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: Courtland Maney	Address: 670	2 Village Part D.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
	J	
Amendment No. 11 + 12	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No/D	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no." STOP: you	ng an organization or a person other tl need not complete the rest of this for	nan yourself: ☑ Yes   ☐ No rm. If you answered "yes," provide

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

Marrie, addit	ess and telephone number of each person of organization you are representing.
Cocal	
Porks	Sh Madison
,	
Are you bein	ng paid for your representation?
	earing as part of your other paid duties for this person or organization? Yes No vered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
•	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, <b>STOP.</b> You need not complete the rest of this form, except that an
If you are be advised 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	Signature
	Print Name

Date: 10/16/2010

### 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		120 H-100 CT
Name: JOHN ElliOTT		402 HOARD ST.
	· M	1DI SON/WI. 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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

Nan 	ne, addi	ress and telephone number of each person or organization you are representing:
Are	you bei	ng paid for your representation?
(If yo		pearing as part of your other paid duties for this person or organization? Yes No vered "no," <b>STOP;</b> you need not complete the rest of this form. If you answered "yes," go on to estion.)
		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, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)
	u are be sed 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?
(Plea at Ro	ise go to om 103	o 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	10/	16/2010 Signature Johnshoffm
		Print Name John B, Elliott

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: Douglas Peterson	Address: 619	E JOHNSON ST
	. MA	DISON WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☒ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
BOE Operating Amendment No. 11+12	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
BOE Capital Amendment No. 14	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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 t need not complete the rest of this fo and go on to the next question.)	han yourself: ☑ Yes ☐ No rm. If you answered "yes," provide

(SEE BACK)

Nam	ie, add	ress and telephone r	number of each p	erson or organizat	tion you are representing:	
		Local 60				
Are y	ou bei	ng paid for your repr	esentation?		☐ Yes 🏻 No	_
(If yo	u ansv				or organization? ☐ Yes	
_	<b>-</b>	elected official or or other governmen		s appearing solel	y on behalf of your office or for you ☐ Yes  ☑ No	ur
					aplete the rest of this form, except the to the next question.)	at
_	are beed that		presentation, or	if your appearance	e is part of other paid duties, please b	е
	1.	Before you engage authorization with		ıs a lobbyist, you	or your principal must file an	
	2.	Your principal is r with the City Clerk	•	authorize you to l	obby unless you are registered	
	3.		alf year), the pri	ncipal must file ex	00 for lobbying services in any spense statements with the City	-
		o the City Clerk's we 3 of the City-County I			k/index.html or go to the Clerk's Offication.)	e
Date	11-	16-10	Signature	Dauglas Peters	G-17	
			Print Name	Douglas Peter	504	
		•				

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: Karen Brown-L	arimore Address: 7	25 Chapman St
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	25 Chapman Sl ladison WI 537!! N&ONE BOX IN THIS COLUMN
Amendment No. 8	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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.)

	ress and telephone number of each person or organization you are representing:
	TATSE.251
Are you bei	ng paid for your representation?
	pearing as part of your other paid duties for this person or organization? Yes No vered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
	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, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)
If you are be advised 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.
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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?
	o 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	-16-10 Signature Land
	Print Name Karen Brown - Larimore

Date: 16 2610

# 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: Billy ARIMC	Address: 72	5 CHAPMAN ST
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP: you	ng an organization or a person other to need not complete the rest of this for	han yourself: Yes

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

name, address	and telephone num	•	•	•		
	IATSE LOCA	in # 251	608	<u>- 332-9</u>	729	
	ASCME					
Are you being p	paid for your represe	ntation?			☐ Yes E	No
	ring as part of your of ed "no," <b>STOP;</b> you n on.)					☑ Ño res," go on to
	ected official or emp other governmental b		appearing sole	ly on behalf		or for your
	ed "yes" to the quest his form. If you answ					except that
If you are being advised that:	paid for your repres	sentation, or if	your appearanc	e is part of ot	her paid dutie	s, please be
	efore you engage i uthorization with the		a lobbyist, you	ı or your priı	ncipal must fi	le an
	our principal is not բ ith the City Clerk.	permitted to a	uthorize you to	lobby unless	you are regis	tered
re	your principal spend porting period (half y lerk for the remainde	year), the princ	cipal must file e			
	e City Clerk's websit the City-County Build				or go to the C	lerk's Office
Date	10	Signature	Mec	助		
		Print Name	Willi	AM B.	LARIMORS	

