Date:	

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:	M74/eZ Address: [6	78 Capital Are
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & 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	☐ 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.	☐ 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.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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 the need not complete the rest of this for	nan yourself: ☐ Yes ☐ No rm. If you answered "yes," provide

(SEE BACK)

Nan	ne, add	dress and telephone number of each person or organization you are representing:
	<u> </u>	
·		
Are	you bei	ing paid for your representation?
(If yo	ou ansv	pearing as part of your other paid duties for this person or organization? ☐ Yes ☐ No wered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to restion.)
	-	n elected official or employee who is appearing solely on behalf of your office or for your y or other governmental body?
		wered "yes" to the question, STOP. You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
•	u are b sed tha	peing paid for your representation, or if your appearance is part of other paid duties, please be at:
	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 03 of the City-County Building, Madison, for more information.)
Date	_W	Signature Brenda Gonzalez
		·

Date: 11/16/2010

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING 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: dev ~ C C	Address: 32	9 N. BALDON 97 PISON /W= 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	ı
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Suppose ☐ 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.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing: ☐ Yes ∏ No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) 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 (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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

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: Wayne Githrey	1 Address: 317	Island Drive #5 Madigan 53705
		Madician 53705
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & 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.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 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: ☐ Yes □ No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) 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 (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that vou must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 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?

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at Room 103 of the City-County Building, Madison, for more information.)

Signature

Print Name

Date

Date:		16	-/	\bigcirc	

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: Ellen Berz	Address: 2	106 Gregory ST
	\mathcal{N}	ladison, west 3711
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & 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	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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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
At this meeting are you representin (If you answered "no," STOP; you	g an organization or a person other the need not complete the rest of this for	nan yourself: ☐ Yes No rm. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing: Yes No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? \square Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) 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 (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City

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Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Date

Signature

Print Name

Date: _		10	10	
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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: Lana Chut	Address: 48	160 Sheboygon Ai adison, W15370E
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N & 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.	☐ 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	☐ 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
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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: ☐ Yes □ No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) 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 (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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Signature

Print Name

. Date

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: MAKY VASQUEZ	Address: 3	848 Maple Grove DR #2, audison. WI 537.13
	<u> Mi</u>	adison, W1 53713
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUN	
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.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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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 fo and go on to the next question.)	than yourself: Yes No orm. If you answered "yes," provide

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

			:	
Are you be	eing paid for your representation?		Yes [] No
Are you and (If you and the next quant	opearing as part of your other paid duties f swered "no," STOP; you need not complet uestion.)	for this person or orga te the rest of this form	nization?	☐ No es," go on to
	n elected official or employee who is a y or other governmental body?	ppearing solely on b		or for your] No
	swered "yes" to the question, STOP. You sign this form. If you answered "no" to the			except that
If you are I	being paid for your representation, or if yout:	our appearance is par	t of other paid dutie	s, please be
1.	Before you engage in lobbying as a authorization with the City Clerk.	a lobbyist, you or yo	ur principal must fil	e an
2.	Your principal is not permitted to auth with the City Clerk.	horize you to lobby u	nless you are regis	tered
3.	If your principal spends or will owe meporting period (half year), the principal Clerk for the remainder of the calendar	oal must file expense		
	to the City Clerk's website <u>www.cityofma</u> 03 of the City-County Building, Madison, fo		html or go to the C	lerk's Office
Date	Signature			

Print Name

Date:	1)	[1]	6/	2010	-

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: DAN CURP	· · · · · · · · · · · · · · · · · · ·	7 Jennes St
	Mar	dison W1 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N & ONE BOX IN THIS COLUMN
Amendment No.	Support☐ Oppose☐ Neither Support Nor Oppose	
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.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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At this meeting are you representing	g an organization or a person other th	nan yourself: ☐ Yes ॑ 📉 No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2 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? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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. . .

at Room 103 of the City-County Building, Madison, for more information.)

