

Date: 10-10-2014

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>1 - Police manpower in the Budget</u>

Name David Glomp

Address 1705 Redwood Lane
Madison, WI 53711

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

- and Wish to speak
 Do not wish to speak
 Available to answer questions

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 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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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 this form. If you answered "no" to the question, go on to the next question.)

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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 the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____ Signature _____
Print Name _____

Date: 10-10-19

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 1

Name Walt Jackson
Address 4050 Schneider Dr
Stoughton, WI 53589

Please check the appropriate boxes:

- Support W Jackson
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

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.)

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Speaking Limits: Public Hearing (Common Council)5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>15</u>

Name Aileen Seymour
 Address 2774 Jacquelyn Dr
Fitchburg WI 53711

Please check the appropriate boxes:

- | | | | | | |
|-------------------------------------|----------------------------|------------------------------------|-----|-------------------------------------|-------------------------------|
| <input type="checkbox"/> | Support | | and | <input checked="" type="checkbox"/> | Wish to speak |
| <input checked="" type="checkbox"/> | Oppose | <i>moving to parking utility -</i> | | <input type="checkbox"/> | Do not wish to speak |
| <input type="checkbox"/> | Neither Support Nor Oppose | <i>OK w/ funding not moving)</i> | | <input type="checkbox"/> | Available to answer questions |

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 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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council)5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 10/10/19

Signature Aileen Seymour
Print Name Aileen Seymour

Date: 7/2/10/19

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 7

Name Mahinher ~~and~~ Danweh

Address _____

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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:

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Speaking Limits: Public Hearing (Common Council)5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____ Signature _____
Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>1 + 2</u>

Name James Mand
 Address 49 Golf Course Rd - Unit C
Madison, WI

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

- and Wish to speak
 Do not wish to speak
 Available to answer questions

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.)

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Speaking Limits: Public Hearing (Common Council)5 minutes
 Information Hearing3 minutes
 Other Items3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

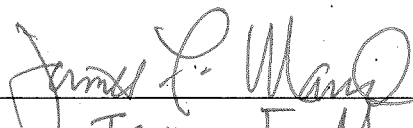
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Date 10/10/19

Signature 
Print Name James F. Mand

Date: 10/10/19

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 1

Name Sheesenphooayw Moun
Address _____

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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 being paid for your representation? Yes No

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Speaking Limits: Public Hearing (Common Council)5 minutes
Information Hearing3 minutes
Other Items3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____ Signature _____
Print Name _____

Date: 10 OCT 2019

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name CYNTHIA ROSKOWIC

Address 1802 MANLEY ST.

53704

Agenda No. _____

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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:

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Speaking Limits: Public Hearing (Common Council)5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 10/10/2019

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 1, 2

Name Don Ferber
Address 4700 Allis Ave
Madison, WI 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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:

Four Lakes Group Sierra Club
754 Williamson St
Madison, WI 53703

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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council)5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 10-10-19

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>2</u>
<u>"URF"</u>

Name Lara Mainella
 Address 1026 Seminole Hwy
Madison

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

- and Wish to speak
 Do not wish to speak
 Available to answer questions

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 being paid for your representation? Yes No

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Speaking Limits: Public Hearing (Common Council)5 minutes
 Information Hearing3 minutes
 Other Items3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 10/10/19

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 1 + 2

Name Amber McReynolds

Address City of Madison

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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.)

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Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limits: Public Hearing (Common Council).....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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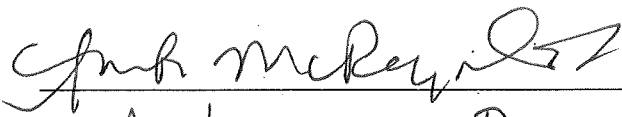
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Date 10/16/19

Signature 
Print Name Amber McReynolds

Date: 10-10-19

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Lara Mainella
Address 210 MLK JR Blvd
Madison

Agenda No. 1

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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:
Madison City Attorney's Assoc

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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council)5 minutes
Information Hearing3 minutes
Other Items3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____ Signature _____
Print Name _____

Date: 10 Oct '19

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name TAYLOR DIETZMAN
Address 2722 EAPOLLETTE AV #2
MADISON, WI 53704

Agenda No. 1

Please check the appropriate boxes:

- Support
- Oppose MOVING PED'S TO PARKING UTILITY
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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:

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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 10/10/19

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. #1

Name Aaron Anderson
Address 2898 Skycrest Cir
Stoughton, WI 53589

Please check the appropriate boxes:

- Support
- Oppose - *MPD PEO move to Parking Utility*
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

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.)

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Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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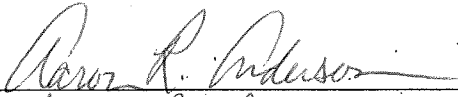
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Date 10/10/19

Signature 
Print Name Aaron R. Anderson

Date: 10-10-20

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 1

Name Adam Behn
Address 1210902 Van Buren Rd
Columbus WI

Please check the appropriate boxes:

- Support
- Oppose *Moving MPD PEO. to parking utility*
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

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 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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

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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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 10-10-19

Signature



Print Name

Adam Bohn

Date: 10/10/19

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. # 1

Name Rebecca Mugford
Address 6837 Littlemore Dr #104
Madison, WI 53718

Please check the appropriate boxes:

- Support
 - Oppose ^{MPD} Moving PEO's to Parking Utility
 - Neither Support Nor Oppose
- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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.)

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Date 10/10/19

Signature

B. Mugford

Print Name

Rebecca Mugford

Date: 10/10/19

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. ~~1~~ 1

Name Trevor Carl

Address 1710 Lake Point Dr

Please check the appropriate boxes:

- Support
- Oppose *Moving PEOS to Parking Utility*
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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Date 10/10/19

Signature



Print Name

Trevor Carl

Date: _____

CITY OF MADISON

Registration Statement - Finance Committee
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Kate Smith

Address 2449 Fox Ave
Madison, WI 53711

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

- and
 Wish to speak
 Do not wish to speak
 Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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