEAR	
Agenda No.	73	Name _ Address _	MODERICK 4804 LOIS ( MADISON, W	
Please check or	ie:	AND	Please check:	
Support Support			Do not w	ish to speak
Oppose				
Neither S	upport Nor Op	pose		
of who you represent of	" STOP; you need not and go on to the next q	t complete the rest of uestion.)	of this form. If you answere ation you are representing:	Yes <b>(</b> No ed "yes," provide the name
Are you being paid for	your representation?			☐ Yes
Are you appearing as justified (If you answered "no, question.)	part of your other paid "STOP; you need not	duties for this pers t complete the rest	on or organization? of this form. If you answer	Yes No ed "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes	

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?
	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:	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?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office a the City-County Building, Madison, for more information.)
Date <u>///</u> 3	30/2016 Signature 4 4 M M
	Print Name <u>hoderick M. Adams</u>





Registration Statemen	t - Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT NAME CLEARLY
Agenda No	Name Sheila Sims  Address 6021 Roseberg Rd  Madison 53719
Please check one:	AND Please check:
<b>Support</b>	Do not wish to speak
Oppose	
Neither Support Nor	Oppose
(If you answered "no," STOP; you need of who you represent and go on to the no	organization or a person other than yourself: Yes No I not complete the rest of this form. If you answered "yes," provide the name ext question.)  Teach person or organization you are representing:
Are you being paid for your representation.  Are you appearing as part of your other (If you answered "no," STOP; you need question.)	on?
Information Hea	Common Council)5 minutes ring

•	relected official or employee who is appearing solely on behalf of your office or for your municipality or remental body?		
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou 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.	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 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date: 10 30 7010

## DO NOT WISH TO SPEAK FORM

Registration Staten	nent - Common Co	<u>uncil</u>
Agenda No. Support)	Name Address	PRINT NAME CLEARLY Scot M. Cullough 402 Regert St. Apt. 304 Modran, WD 5374
Please check one:	AND	Please check:
Support item  Oppose  Neither Support N	_	Do not wish to speak
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to to the Name, address and telephone number of whether the Late was addressed to the Late was addressed.	need not complete the rest of he next question.) er of each person or organizat	this form. If you answered\"yes," provide the name tion you are representing:
Are you being paid for your represe  Are you appearing as part of your of (If you answered "no," STOP; you question.)	ther paid duties for this person	☐ Yes No n or organization? ☐ Yes No this form. If you answered "yes," go on to the next
Information	ng (Common Council)5 n Hearing3 n	ninutes

	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, <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 <u>Mo</u> x	N. 30,200 Signature Scot MG Whord		

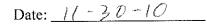


Date: 11/30/2010

## DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Co	uncil
<u>Please Print</u>	PLEASE	PRINT NAME CLEARLY
Agenda No. 93	Name	Moss Wagner 535 W Johnson St Nadison, WI 53703
Please check one:	AND	Please check:
Support	•	Do not wish to speak
Oppose		
Neither Support Nor C	)ppose	
Name, address and telephone number of	not complete the rest of xt question.)	f this form. If you answered "yes," provide the name
Are you being paid for your representation	n?	☐ Yes ☐ No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)	aid duties for this perso not complete the rest o	on or organization? $\square$ Yes $\square$ /No f this form. If you answered "yes," go on to the next
Information Heari	Common Council)5 ing3 i	minutes

•	elected official or employernmental body?	ee who is appearing solely on behalf of your office or for your municipality or Yes No		
	-	n, <b>STOP.</b> You need not complete the rest of this form, except that you must sign question, go on to the next question.)		
If you are that:	being paid for your repress	entation, or if your appearance is part of other paid duties, please be advised		
1.	Before you engage in with the City Clerk.	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 p City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	period (half year), the	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 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 1(130/2010) Signature Ross A Was not				





## **CITY OF MADISON**

Registration S	tatement - Comn		······································
Please Print	Pl	_EASE PRINT NAME CLE	ARLY
Agenda No. 93		nme ROCH GET Iddress 838 N. FAI MADISON	ROAKS
Please check one:	AN	D Please che	ck:
<b>Support</b>		Do no	t wish to speak
Oppose			
Neither Suppo	rt Nor Oppose		
(If you answered "no," <b>STO</b> of who you represent and go	<b>P</b> ; you need not complete to on to the next question.)  number of each person or	a person other than yourself: the rest of this form. If you and organization you are represen	swered "yes," provide the name
			☐ Yes ☒ No
Are you being paid for your and Are you appearing as part of (If you answered "no," STO question.)	your other paid duties for	this person or organization? the rest of this form. If you an	Yes No swered "yes," go on to the next
Inform	c Hearing (Common Counnation Hearing	3 minutes	

(SEE BACK)

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes  No		
		ed "yes" to the question, <b>STOP.</b> 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 that:	are beir	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 a clear county Building, Madison, for more information.)		
Date _	/( - )	Signature Print Name ROCH GERSBACH		



