Date: 11 - 16 - 10

## CITY OF MADISON Registration Statement - Common Council 2011 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: STEVE BREIT	Zοω Address: /60	25 PARK ST
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you the name of whom you represent a	ng an organization or a person other t need not complete the rest of this fo and go on to the next question )	han yourself: ⊠ Yes

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

Name, addre	ess and telephone number of each person or organization you are representing:
BUILDIA	UC + CONSTRUCTION TRADES COUNCIL OF SOUTH
	on WR
Are you bein	ng paid for your representation?
Are you appo (If you answithe next que	earing as part of your other paid duties for this person or organization? Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If you answ you must sig	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that in this form. If you answered "no" to the question, go on to the next question.)
If you are be advised that:	eing paid for your representation, or if your appearance is part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go to at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)
Date <u> </u>	16-10 Signature Stabul
	Print Name STEVE BRATLOW

Date:		 

# CITY OF MADISON Registration Statement - Common Council 2011 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Any Supple	Address: 22	CAST MIGN
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you the name of whom you represent a	ng an organization or a person other to need not complete the rest of this for and go on to the next guestion.)	han yourself: Yes

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

Name, addr	ess and telephone numb	er of each person or org	anization you are representing:	
17m	res Compay	22 CAST M.CFILL	<u>}                                    </u>	•
	•		·	
•				
Are you bei	ng paid for your represen	tation?	Yes	☐ No
Are you app (If you answ the next que		ner paid duties for this pe eed not complete the res	erson or organization? Yes t of this form. If you answered "	
	elected official or emplor other governmental be		solely on behalf of your office ☐ Yes ☐	e or for your No
(If you answ you must sig	vered "yes" to the questi on this form. If you answe	on, <b>STOP.</b> You need no red "no" to the question,	ot complete the rest of this form go on to the next question.)	n, except that
If you are be		entation, or if your appea	arance is part of other paid duti	es, please be
1.	Before you engage in authorization with the C		t, you or your principal must	file an
2.	Your principal is not p with the City Clerk.	ermitted to authorize yo	ou to lobby unless you are regi	stered
3.		ear), the principal must	1 \$1,000 for lobbying services file expense statements with th	
	o the City Clerk's website 3 of the City-County Build		m/clerk/index.html or go to the formation.)	Clerk's Office
Date	· · · · · · · · · · · · · · · · · · ·	Signature Print Name	My Jupple	

Date: //-/6-10	
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### CITY OF MADISON Registration Statement - Common Council 2011 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: ARR COM A	, OW ← Address: <u>Ə</u>	is Gerstal Laure
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No//	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

# REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing:

			·	
Are you bein	g paid for your represent	ation?	Yes	i □ No
Are you appe (If you answe the next ques	ered "no," <b>STOP;</b> you nee	er paid duties for this perso ed not complete the rest of	on or organization? ☐ fthis form. If you answer	Yes ☐ No ed "yes," go on to
	elected official or emplo or other governmental bo	yee who is appearing so dy?	olely on behalf of your	office or for your
(If you answe you must sigi	ered "yes" to the questio n this form. If you answer	n, <b>STOP.</b> You need not c ed "no" to the question, go	omplete the rest of this on to the next question.	form, except that )
If you are be advised that:		ntation, or if your appeara	nce is part of other paid	duties, please be
1.	Before you engage in authorization with the Ci	lobbying as a lobbyist, y ty Clerk.	ou or your principal m	ust file an
2.	Your principal is not pe with the City Clerk.	rmitted to authorize you t	o lobby unless you are	registered
3.	If your principal spends reporting period (half ye Clerk for the remainder	or will owe more than \$ ear), the principal must file of the calendar year?	1,000 for lobbying service expense statements wi	ces in any th the City
(Please go to at Room 103	the City Clerk's website of the City-County Buildi	www.cityofmadison.com/ong, Madison, for more info	elerk/index.html or go to rmation.)	the Clerk's Office
Date	<u> </u>	Signature		
	·	Orint Nama		

