

Date: 8/3//0

WISH TO SPEAK FORM

Registration Statement	- Common C	ouncil
<u>-</u>	COMMITTEE	
Please Print		
	PLEASE	PRINT NAME CLEARLY
26	Name	DAVIN PICKELL
Agenda No.	Address	17 Merrill Crest
]	MADISON WI 53705
Please check one:	AND	Please check:
Support Res 3-d	as demende	Wish to Speak Implyeds 80 Rositions @ Overtu
Oppose Privatization	on of City	Employees 80 Positions @ Overtu
Neither Support Nor O	ppose	1
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 the name
	_	, ou and approximate
1 HISE Local 25	7,	
AFSOME LOCA	160	
		•
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.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 g	3 minutes

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	vered "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 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
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



Date: 8-3-10

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil		<u></u>
Please Print Agenda No	PLEASE Name Address	PRINT NAME CLEA Fichard E 7301 Crept MADISON	Scott	Dic
Please check one:	AND	Please chec	k:	•
Support		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 that the contract of the	t complete the rest nuestion.)	of this form. If you answ		□ No 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.	duties for this per	son or organization?	Yes Yes wered "ves."	No No go on to the next
question.) Speaking Limits: Public Hearing (Com Information Hearing Other Items	nmon Council)	5 minutes 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?
	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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Date	Signature
	Print Name



Date: 8/3/10

WISH TO SPEAK FORM

Registration Statement -	Common C	Council
	COMMITTEE	
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No. 35	Name Address	Laurie Fellenz 169 S. Oak St.
	Address	Oregon, WI
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest question.) ch person or organi	t of 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)	_	rson or organization?
Speaking Limits: Public Hearing (Cor 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, 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 bei that:	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 8/	Signature Laurie N. Fellenz
	Print Name Laurie N. Fellenz

Date: 8/3/2010



AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement -	Common Council COMMITTEE
	PLEASE PRINT CLEARLY
Agenda No. 35	Name Chris Guihier Address 1602 S. Park ST #ZZY Madison 53715
Please check one:	AND Please check:
Support Res 3-d Oppose the Niverrearies	Available to answer of City employee, questions
Neither Support Nor Op	
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?	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 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 3 minutes 3 minutes

Are you an electother governmen	ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body? Yes No
, <i>u</i> ,	d "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 being that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised
	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.
ŗ	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 control of City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 8-3-10



DO NOT WISH TO SPEAK FORM

Registratio	n Statement	COMMITTEE	ouncil		
Please Print		DIEASE	PRINT NAME CLEA	ADIV	
Agenda No. <u>35</u>		Name	Tune Gogli 944 e Daytor		
Please check one	9:	AND	Please chec	k:	
Support			Do not	wish to spea	a k
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 not ad go on to the next q	complete the rest o uestion.)	f this form. If you answ		No ide the name
Are you being paid for y	your representation?			☐ Yes 🏻	² No
Are you appearing as pa (If you answered "no," question)				☐ Yes 反 wered "yes," go o	No n to the next
	Public Hearing (Com information Hearing. Other Items		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, 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 be that:	sing 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 &	3-10 Signature Jecne Jazleo Print Name June God (i'o



Date:			۱, ۱
and the second	 	 	

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	RLY	
		Name S	Douglas Peterson		
Agenda No. 3			619 E Johnson	alite i distilla da l'ella a	
Please check	one:	AND	Please check	C :	
Support			🔀 Do not	wish to	speak
Oppose					
Neither	Support Nor O	opose			
	at and go on to the next telephone number of ea		ition you are representin	g:	
Are you being paid	for your representation	?		☐ Yes	□ No
	s part of your other pai o," STOP; you need n		on or organization? If this form. If you answe	☐ Yes ered "yes,	□ No " go on to the nex
Speaking Limits:	Public Hearing (Con Information Hearing	mmon Council) 5			

(SEE BACK)

and the second of the first of the second second of	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, 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.)
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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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 8-3-10

DO NOT WISH TO SPEAK FORM

Registration Statement	Common Committee	ouncil
Please Print		
	PLEASE	PRINT NAME CLEARLY
	Name	Lor, Kief
Agenda No. 35	Address _	4413 Doe Crossing 1/
		Madison 53704
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose resolve 3-	d-we	want strong language assure our jobs
Neither Support Nor Opp	bose to	assure our jobs
		ay as they are
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of	other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organiza	ation you are representing:
AFSCMI	Loc	6016
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.)		anna barang ang tangga batang bilang ang tangga tangga barang kalangga barang kalangga barang tangga barang ta
Speaking Limits: Public Hearing (Comr Information 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?			
	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 beinthat:	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 🔽	-3-10 Signature Mi Vef Print Name Lon Kief			