Date: 11/16/10

### CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name: JEFF PORTER	Address: 638	BW. LAKESIDE ST.
	mn	BW. LAKESIDE ST.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	☐ Support  Oppose  Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Boe のAAA   Amendment No.    生に	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. <u>  C</u>	☐ Support  Support Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 14	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	g an organization or a person other tl	nan 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.)

Nar	ne, add	dress and telephone number of each person or organization you are r	representing:
	,		
Are	you bei	eing paid for your representation?	☐ Yes ☐ No
(If y	ou ansv	ppearing as part of your other paid duties for this person or organizationswered "no," <b>STOP;</b> you need not complete the rest of this form. If you uestion.)	
	-	an elected official or employee who is appearing solely on behalf ty or other governmental body?	of your office or for your Yes No
		swered "yes" to the question, <b>STOP.</b> You need not complete the ressign this form. If you answered "no" to the question, go on to the next of	
-	u are bo	being paid for your representation, or if your appearance is part of ot at:	her paid duties, please be
	<b>1.</b>	Before you engage in lobbying as a lobbyist, you or your prinauthorization with the City Clerk.	ncipal must file an
	2.	Your principal is not permitted to authorize you to lobby unless with the City Clerk.	you are registered
	3.	If your principal spends or will owe more than \$1,000 for lobbyi reporting period (half year), the principal must file expense stater Clerk for the remainder of the calendar year?	•
		to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> 03 of the City-County Building, Madison, for more information.)	or go to the Clerk's Office
Date	<del>40 </del>	Signature	
		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: JAY YOUNG	Address: Co	OSS PLAINS
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. APITAL A	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. BUT 1912	⊠ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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.)

		dress and telephone number of each person or organization you are representing:
Are y	you be	ing paid for your representation?
(If yo	ou ansi	pearing as part of your other paid duties for this person or organization? $\square$ Yes $\square$ No wered "no," <b>STOP</b> ; 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, <b>STOP.</b> 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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(Plea at Ro	se go om 10	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:

# CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name:	Address: 250	52 Duning ody D:
		/
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 11 & 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	ng 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

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

Name, addı	ress and telephone number of each person or organization you are representing:
	Local 60
Are you bei	ing paid for your representation?
	pearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
` •	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)
lf you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be t:
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 3 of the City-County Building, Madison, for more information.)
Date <u>\\</u>	Signature Signature
l	Print Name / 6 W/2 / Chan

Date:	10/16	
	770	

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: Chris Gaulli	Address: Z	125 Devis Hills W
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(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

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

Nam	ne, addi `⊤ // >	ress and telephone number of each person or organization you are representing:
	Mad	isod but 53715
Are :	you bei	ng paid for your representation?
(If yo		pearing as part of your other paid duties for this person or organization? Yes No vered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
		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, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)
	u are be sed 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 3 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:	Address:	The second secon
ENTER AMENDMENT NUMBER C	HECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 1412	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
·		
At this meeting are you representing a (If you answered "no," STOP; you need the name of whom you represent and go	ed not complete the rest of this for	nan yourself: Yes No m. If you answered "yes," provide

		dress and telephone number of each person or organizat	ion you allo roprocontally.
	-		
Are	you be	eing paid for your representation?	☐ Yes ☐ No
(If yo	ou ans	opearing as part of your other paid duties for this person of swered "no," <b>STOP;</b> you need not complete the rest of this uestion.)	<del>-</del>
		n elected official or employee who is appearing solely y or other governmental body?	y on behalf of your office or for your ☐ Yes ☐ No
		swered "yes" to the question, <b>STOP.</b> You need not com sign this form. If you answered "no" to the question, go on	
	u are b sed tha	being paid for your representation, or if your appearance at:	is part of other paid duties, please be
	<b>1.</b>	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	or your principal must file an
	2.	Your principal is not permitted to authorize you to low with the City Clerk.	obby unless you are registered
	3.	If your principal spends or will owe more than \$1,00 reporting period (half year), the principal must file expected for the remainder of the calendar year?	, ,
		to the City Clerk's website <u>www.cityofmadison.com/clerk</u> 03 of the City-County Building, Madison, for more informa	
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:		ADISON, WIS3700
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. 11+12	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No/ O	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representin	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
the name of whom you represent a	nd go on to the next question.)	APSCME