Signature

Print Name

Date

Date:	11-16-10	

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: TIMOTHY LAPP	Address: 5	928 Gemin DRIVE
		Adison, WI 53718
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUN	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	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	600	EOS PETHOR K O Williamson	STREET	
	MAC	VsoN, WI		
Are	you be	ing paid for your r	epresentation?	☐ Yes 💆 No
(If y	ou ansv			person or organization? ☐ Yes 📓 No st of this form. If you answered "yes," go on to
		n elected official y or other governn		g solely on behalf of your office or for you ☐ Yes 🏽 No
			e question, STOP. You need no uneed no answered "no" to the question	not complete the rest of this form, except than, go on to the next question.)
-	ou are b sed tha	. .	representation, or if your appe	earance is part of other paid duties, please be
	1.	•	gage in lobbying as a lobbyis ith the City Clerk.	st, you or your principal must file an
	2.	Your principal with the City Cl	•	ou to lobby unless you are registered
	3.	reporting period	•	n \$1,000 for lobbying services in any t file expense statements with the City
•	_		website <u>www.cityofmadison.co</u> ity Building, Madison, for more i	om/clerk/index.html or go to the Clerk's Office information.)
	. /	1-16-10	Signature Print Name Time Tay	nothy, Ehapp
Date	, ,		0.9.14.4.0	<i>"</i>

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:	BRUNO Address: 45	109 ODANA NO WADISON W 5371
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
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
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REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing: ☐ Yes □ No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) 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 (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 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 2. 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?

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Signature

Print Name

Date

Date: 11/16/10

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING 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: Mudjaw Martin	.17 Address: 26	Tr-llorum Cf.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N& 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
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Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing	ag an organization or a person other th	an vourself: □ Yes □ No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

Name, address and telephone number of each person or organization you are representing:	
Contro (13 pano of Dance Country	_
Elo W. Badga Rd.	_
Madesan, W153713	<u></u>
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 XNo (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on the next question.)	
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f you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:	Э
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Print Name / Andrew (. Wa, fruez-	_

Date: 11 - 16 - 2010

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name: Rebeca Man	a Libil Address: 61	0 W Olin Are 1. A Madison W
ENTER AMENDMENT NUMBER	•	
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.	☐ 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.	☐ 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	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representin (If you answered "no," STOP; you	g an organization or a person other the need not complete the rest of this for	han yourself: ☐ Yes ☐ No rm. If you answered "yes," provide

Nam	ne, addı	ress and telephone n	umber of each pers	on or organization you	u are representing:	-
· · ·			·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	,					
Are y	you bei	ng paid for your repre	sentation?		☐ Yes ☐ Y	10
(If yo	you app ou answ oext que	/ered "no," STOP; yo	r other paid duties u need not comple	for this person or orga te the rest of this form	nization? ☐ Yes . <i>If you answered "yes</i> ,	No y go on to
		elected official or e or other government		ppearing solely on b	ehalf of your office o	
				ı need not complete t question, go on to the	he rest of this form, ex	xcept that
	are be		resentation, or if y	our appearance is par	t of other paid duties, p	please be
	1.	Before you engag authorization with t		a lobbyist, you or yo	ur principal must file	an
	2.	Your principal is no with the City Clerk.	ot permitted to aut	horize you to lobby u	nless you are register	ed
	3.		alf year), the princi	pal must file expense	lobbying services in a statements with the C	
		o the City Clerk's we 3 of the City-County B			.html or go to the Cler	k's Office
Date		6-2010	Signature	Roller	Jal J	· ·
			Print Name	Rebeca Lieb)		

Date: 11/10/16

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING 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: HANNY STRAE	Address: /5	M. HANCOCK ST.
	MAK	M. HANCOCK ST. DISONIWE 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & 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.	☐ 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.	☐ 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.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing	ng an organization or a person other th	an vourself: □Yes □ No

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

			ne number of each pe	,	-	
0	UTR	EACH.IV	10,,600 wil	liamson St.	, MADISON	144
					,	53703
					•	
Are y	you beir	ng paid for your	representation?		∀ Yes	□No
(If yo		ered "no," STO l	f your other paid duties P; you need not compl			
	-	elected official or other govern	or employee who is mental body?	appearing solely on	behalf of your offi ☐ Yes	ce or for your
			ne question, STOP. You answered "no" to the			m, except that
	u are be sed that:	~ .	r representation, or if	your appearance is pa	rt of other paid dut	ies, please be
	1.		ngage in lobbying as with the City Clerk.	a lobbyist, you or yo	our principal must	file an
	2.	Your principal with the City C	is not permitted to aulerk.	ıthorize you to lobby ı	unless you are reg	istered
	3.	reporting perio	al spends or will owe od (half year), the princ emainder of the calend	cipal must file expense		
			s website <u>www.cityofm</u> nty Building, Madison,		x.html or go to the	Clerk's Office
Date) [[4/10	Signature	W. Strace	t	
			Print Name	Harry ST	CATE 12.	
	•	,		.		,

