



Date. If the

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	uncil		
Please Print			PRINT NAME CLE	ADI V	
Agenda No. #			Mary Gules Bob N. Brus Madison, I	eks St.	
Please check or	ne:	AND	Please chec	ck:	
Support	· · · · · · · · · · · · · · · · · · ·		Do not	t wish to speak	
Oppose					
Neither S	upport Nor Opp	ose			
(If you answered "no, of who you represent a	u representing an organ " STOP; you need not and go on to the next que ephone number of each	complete the rest o uestion.)	f this form. If you ans	☐ Yes ∑ No wered "yes," provide the ting:	? name
Ana you haira naid fa	r vour representation?			☐ Yes 🍸 No	
Are you being paid for Are you appearing as a (If you answered "no, question.)	part of your other paid	duties for this perso complete the rest o	n or organization? f this form. If you ans	Yes X No	ne next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes		

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you answer this form. If yo	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are bein that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go to Room 103 of t	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 7/1	Signature Many Gulesserven Print Name TMany Gulesserven



DO NOT WISH TO SPEAK FORM

Registrat	ion Statement	Common Cou	uncil	·
Please Print		PLEASE P	RINT NAME CLE	ARLY
Agenda No		Name	JOHW 6	ESA RRET C
Please check o	ne:	AND	Please chec	ek:
Support Support			Do not	t wish to speak
Oppose				
Neither S	upport Nor Op	pose		
At this meeting are you representing an organization or a person other than yourself: [Yes] No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:				
Are you appearing as	r your representation? part of your other paid "STOP; you need not			☐ Yes ☐ No ☐ Yes ☑ No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3 m	inutes	

		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, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)			
If you a that:	are bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date _		Signature Print Name Tomu Cis A			



Date:	7/19	Andreas	
		ž.	

DO NOT WISH TO SPEAK FORM

Registration Stater	ent - Common Council COMMITTEE
Please Print Agenda No.	PLEASE PRINT NAME CLEARLY Name Address 27081alcelad Ave
Please check one:	AND Please check:
Support	Notice Do not wish to speak
Oppose	
Neither Support N	or Oppose
(If you answered "no," STOP; you of who you represent and go on to	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 next question.) or of each person or organization you are representing:
	her 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	ng (Common Council)5 minutes Hearing

	elected official or employee who is mental body?	appearing solely on behalf of your off	ice or for your municipality or Yes No			
	ered "yes" to the question, STOP. You answered "no" to the question,	ou need not complete the rest of this f go on to the next question.)	form, except that you must sign			
If you are be that:	eing paid for your representation, o	r if your appearance is part of other	paid duties, please be advised			
1.	Before you engage in lobbying a with the City Clerk.	s a lobbyist, you or your principal mu	st file an authorization			
2.	Your principal is not permitted city Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	* 1 1	owe more than \$1,000 for lobbying se must file expense statements with	• • •			
	to the City Clerk's website <u>www.c</u> the City-County Building, Madison	cityofmadison.com/clerk/index.html or for more information.)	go to the Clerk's Office at			
Date	Signatur Print N		ul			



|--|

DO NOT WISH TO SPEAK FORM

Registration Stateme	ent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Judith Rose Address 1902 Reported St. 311 53711
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor	r Oppose
(If you answered "no," STOP; you not 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 next question.) of each person or organization you are representing:
	·
Are you being paid for your represent	ation? Yes No
Are you appearing as part of your other (If you answered "no," STOP; you no 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 H	g (Common Council)5 minutes earing

Are you ar other gove	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 ans	wered "yes" to the question, STOP. 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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Date	Signature				
	Print Name				



Date: $\frac{7/19/2011}{}$

DO NOT WISH TO SPEAK FORM

Registration	n Statement	Common Co	uncil		
Please Print		PLEASE P	RINT NAME	CLEARLY	
Agenda No. 5		Name \triangle Address 2	eal Co 714 Co ladison	Deunk namberlai WL 53	in Ave 3705
Please check one	: :	AND	Please o	check:	
Support			⊠ Do	not wish to sp	oeak
Oppose					
At this meeting are you if (If you answered "no," of who you represent and	STOP; you need not	nization or a person o			☑ No rovide the name
Name, address and telep	hone number of each	person or organizat	on you are repre	esenting:	
Are you being paid for y	our representation?			☐ Yes	☐ No
Are you appearing as par (If you answered "no," I question.)					☐ No o on to the next
Iı	Tublic Hearing (Commonformation Hearing Other Items	3 m	inutes		

Are you an electory other governme	eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
(If you answere this form. If yoı	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)		
If you are bein that:	g 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 e City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