Date: 10/16/2018

## CITY OF MADISON Registration Statement - Common Council 2011 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY  Name: John B. Ellio	77 Address: 24	02 HARD ST. 5.50N /WI. 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No/ /	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No( 0	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you the name of whom you represent a	g an organization or a person other th need not complete the rest of this for nd go on to the next question.)	an yourself: Yes No m. If you answered "yes," provide

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

	ress and telephone number of each person or organization	n you are representing:
IA	TSE #251	· · · · · · · · · · · · · · · · · · ·
-		
Are you bein	ng paid for your representation?	☐ Yes 🖟 No
Are you appoint (If you answ the next que	pearing as part of your other paid duties for this person or overed "no," <b>STOP;</b> you need not complete the rest of this the estion.)	organization? Yes No form. If you answered "yes," go on to
Are you an municipality	elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your Yes No
	wered "yes" to the question, <b>STOP.</b> You need not comple gn this form. If you answered "no" to the question, go on to	
If you are be advised that:	eing paid for your representation, or if your appearance is t:	part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, you or authorization with the City Clerk.	your principal must file an
2.	Your principal is not permitted to authorize you to lobl with the City Clerk.	oy unless you are registered
<b>3</b> .	If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file expe Clerk for the remainder of the calendar year?	
(Please go to at Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/ii</u> 3 of the City-County Building, Madison, for more informatic	ndex.html or go to the Clerk's Office
Date <u>(()</u>	16/29/0 Signature Miles.	I hellren
(	Print Name John B.	E11:011

Date: 1/-/6-/0

### Early Public Comment Registration Statement - Common Council 2011 CAPITAL BUDGET

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Mily Address: 2/1	Marinette Tra
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No.	Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No//	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 14	☐ Support ☐ Suppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment Ńo.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes \sum No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

#### Page 2 of 2

Name, a	ddress and telephone number of each person or organization you are representing: $\mathcal{M}$
	22 W. Wash
Are you l	peing paid for your representation?
(If you ar	appearing as part of your other paid duties for this person or organization? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
-	an elected official or employee who is appearing solely on behalf of your office or for your lity or other governmental body?
	nswered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)
If you are advised tl	being paid for your representation, or if your appearance is part of other paid duties, please be
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(Please g at Room 1	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 103 of the City-County Building, Madison, for more information.)
Date //	-16-10 Signature Suran Schmitz
·	Print Name
	$\prime$

Date: 1/10/10

### Early Public Comment Registration Statement - Common Council 2011 CAPITAL BUDGET

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PLEASE PRINT CLEARLY		<b>^</b>
Name: Tim Blukley	Address: 53	31. Spicelaush
	laws	DI Spicebush e, Madison WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 14 (BOF)	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 11+12 (BOE)  Operation  almendedan	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment Ńo [	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes \sum No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

#### Page 2 of 2

Nam	e, addre	ress and telephone number of each person or org	anization you are representing:
,			
		:	
Are y	ou bein	ng paid for your representation?	☐ Yes   X No
(If you		pearing as part of your other paid duties for this pervered "no," <b>STOP;</b> you need not complete the respection.)	
		elected official or employee who is appearing or other governmental body?	solely on behalf of your office or for your ☐ Yes ☐ No
		vered "yes" to the question, <b>STOP.</b> You need no on this form. If you answered "no" to the question,	
	are be ed that:	eing paid for your representation, or if your appea ::	arance is part of other paid duties, please be
	1.	Before you engage in lobbying as a lobbyis authorization with the City Clerk.	t, you or your principal must file an
	<ol> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> <li>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?</li> </ol>		
(Pleas at Roc	se go to om 103	o the City Clerk's website <u>www.cityofmadison.co</u> 3 of the City-County Building, Madison, for more in	m/clerk/index.html or go to the Clerk's Office nformation.)
Date <sub>.</sub>	11/16	Signature (	-B_
-	11/14	Print Name i W	Binder