Date: NOU. 16th/2010

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING 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	Address: 284	Quanto man pa		
Name: ROGER HANS	<u>001</u>	8 BLAZING MAR RJ RFIELD CLI 53531		
		Y		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& 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.	☐ 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.	☐ 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.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
		OUTRACH THE		
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 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:

	OTA	LFACH INC		and the same	Ain	AN	TITE	BOIRD	OF C	VIDEA C
6	00	CULLIA NOH. J	<u> </u>	THC /	AND	REO	DEC FU	WY RE	QUEST	FUL
N	140i	NH GI 53	703 1	2 Esto	RATO	N OF	OUR	thsoa	icac t	QHOING
Are y	ou beir	ng paid for your repres	entation?					☐ Yes	⊠ No)
(If yo		earing as part of your vered "no," STOP; you estion.)								⊠ No go on to
		elected official or en or other governmental		s appeari	ng sole	ly on b	ehalf o	of your of	fice or No	
		vered "yes" to the que an this form. If you ans							rm, exc	ept that
	are be	eing paid for your repre	esentation, or i	f your app	oearanc	e is pai	rt of oth	er paid du	ıties, ple	ease be
	1.	Before you engage authorization with the		s a lobby	∕ist, yoι	ı or yo	ur prind	cipal mus	t file ar	1
	2.	Your principal is not with the City Clerk.	permitted to a	authorize	you to	lobby u	ınless y	ou are re	gistered	l
	3.	If your principal sper reporting period (half Clerk for the remaind	f year), the prir	ncipal mu	st file e					
		o the City Clerk's webs of the City-County Bu					<u>«.html</u> o	r go to the	e Clerk's	office
Date _.	Nov	16, 2010	Signature	To,	u l	44	- Ow	len		· .· .· .·
			Print Name	RO	GER	E	. 4	ANSE	H	

Date: _	11/16/10	
_	7 /	

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: Blanka Pinkas	3009 Address: 17 . Ma	63 Novman Way adison 53705
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & 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	☐ 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	☐ 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.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ 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: \square Yes

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

		dress and telephone number of each person or orga	anization you are representing.
-			
Are	you be	eing paid for your representation?	☐ Yes ☐ No
(If y	ou ans	pearing as part of your other paid duties for this per wered "no," STOP; you need not complete the rest uestion.)	
	-	n elected official or employee who is appearing y or other governmental body?	solely on behalf of your office or for you
		wered "yes" to the question, STOP. You need not ign this form. If you answered "no" to the question, o	·
	u are b sed tha	peing paid for your representation, or if your appear at:	rance is part of other paid duties, please b
	1.	Before you engage in lobbying as a lobbyist, authorization with the City Clerk.	you or your principal must file an
	2.	Your principal is not permitted to authorize you with the City Clerk.	ı to lobby unless you are registered
	3.	If your principal spends or will owe more than reporting period (half year), the principal must fi Clerk for the remainder of the calendar year?	
		to the City Clerk's website <u>www.cityofmadison.com</u> 3 of the City-County Building, Madison, for more inf	
Date		Signature	
		Print Name	· · · · · · · · · · · · · · · · · · ·

Date:	((-16	4	0

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: She (a Sin	<u>MS</u> Address: <u>(</u> <i>Q</i> ⊘ _∞	21 Roseberg Rd Ld. Sm 53719.
	CHECK ONE BOX IN THIS COLUM	
	<u> </u>	J
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. SOE	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Common Council Amendment No. 3	☐ 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	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
At this meeting are you representing	an organization or a person other t	han yourself: ☐ Yes ☐ No

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ☐ Yes Are you appearing as part of your other paid duties for this person or organization? \square Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) 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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: -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 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.)