AVAILABLE TO ANSWER QUESTIONS FORM

Registrat	ion Statement -	Common Co	uncil		
		PLEASE I	PRINT CLEARLY		
5	8 96	Name	Douglas Su 2802 King	<u>riggum</u>	
Agenda No	<u> </u>	Address _	2802 King : Fitchburg, 6	James Way	
Please check o	ne:	AND	Please chec	ek:	
Support	•		Availal	ole to answe	er
Oppose			questio	ons	
Neither S	Support Nor Op	pose			
(If you answered "no	ou representing an orga o, " STOP; you need no and go on to the next o	t complete the rest of	other than yourself: fthis form. If you answ		No No Novide the name
Name, address and te	lephone number of eac	h person or organiza	tion you are represent	ing:	
	444.4				
Are you being paid for	or your representation?			Yes] No
Are you appearing as (If you answered "no question.)	part of your other paid," STOP; you need no	duties for this perso t complete the rest of	n or organization? fthis form. If you answ	Yes wered "yes," go] No on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3 1			

Are you an el other 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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
If you are betthat:	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.		
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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	Print Name Douglas Swiggun		

Date: 19 July 14



AVAILABLE TO ANSWER QUESTIONS FORM

Registration	on Statement	Common C	ouncil	
Agenda No5	+90	Name	PRINT CLEARLY Franklin 36. West Madison	A. Wilson Washington # 1115 Washington # 1115
Please check or	ie:	AND	Please chec	ck:
Support	·			ble to answer
Oppose			questic	ons
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" STOP; you need not and go on to the next qu	nization or a person complete the rest of uestion.) In person or organize	of this form. If you answare the same of this form. If you answare represent	ting:
A 1	and the same of th		•	
Are you being paid for Are you appearing as p (If you answered "no," question.)	part of your other paid			☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing	3	minutes	

100 miles (100 miles)

Are you an elected 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" to the question, STOP. You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.)
f you are being paid for your representation, or if your appearance is part of other paid duties, please be advised hat:
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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 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 19 Ml Signature All Cil.
Print Name Franklik A. Wilson



Date: 7/(9/((

Registrat	ion Statement	COMMITTEE	ouncil		
		PLEASE	PRINT CLEARLY		
	5 2 90	Name	John Chapell 3706 Nator Madison, Wi	Stowe	
Agenda No		Address	3706 Nakor	no Road	
		-	Madison, WI	53711	
Please check o	ne:	AND	Please che	ck:	
Support	•		Availa	ble to answer	
			questi		
Oppose			•		
Neither S	Support Nor Opp	ose		>	
(If you answered "no	ou representing an organ," STOP; you need not and go on to the next qu	complete the rest			
Name, address and te	lephone number of each	person or organiz	ation you are represen	iting:	
Lither Mer	nextat Church	LOST Unin	willy Avenue Ma	Jim W1 258-	3164
			1		
		**			
Are you being paid for	or your representation?			☐ Yes X No)
	part of your other paid of ," STOP; you need not			☐ Yes	
Speaking Limits:	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? Yes No		
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)		
If you ar that:	re bein	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 e City-County Building, Madison, for more information.)		
Date	7/	19/11 Signature Zohn Waynell Stewe Print Name John Chappell Stowe		
	•	Fill Name Volv Choppen Stow		



Date: 7/19/11

AVAILABLE TO ANSWER QUESTIONS FORM

Registrat	ion Statement	Common Cou	ncil	NA	-
		PLEASE PR	RINT CLEARLY		
Agenda No.	5 € 90	Name Address	inda Sto 1706 Na Aadison.		Rd
Please check o	ne:	AND	Please chec		4
Support			X Availal	ble to ans	wer
Oppose			questio	ns	
Neither S	upport Nor Opp	pose			s.
(If you answered "no, of who you represent	ou representing an organ," STOP; you need not and go on to the next qu	complete the rest of the complete the rest of the complete the rest on.)	his form. If you ansv		No provide the name
·	lephone number of each Menrorial		n you are represent.	ing: `58=3	164
102/10	niversity	aş			
Madison		¥			
Are you being paid fo	r your representation?			Yes	No
	part of your other paid of "STOP; you need not			Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing		nutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of their governmental body?				
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
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	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 $\frac{7/1}{9}$	Signature Zinda Morgan Atowe. Print Name Linda Morgan Stowe			

