

Date: 5/15/(2

WISH TO SPEAK FORM

Registration Sta	atement - Common C	Council	
Please Print Agenda No. 32	Name	Patrick McDonnell 441 N. Paterson Sh No Don	
Please check one:	AND	Please check:	
Support Support		Wish to Speak	
Oppose			
Neither Suppor	rt Nor Oppose		
(If you answered "no," STOP of who you represent and go o		t of this form. If you answered "yes," provide the nan	ne —
Are you being paid for your re	epresentation?	☐ Yes ☐ No	_
Are you appearing as part of y (If you answered "no," STOP question.)	your other paid duties for this per you need not complete the resu	rson or organization? Yes No No st of this form. If you answered "yes," go on to the ne	ext
Inform	Hearing (Common Council) lation Hearing 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 nental body?
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are 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.
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 i	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: 5/15/12

WISH TO SPEAK FORM

Registration Statement -	Common C	Council		_
	COMMITTEE			
Please Print	PLEASE	E PRINT NAME C	LEARLY	
Agenda No. 32	Name Address	SANDE 441 N MADISC	A WARD PATERSON ON WI 5	370
Please check one:	AND	Please cl	neck:	
Support		Wi	sh to Speak	
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 ea	ot complete the rest question.)	of this form. If you	answered "yes," provide t	he name
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.)	•	_		the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes		

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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Date	Signature
	Print Name



Date: $\frac{5-15-12}{}$

WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil	
Please Print	COMMITTEE	DDINT NABBE OF EADLY	
Agenda No	Name _ Address _	JOE LUSSON 627 E-GOTHAM S	-
Please check one:	AND	Please check:	
Support Z-way Gorhan J	ohnson	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 q Name, address and telephone number of each	t complete the rest of uestion.)	of this form. If you answered "yes," pro	No ovide 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 not question.)			No 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?
(If you this for	answere m. 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.)
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(Please Room	e go to 103 of th	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: $\frac{5/(5/(2))}{2}$

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE PR	INT NAME CLEA	RLY	
Agenda No	2	Name	Jumes 746 Eas	Ropert Go.	ham St
Please check the appro	opriate box:		Please check the	appropria	te box:
At this meeting are you (If you answered "no," of who you represent ar	port Nor Oppose representing an organizati STOP; you need not comp and go on to the next question phone number of each pers	olete the rest of th on.)	is form. If you answe	o speak answer ques Yes ered "yes,"	∑ No
<u> </u>					
Are you being paid for	your representation?			☐ Yes	☐ No
	art of your other paid dutie STOP; you need not comp			☐ Yes ered "yes,"	☐ No go on to the next
	Public Hearing (Common of Information Hearing	3 mii	nutes		

	eted 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 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 e City-County Building, Madison, for more information.)
Date	Signature
	Print Name





AVAILABLE TO ANSWER QUESTIONS FORM

Registrat	ion Statement -	Common C	ouncil	_
		PLEASE	PRINT CLEARLY	
,		Name	Lia Vellardita	
Agenda No.		Address	24 N. Baldwin St.	
		_	Madison W153703	
Please check o	ne:	AND	Please check:	
Support	,		Available to answer	
Oppose			questions	
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent Name, address and te	and go on to the next q	complete the rest on the complete the rest on the complete the complet	of this form. If you answered "yes," provide a	
Are you being paid fo	or your representation?		☐ Yes No	
Are you appearing as	part of your other paid	duties for this perse complete the rest of		the next
Speaking Limits:	Public Hearing (Com Information Hearing.			

tre you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther 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:		
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Date 5/15/2012 Signature		
Print Name Lia Vellardita		





AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Stateme	ent - Common Council
	PLEASE PRINT CLEARLY
No. 32	Name JEFF HELD
Agenda No. <u>25669</u>	- Address STRAND ASSOCIATES, INC.
	910 WEST WINGRA DRIVE, MADEO
Please check one:	AND Please check:
∑ Support	Available to answer
Oppose	questions
Neither Support Nor	· Onnose
(If you answered "no," STOP; you ne of who you represent and go on to the Name, address and telephone number	n organization or a person other than yourself: Yes No ned 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 representa	ation?
	er paid duties for this person or organization? Yes No wed not complete the rest of this form. If you answered "yes," go on to the next
Information He	(Common Council) 5 minutes earing 3 minutes 3 minutes

(SEE BACK)

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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