Signature

Print Name

Date

Date: <u>Nov 16 201</u>6

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING 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:	Address:	1014	Sve	PI
		Hadison	ω,	53705
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS C	OLUMN & ONE	BOX IN THIS	COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppo	🔯 Do	sh to speak not wish to s allable to answe	•
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppo	☐ Do	sh to speak not wish to s allable to answe	•
Amendment No.	Support Oppose Neither Support Nor Oppo	☐ Do	sh to speak not wish to s ailable to answe	•
Amendment No.	Support Oppose Neither Support Nor Oppo	☐ Do	sh to speak not wish to s illable to answe	•
Amendment No.	Support Oppose Neither Support Nor Oppo	` Do	sh to speak not wish to s illable to answe	•
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppo	☐ Do	sh to speak not wish to s illable to answe	•
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppo	☐ Do	sh to speak not wish to s ilable to answe	
At this meeting are you representing	g an organization or a person	other than yours	self:	☐ No ⁄es." provide

Nam	ne, addı	ress and telephone nur	nber of each p	erson or organization	on you are representi	ng:
	1	1/A.				
			e e e e e e e e e e e e e e e e e e e			
Are y	you bei	ng paid for your repres	entation?		☐ Yes	☑ No
(If yo		pearing as part of your overed "no," STOP; you estion.)				
	-	elected official or em or other governmental		s appearing solely	on behalf of your o	office or for your
		vered "yes" to the que gn this form. If you ans				
-	u are be sed that	eing paid for your repre	esentation, or	if your appearance	is part of other paid o	duties, please be
	1.	Before you engage authorization with the	• • •	s a lobbyist, you	or your principal mu	st file an
	2.	Your principal is not with the City Clerk.	permitted to	authorize you to lo	bby unless you are i	registered
	3.	If your principal sper reporting period (half Clerk for the remaind	fyear), the pri	ncipal must file exp		•
		o the City Clerk's webs 3 of the City-County Bu				he Clerk's Office
Date		21/16/2010	Signature	felpe	fuz	
			Print Name	fel fe	J. 2	

Date: Novo 16,2010

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING 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: (aroliva Rubi	O × Address: 76(Of Carrington drive # lison. WI. 53719
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	·
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.	☐ 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.	☐ 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	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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 fo and go on to the next question.)	than yourself: ☐ Yes ☐ No orm. If you answered "yes," provide

Nan	ne, add	ress and telephone nur	nber of each	person or orga	anization you	are representin	g:
			·	· · · · · · · · · · · · · · · · · · ·		· ·	
						1	•
	1						
Are	you bei	ng paid for your represe	entation?			☐ Yes	□No
(If yo	ou ansv	pearing as part of your overed "no," STOP; you estion.)	•	•	~		
	-	n elected official or em or other governmental	•	is appearing	solely on bel	half of your of ☐ Yes	fice or for your
		wered "yes" to the ques gn this form. If you ansv					rm, except that
	u are b sed tha	eing paid for your repre t:	esentation, or	if your appea	rance is part	of other paid du	ıties, please be
	1.	Before you engage authorization with the		as a lobbyist,	you or your	principal mus	t file an
	2.	Your principal is not with the City Clerk.	permitted to	authorize you	ı to lobby unl	ess you are re	gistered
	3.	If your principal sper reporting period (half Clerk for the remaind	year), the pr	incipal must f	•		•
		o the City Clerk's webs of the City-County Bui				<u>ntml</u> or go to the	e Clerk's Office
Date	M_{\odot}	01/16/2010	Signature	Caroli	na T	Rubio	
			Print Name		ina T	Rubio.	

Date: 1/16/10

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING 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: Jan Migasa	Address: 2	830 Steven St.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUN	
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.	☐ 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	☐ 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.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2 e. address and telephone number of each person or organization you are

Name, address and telephone number of each person or organization you are representing:		
Are y	ou bein	ng paid for your representation?
(If you	ou appe u answe ext que	pearing as part of your other paid duties for this person or organization? Yes Powered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?		
		vered "yes" to the question, STOP. 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.)
	are be ed 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?
		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	M	1/16/10 Signature
		Print Name Den Migagalia

Date:	ul	16	10	
			(

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: EILEEN MERSH	Address: 33	3 W. MIFFLIN ST
	MAD	SON, WIL 52703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & 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.	☐ 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
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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
At this meeting are you representing	ng an organization or a person other t	han yourself: ☐ Yes ☐ No