Date: 8/3/10

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	uncil
Please Print Agenda No. 35	PLEASE I Name <u></u>	PRINT NAME CLEARLY Sue Thompson 3201 Majwaukee St
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 organ (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 AFSCME	t complete the rest o question.)	f 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)		on or organization? Yes No If this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	.,,	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?
	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 8/3/	10 Signature Susan Thompson
3 1 1	Print Name Susan Mompson



Date: 08 03 2010

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME (CIFARIY	
Agenda No.	35	Name	GARY 4506 MADISC	CLEVE MAHEA	N 2 AVE 53716
Please check or	ne:	AND	Please c	check:	
Support	Thes 3.	-d as anea	ded 🛭 Do	not wish to	speak
Oppose	tesiteving	10a			
Neither S	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent of Name, address and tel	" STOP; you need no and go on to the next of	t complete the rest (question.)	of this form. If you	answered "yes,	
Are you being paid for	your representation?			☐ Yes	⊠ No
Are you appearing as (If you answered "no, question.)					No mo to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		minutes		

			REGISTRATION	STATEMENT - PAG	€E 2	
Are you an other govern	taliana di 1922, lan iliana di 1923	化氯化二甲酚 医皮肤病 化邻苯基酚 经销售的复数形式	ee who is appeari	ng solely on behalf	of your of	fice or for your municipality or Yes No
				d not complete the o the next question		form, except that you must sign
If you are b that:	eing paid	for your repres	entation, or if yo	ur appearance is pa	art of other	paid duties, please be advised
1	法国际国际 化氯化二甲基苯	e you engage in ne City Clerk	lobbying as a lob	byist, you or your p	orincipal m	ist file an authorization
2.	Your ₁ City C		permitted to auth	orize you to lobby	unless you	are registered with the
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?					
				adison.com/clerk/ir ore information.)	ndex.html o	r go to the Clerk's Office at
Date 8	03	2010	Signature (Jau	<u>Qe</u>	Oe.
			Print Name	GARY (<u> </u>	CLEVEN



Date: AUGUST 3, 2010

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	uncil
Please Print	DIFASEI	PRINT NAME CLEARLY
	당 및 보고 있다. 음식 로스트 등록 당신의 등을 보는 등을 보고 있다.	
25	Name	WILLIAM LARIMORE
Agenda No. 35	Address	725 CHAPMAN ST
		MADISON 53711
Please check one:	AND	Please check:
Support Res 3-d as		
Oppose PRIVATIZATION	OF OVERT	5RE
Neither Support Nor Op	mose	
of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest of question.) The person or organization	this form. If you answered "yes," provide the name
	1)150N -400	R 18M7CL 400 372 1121
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)	l duties for this person to complete the rest o	n or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	3	minutes minutes minutes

	elected official or emp nmental body?	loyee who is appearing	solely on behalf of your o	office or for your municipality	OT
		tion, STOP. You need n the question, go on to t	이번 그런 집에 가는 가는 어떻게 있는데 되었다면 이 것이다. 이번 없는 그리는 것이 없어요?	s form, except that you must si	gn
If you are b that:	eing paid for your rep	resentation, or if your	appearance is part of oth	er paid duties, please be advis	ed
1.	Before you engage with the City Clerk		st, you or your principal i	nust file an authorization	
2.	Your principal is n City Clerk.	ot permitted to authorize	ze you to lobby unless yo	ou are registered with the	
3.		the principal must file		services in any reporting h the City Clerk for the	
		vebsite <u>www.cityofmadi</u> ling, Madison, for more		or go to the Clerk's Office	at
Date	/3/2010	Signature	Willy Bo		
		Print Name	WILLIAM B	LARIMORE	



DO NOT WISH TO SPEAK FORM

Date:

CITY OF MADISON

Registra	tion Statement -	Common (Council		
Please Print Agenda No.	5	Name	EPRINT NAME CLE KENNETH 2122 WES MADISON	FEREN T LAW	the state of the s
Please check of	me:	AND	Please che	ck:	
Support Oppose Neither S	Support Nor Op	pose	Do no	t wish to	speak
(If you answered "no of who you represent	ou representing an orga o," STOP; you need not and go on to the next q elephone number of eacl	complete the rest uestion)	of this form. If you ans	wered "yes,"	No provide the name
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 per complete the rest	son or organization? of this form. If you ans	☐ Yes wered "yes,'	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	**************************************	3 minutes		

(SEE BACK)

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	가게 있는 것도 없는 것이 되는 것이 <mark>Drint Nome</mark> 등록 문항을 보면 되어 하지만 보고 있는데 말이 되었다.