10



AVAILABLE TO ANSWER QUESTIONS FORM

Registration	on Statement	COMMITTEE	ouncil		
		PLEASE	PRINT CLEARLY		
		Name	Kevin A. I	selorey	
Agenda No. 🎉	5	Address	Kevin A. Delorey ss 33 E. Main St. Svite 90		He 900
		_ _	Madison, w		
Please check or	ie:	AND	Please chec	ek:	
Support			Availab	ole to answ	er
Oppose			questio		
	4 N O			•	
Neither St	apport Nor Opp	ose			
(If you answered "no,	n representing an organ "STOP; you need not on and go on to the next qu	complete the rest o		Yes [vered "yes," pr	☐ No covide the name
Name, address and tele	ephone number of each	person or organiz	ation you are representi	ng:	
E pis copal	Diocese ob	Milwawke	e	SE ARMONY	
	Juneau Ave				
Milwanne	NT 53=	02-2798			
Are you being paid for your representation? Yes No					
Are you appearing as p (If you answered "no," question.)	part of your other paid d "STOP; you need not o			Yes wered "yes," go	☑ No o on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3	minutes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
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1	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.)			
Date UI	Print Name Signature Few A- Delover			



AVAILABLE TO ANSWER QUESTIONS FORM

Registrat	ion Statement -	Common Cou	ıncil	44.1	
		PLEASE P	RINT CLEARLY		
Agenda No	+90	Name Address	Al LARS 5310 De Madison,	on wsett WI	Br 53711
Please check o	ne:	AND	Please chec	ek:	
Support	•		X Availal	ble to ansv	wer
Oppose			questio		
	Support Nor Op	pose			
(If you answered "no	ou representing an orga ," STOP; you need no and go on to the next q	t complete the rest of	ther than yourself: this form. If you answ	X Yes wered "yes," p	☐ No provide the name
Name, address and te	lephone number of each	th person or organizati		ing:	
Are you being paid for	or your representation?			Yes	⊠ No
Are you appearing as (If you answered "no question.)	part of your other paid," STOP; you need no	duties for this person t complete the rest of	or organization? this form. If you ans	Yes wered "yes,"	No go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 m 3 m			J

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
())		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you ar that:	e bein	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 e City-County Building, Madison, for more information.)
Date	7/	19/11 Signature Print Name HAN L. LARSON
		r

Date: _	07.	19.	1	



AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common C	ouncil		
		PLEASE	PRINT CLEARLY		
Agenda No. 5	+90	Name Address	GARY BROW	WN CORM NETSON RO	
				WI 53562	
Please check	one:	AND	Please che	ck:	
Support			Availa	ble to answer	
Oppose	(Support vete	ivral to.	, questi	ons	
Neither	(Sapport velo Support Nor Op	pose Aug 2)		
(If you answered "n of who you represen	you representing an organo, "STOP; you need not and go on to the next of telephone number of each	nt complete the rest of question.)	of this form. If you ans	☐ Yes	ıme
Are you appearing a	for your representation? s part of your other paid o," STOP; you need no	l duties for this perso		☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the n	ext
Speaking Limits:	Public Hearing (Con 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? Yes No
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you are that:	e bein	g 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 e City-County Building, Madison, for more information.)
Date	7.1	9.11 Signature Sary Monum Print Name 6ARY A. BROWN
		Print Name 6ARG A. BROWN





AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Cou	ncil	
		PLEASE PR	RINT CLEARLY	
Agenda No. <u>#5</u>		Name 1	Mary h. Bule BOG N. Broo	esserian oks St.
			Madison, W	·
Please check of	one:	AND	Please check:	
Support			Available	to answer
Oppose			questions	
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	and go on to the next of	t complete the rest of the question.)		Yes No d "yes," provide the name
Are you being paid for	or your representation?			Yes No
	part of your other paid o, " STOP; you need no.			Yes No d "yes," go on to the next
Speaking Limits:		nmon Council)5 min 3 min	nutes	

Are you an elother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date +7/10	Signature Mary L. Galesserien Print Name Wary L. Galesserien			



Date: 7/9///

AVAILABLE TO ANSWER QUESTIONS FORM

Madison

Registration Statement	- Common Council	
	COMMITTEE	
	PLEASE PRINT CLEA	RLY
position	Name HARU	EY CHEWCIN
Agenda No.	Address $\sqrt{3135}$	CLOAR RIVER RD
	VERON	A W/
Please check one:	AND Please	check:
Support	∑ Av	vailable to answer
Oppose	qu	iestions
Neither Support Nor O	ppose (Unle	ss the Material
At this meeting are you representing an or (If you answered "no," STOP ; you need no f who you represent and go on to the next	ot complete the rest of this form. If yo	rself: Yes No was four answered "yes," provide the name
Name, address and telephone number of each	nch person or organization you are rep	oresenting:
Are you being paid for your representation	?	Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need n question.)		
Information Hearin	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 other governmental body?				
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
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(Please on to	the City Clerk's website www.cityofmadisch.com/clerk/index.html or go to the Clerk's Office at			
	he City-County Building, Madison, for more Information.)			
Date //	19/1/ Signature / Signature			
	Print Name HARVEY LIEME!			