



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 7/19/17

SUBJECT/ADDRESS/TOPIC _____ AGENDA ITEM NO. _____

YOUR NAME ADHIRA SUNKARA YOUR ADDRESS 4013 CHIPPEWA DR.

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself? Yes No

If you answered "no," **STOP**; you need not complete the rest of this form.
 If you answered "yes," **go on to the next questions on the back side of this form.**



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE _____

SUBJECT/ADDRESS/TOPIC _____ AGENDA ITEM NO. _____

YOUR NAME Dave + Vicky Franchino YOUR ADDRESS 4010 Chippewa Dr.

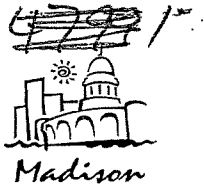
Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 7/19/17

SUBJECT/ADDRESS/TOPIC _____ AGENDA ITEM NO. _____

YOUR NAME Ari Rosenberg YOUR ADDRESS 4013 Chippewa Dr
Madison WI 53711

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself? Yes No

If you answered "no," STOP; you need not complete the rest of this form.
If you answered "yes," go on to the next questions on the back side of this form.

Name, address and telephone number of each person or organization you are representing:
Torrey & Stephanie Jaekle 17001 Chippewa Dr.
as well as others on signed letter.

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

3) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

If you answered NO to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.

Signature [Signature] Date 7/19/17



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 7/19/17
 SUBJECT/ADDRESS/TOPIC _____ AGENDA ITEM NO. _____

YOUR NAME Thomas Reed YOUR ADDRESS 4001 Hiawatha Madison

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 7-18-17
 SUBJECT/ADDRESS/TOPIC _____ AGENDA ITEM NO. 6

YOUR NAME Ingrid Beamsley YOUR ADDRESS 4014 Cherokee Drive

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself? Yes No

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