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

	•	
YWCA MADISON		
Are you being paid for your representa	ation?	☑ Yes ☐ No
Are you appearing as part of your other (If you answered "no," STOP; you need the next question.)		son or organization?
Are you an elected official or emplo municipality or other governmental boo		solely on behalf of your office or for your
(If you answered "yes" to the question you must sign this form. If you answer		complete the rest of this form, except that so on to the next question.)
If you are being paid for your represent advised that:	ntation, or if your appear	ance is part of other paid duties, please be
Before you engage in authorization with the Ci		you or your principal must file an
Your principal is not pe with the City Clerk.	rmitted to authorize you	to lobby unless you are registered
	ar), the principal must fil	\$1,000 for lobbying services in any e expense statements with the City
(Please go to the City Clerk's website at Room 103 of the City-County Buildir		/clerk/index.html or go to the Clerk's Office ormation.)
Date S	Signature	Merkert
F	Print Name FILEE	N MERSHAR I.

Date: _______

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING 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:	Address:	**************************************
	CHECK ONE BOX IN THIS COLUI	MN & ONE BOX IN THIS COLUMN
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	WIN & ONE BOX IN THIS GOLDINA
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	☐ 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.	☐ 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.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing	ng 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

Are	you be	ing paid for your representation?	
(If yo	ou ans	pearing as part of your other paid duties for this person or organization? Yes In the wered "no," STOP; you need not complete the rest of this form. If you answered "yes," go or the stion.)	No n to
	-	n elected official or employee who is appearing solely on behalf of your office or for y y or other governmental body?	our
		wered "yes" to the question, STOP. You need not complete the rest of this form, except t ign this form. If you answered "no" to the question, go on to the next question.)	'hat
•	u are b sed tha	peing paid for your representation, or if your appearance is part of other paid duties, please it:	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?	
		to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Offi 3 of the City-County Building, Madison, for more information.)	ice
Date		Signature	
		Print Name	_

Date: 11/16/2010

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING 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: Role Role	Feld Address: 60	OM2 STKOMATON A
ENTER AMENDMENT NUMBER	<u> </u>	adison WI 537
Amendment No	SupportOpposeNeither 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	☐ 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	☐ 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.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

At this meeting are you representing an organization or a person other than yourself: \square Yes

Nam	ne, add	dress and telephone number of each person or organization you are representing:
Are	you be	eing paid for your representation?
(If yo	ou ansi	pearing as part of your other paid duties for this person or organization? ☐ Yes ☐ No wered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to estion.)
		n elected official or employee who is appearing solely on behalf of your office or for your y or other governmental body?
		wered "yes" to the question, STOP. You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
	u are b sed tha	peing paid for your representation, or if your appearance is part of other paid duties, please be at:
	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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		to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 33 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date:	16	16	
	 ,		

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:	eachusen Address: 2	
ENTER AMENDMENT NUMBER		N & ONE BOX IN THIS COLUMN
Amendment No		✓ 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.	☐ 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.	☐ 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	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representir (If you answered "no," STOP; you	ng an organization or a person other the need not complete the rest of this for	nan yourself: ⊠Yes □ No rm. If you answered "yes," provide

(SEE BACK)

Nan	ne, addı	ess and telephone number of each person or organization you are representing:	
	Jamel	S. Veerhusen	
2	W. 6	corkam St. 41.105	
<u> </u>	Jadie	XN WT 53703-2089 (608) 279-5272	
Are		ng paid for your representation?	
(If yo		pearing as part of your other paid duties for this person or organization? Yes No evered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on the estion.)	
	_	elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?	ır
		vered "yes" to the question, STOP. You need not complete the rest of this form, except the gn this form. If you answered "no" to the question, go on to the next question.)	at
•	u are be sed that	eing paid for your representation, or if your appearance is part of other paid duties, please be	е
	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?	
		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	1	6 10 Signature	
	{	Print Name	

Date: $\frac{h}{1/\omega/10}$

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING 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:	Address: 6	O to Hamson St
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & 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	☐ 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.	☐ 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.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
		Α
(If you answered "no," STOP; you	ig an organization or a person other the need not complete the rest of this found go on to the next question.)	rm. If you answered "yes," provide

. 1	dress and telephone number of each person or organization you are representing:
6008	1 376-8609
<u>\</u>	eing paid for your representation?
	pearing as part of your other paid duties for this person or organization? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	n elected official or employee who is appearing solely on behalf of your office or for your y or other governmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
If you are badvised that	peing paid for your representation, or if your appearance is part of other paid duties, please be at:
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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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 03 of the City-County Building, Madison, for more information.)
Date/	110/12 Signature La Dele
•	Print Name

Date:	
Date.	