Date:	11/30/10

Registrati	on Statement -	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No	7		Larry La 1901 North madison, wa		704
Please check or	ie:	AND	Please chec		
<b>Support</b>			Do not	t wish to	speak
Oppose					
Neither S	upport Nor O	ppose			
of who you represent of	" <b>STOP;</b> you need n and go on to the next	ot complete the rest of question.)  The person or organized	n other than yourself: of this form. If you answard ation you are represent	ing:	
Are you being paid for	r your representation	?		Yes	□ No
Are you appearing as partial (If you answered "no, question.)	part of your other pai " <b>STOP;</b> you need n	id duties for this pers ot complete the rest	on or organization? of this form. If you ans	☐ Yes wered "yes,'	∐∕No ' go on to the next
Speaking Limits:	Information Hearin	mmon Council)5 g3	minutes		

Are you an elected of other governmental l	ficial or employee who is appearing solely on behalf of your office or for your municipality or ody?		
	s" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ered "no" to the question, go on to the next question.)		
If you are being paid that:	for your representation, or if your appearance is part of other paid duties, please be advised		
	e you engage in lobbying as a lobbyist, you or your principal must file an authorization he City Clerk.		
	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
perio	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?		
<del>-</del>	ity Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at County Building, Madison, for more information.)		
Date <u>[1]/30 / /</u>	Signature Larry Lee		
	Print Name Larry Lec		



Date: 11/30/2010

# DO NOT WISH TO SPEAK FORM

Registration	Statement - C	OMMON C	ouncil		
Please Print		PLEASE	PRINT NAME CL	EARLY	
Agenda No. 93		Name Address	William H 2621 Dayle Madison	enly st. Dis 5	37.04
Please check one	•	AND	Please cho	eck:	
Support Onnese	<u></u>		Do no	ot wish to s	peak
<ul><li>☐ Oppose</li><li>☐ Neither Sup</li></ul>	oport Nor Oppos	e			
At this meeting are you a (If you answered "no," of who you represent and Name, address and telep	STOP; you need not com d go on to the next quest	iplete the rest ion.)	of this form. If you an	iswered "yes," <sub>[</sub>	
	ATSE 251				
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Are you being paid for y	our representation?			Yes	No
Are you appearing as par (If you answered "no," a question.)	rt of your other paid duti STOP; you need not con	es for this per <i>aplete the rest</i>	son or organization? of this form. If you an	☐ Yes nswered "yes,"	No go on to the next
I	Public Hearing (Common information Hearing Other Items		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 lental body?  Yes No		
	red "yes" to the question, <b>STOP.</b> 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 beinthat:	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 11/30	Print Name William M Henry		

Date: 11/30/10



## DO NOT WISH TO SPEAK FORM

Registration Statemer	nt - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 93	Name Kan For namder  Address 5/4 E. wishington Are 192  Madison, 4 E 53703
Please check one:	AND Please check:
Support  Oppose	Do not wish to speak
<b>☐</b> Neither Support Nor	Oppose
(If you answered "no," STOP; you need of who you represent and go on to the real Name, address and telephone number of	organization or a person other than yourself:  Yes No ed not complete the rest of this form. If you answered "yes," provide the name next question.)  of each person or organization you are representing:
Are you being paid for your representat	tion? Yes No
	paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	(Common Council)5 minutes aring

•	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, <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.)		
f you are b hat:	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:  $\sqrt{30}$ 

# DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	uncil		····
Please Print			RINT NAME CLEA	ARLY	
Agenda No.	3	Name Address	Flexis 3533 RI ERONA	Turne LLHIE LDI E	ROAN 33593
Please check or	ne:	AND	Please chec	ek:	
<b>Support</b>			Do not	wish to s	peak
Oppose					
Neither S	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent to Name, address and tel	" <b>STOP;</b> you need no and go on to the next o	t complete the rest of question.)	this form. If you answ		□ No provide the name
Are you being paid fo	r your representation?			Yes Yes	□No
Are you appearing as (If you answered "no, question.)	part of your other paid " <b>STOP;</b> you need no	I duties for this person at complete the rest of	n or organization? Tthis form. If you answ	☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 n 3 n 3 n	ninutes		

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, <b>STOP.</b> 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.)			
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:			
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?		
(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		



Registration Statement -	COMMITTEE	ouncil
Please Print  Agenda No. 93	Name _	PRINT NAME CLEARLY  Mathew Syemnicht  625 Elm Orive  Madison Wi \$3703
Please check one:  Support Oppose	AND oc Authority model	Please check:  Do not wish to speak
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next	anization or a person	n other than yourself:
Name, address and telephone number of early Stydent Cabor  333 East Car  Madigina WI	ch person or organiz Action ( mpus na l	calition
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this pers	☐ Yes    No on or organization?   ☐ Yes   ☑ No of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 g3	minutes

	elected official or employenmental body?	ee who is appea	ring solely on behalf of		ur municipality or No
	vered "yes" to the question you answered "no" to the		-	st of this form, except	that you must sign
If you are that:	peing paid for your represe	entation, or if y	our appearance is part	of other paid duties,	please be advised
1.	Before you engage in l with the City Clerk.	obbying as a lo	bbyist, you or your prin	ncipal must file an aut	thorization
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spend period (half year), the remainder of the calend	principal must			
(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	130/10	Signature	Mathaut	Inemable	January .
'	•	Print Name	Mathon	Sugaricht	