Nar	ne, ado	ress and telephone nun	nber of each person or or	ganization you are	representing:	
						<u>.</u>
Are	you be	ng paid for your represe	entation?	,	☐ Yes [	No
(If y	ou ansi		other paid duties for this p need not complete the re			☐ No /es," go on to
		elected official or em	ployee who is appearing body?	g solely on behalf	of your office	e or for your No
			stion, <b>STOP.</b> You need n vered "no" to the question			, except that
lf yo advi	u are b sed tha	eing paid for your repre t:	sentation, or if your appe	arance is part of o	ther paid dutie	es, please be
•	1.	Before you engage authorization with the	in lobbying as a lobbyis City Clerk.	st, you or your pr	incipal must f	ile an
	2.	Your principal is not with the City Clerk.	permitted to authorize yo	ou to lobby unless	you are regis	stered
	3.	reporting period (half	ds or will owe more that year), the principal must er of the calendar year?			
			ite <u>www.cityofmadison.co</u> Iding, Madison, for more i		or go to the C	Clerk's Office
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: MIKE TANKES	4 Address: 1/4 Ma	1 Sherman Au #5 2.50n W1 53703
ENTER AMENDMENT NUMBER	HECK ONE BOX IN THIS COLUMN	•
Amendment No. 11 + 12   ROE Amend	Support Oppose Neither Support Nor Oppose	<ul><li>  Wish to speak</li><li>  Do not wish to speak</li><li>  Available to answer questions</li></ul>
Amendment No. BUECAC E	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	] Support ] Oppose ] Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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.)

Name	e, addi E, S	ress and telephone number of each person or organization you are representing:
<del>- // - / - /</del>		
Are yo	ou bei	ng paid for your representation?
(If you	ı answ	pearing as part of your other paid duties for this person or organization?  Yes  No vered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
		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, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)
lf you advise		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.
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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 3 of the City-County Building, Madison, for more information.)
Date		Signature
_		Print Name

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:	Address: 90	17 Black Bridge
1 Levia Civa		17 Black Bridge
	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 11 € 17	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 8	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representin (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	g an organization or a person other the need not complete the rest of this for nd go on to the next question.)	nan yourself: ⊠Yes □ No m. If you answered "yes," provide ← S ME

Nar	ne, add	dress and telephone number of each person or organization you are representing:	
Are	you be	eing paid for your representation?	] No
(If y	ou ansi	opearing as part of your other paid duties for this person or organization? ☐ Yes swered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yeu uestion.)	☐ No es," go on to
		in elected official or employee who is appearing solely on behalf of your office by or other governmental body?	or for your No
		swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, sign this form. If you answered "no" to the question, go on to the next question.)	except that
	u are b sed tha	being paid for your representation, or if your appearance is part of other paid duties at:	, please be
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file authorization with the City Clerk.	e an
	2.	Your principal is not permitted to authorize you to lobby unless you are registe with the City Clerk.	ered
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in reporting period (half year), the principal must file expense statements with the 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 Cle 03 of the City-County Building, Madison, for more information.)	ərk's Office
Date		Signature	
		Print Name	

# 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: 160 KESSE	VICH Address: 93	2 c7/4 U
ENTER AMENDMENT NUMBER		2 CTHU  ROWA, WT 53593  N & ONE BOX IN THIS COLUMN
BUE OPERATION	TV Support	☐ Wish to speak
Amendment No. 1/4/2	☐ Oppose ☐ Neither Support Nor Oppose	Do not wish to speak Available to answer questions
Amendment No.	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. / O	☐ Support ☐ Suppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you in the name of whom you represent an	g an organization or a person other the need not complete the rest of this for and go on to the next question.)	nan yourself: Yes \ \ \ No rm. If you answered "yes," provide FSCML LUCAGE 60