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: AAN SUF	Address: 6	321 Buford Do Vadison, WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	• •
Amendment No. 1 - Substitute	☐ 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.	☐ 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.	☐ 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.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing	g an organization or a person other t	han yourself: ☐ Yes

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing: . Yes No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) 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 (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: -Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. . with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Signature

Print Name

Date:	(1.16-10
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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: Lenneth (Address: (/	05 Williamon St alison WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
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.	☐ 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	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	SupportOpposeNeither 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
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 fol and go on to the next question)	han yourself: ☑ Yes □ No rm. If you answered "yes," provide

(SEE BACK)

Name	e, jaddre	ess and telephone number of each person or organization you are representing:
K	EMER	The Strate Centro Hispano
-		810 West Badger Rd.
ano mara	1	Madison WI 53.713
Are yo	ou bein	ng paid for your representation?
(If you	ı answ	earing as part of your other paid duties for this person or organization? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
_		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
		vered "yes" to the question, STOP. 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.)
-	are be d 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.
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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 of the City-County Building, Madison, for more information.)
Date _	. //	Signature (
		Print Name Langth Congly

|--|

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: STEUE STAR A		OG BUCKEYE RD
ENTER AMENDMENT NUMBER	<u>'</u>	N & ONE BOX IN THIS COLUMN
Amendment No.	SupportOpposeNeither 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.	☐ 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.	☐ 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.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 \sum No (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.)

Name, ad	REGISTRATION STATEMENT - idress and telephone number of each person or organi	
		· · · · · · · · · · · · · · · · · · ·
Are you be	eing paid for your representation?	⊠ Yes □ No
	ppearing as part of your other paid duties for this person swered "no," STOP; you need not complete the rest of suestion.)	
•	an elected official or employee who is appearing so ty or other governmental body?	lely on behalf of your office or for yoυ ☐ Yes ☑ No
	swered "yes" to the question, STOP. You need not consign this form. If you answered "no" to the question, go	
If you are I advised tha	being paid for your representation, or if your appearar at:	nce is part of other paid duties, please b
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	ou or your principal must file an
2.	Your principal is not permitted to authorize you to with the City Clerk.	o lobby unless you are registered
3.	If your principal spends or will owe more than \$1 reporting period (half year), the principal must file 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.)

Signature

Print Name

Date:	1600
	 1 1

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:	· · · · · · · · · · · · · · · · · · ·	S Common Pol. #4 Madray, WI 5371
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N & ONE BOX IN THIS COLUMN
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	Wish to speakDo 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	☐ 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	☐ 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	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ 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

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

Nan	ne, add	dress and telephone number of each person or organization you are representing:
Are	you be	ing paid for your representation?
(If yo	ou ansv	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
		n elected official or employee who is appearing solely on behalf of your office or for your y or other governmental body?
		wered "yes" to the question, STOP. You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
-	u are b sed tha	peing paid for your representation, or if your appearance is part of other paid duties, please be at:
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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 3 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date:	
	_

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: Brenda Iddi	WQS Address: 3/	62 Ridgewoy AVE.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N& 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.	☐ 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.	☐ 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.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing	ng an organization or a person other th	han yourself: ☐ Yes

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

	,	······································				
Are :	you be	ing paid for your representation?		☐ Yes ☐ N	0	
(If yo	ou ans	pearing as part of your other paid wered "no," STOP; you need not estion.)			∏ No " go on to	
		n elected official or employee w v or other governmental body?	who is appearing sole	ly on behalf of your office or Yes D		
		wered "yes" to the question, STG gn this form. If you answered "no			cept that	
-	u are b sed tha	eing paid for your representation t:	n, or if your appearanc	e is part of other paid duties, p	lease be	
	1.	Before you engage in lobbyi authorization with the City Cler		ı or your principal must file a	an	
	2.	Your principal is not permitted with the City Clerk.	d to authorize you to	lobby unless you are registere	ed .	
	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.</u> 3 of the City-County Building, Ma			d's Office	
Date		Signatu	ure			