·			
Are	you be	ing paid for your representation?	☐ Yes ☐ No
(If yo	ou ansi	pearing as part of your other paid duties for this person or wered "no," <b>STOP;</b> you need not complete the rest of this estion.)	
		n elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your ☐ Yes ☐ No
		wered "yes" to the question, <b>STOP.</b> You need not comp gn this form. If you answered "no" to the question, go on	
•	u are b sed tha	eing paid for your representation, or if your appearance t:	is part of other paid duties, please be
	1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	or your principal must file an
	2.	Your principal is not permitted to authorize you to lol with the City Clerk.	oby unless you are registered
	3.	If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file exp Clerk for the remainder of the calendar year?	• •
		to the City Clerk's website <u>www.cityofmadison.com/clerk/</u> 3 of the City-County Building, Madison, for more informat	
Date		Signature	
		Print Name	

Date: // 1/0 10

# CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name:	(M) Address:	O Avenand
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N & ONE BOX IN THIS COLUMN //
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	g an organization or a person other th	nan yourself: 🗌 Yes 🔠 No

(SEE BACK)

(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.)

			-
Are :	you be	eing paid for your representation?	No
(If yo	ou ansi	opearing as part of your other paid duties for this person or organization? ☐ Yes swered "no," <b>STOP;</b> you need not complete the rest of this form. If you answered "ye uestion.)	☐ No s," go on to
	-	an elected official or employee who is appearing solely on behalf of your office ty or other governmental body?	or for your No
		swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, sign this form. If you answered "no" to the question, go on to the next question.)	except that
	u are b sed tha	being paid for your representation, or if your appearance is part of other paid duties at:	, please be
•	1.	Before you engage in lobbying as a lobbyist, you or your principal must file authorization with the City Clerk.	an
	2.	Your principal is not permitted to authorize you to lobby unless you are registed with the City Clerk.	ered
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in reporting period (half year), the principal must file expense statements with the 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 Cle 03 of the City-County Building, Madison, for more information.)	erk's Office
Date		Signature	
		Print Name	

Date: 11 /1.6 / 10

# CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name:	Address:	Bur 259867
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you	ng an organization or a person other t need not complete the rest of this fo	than yourself: ☐ Yes ☐ No orm. If you answered "yes," provide

(SEE BACK)

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. 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

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

Signature

Print Name

Date

Date:	11/16/2010	

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: Tony Karwa	Address: (50)	Appleglen Lane
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 11 を12 めら BOE	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 8	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(SEE BACK)

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

					e .	·
Are	you bei	ing paid for your r	epresentation?		☐ Ye	s 🗌 No
(If y	ou ansv		your other paid dutie ; you need not comp			
		n elected official v or other governn	or employee who is nental body?	appearing solely	v on behalf of your ☐ Ye	
			e question, <b>STOP.</b> Y u answered "no" to th			
	u are b sed tha		representation, or if	your appearance	is part of other paid	l duties, please be
	1.		gage in lobbying as ith the City Clerk.	a lobbyist, you	or your principal m	nust file an
	2.	Your principal with the City Cl	is not permitted to a erk.	uthorize you to lo	obby unless you are	registered
	3.	reporting perior	I spends or will owe I (half year), the prin mainder of the calend	cipal must file exp		
			website <u>www.cityofr</u> ty Building, Madison,			the Clerk's Office
Date			Signature			
			Print Name			

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: Jeremy Belowsh	Address: <u>476</u>	38 Maher Ave
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 116 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. #	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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.)

Name, address and telephone number of each person or organization you are representing:		
•		
	,	
Are y	you bei	g paid for your representation?
(If yo		earing as part of your other paid duties for this person or organization?
		elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?
		ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except than this form. If you answered "no" to the question, go on to the next question.)
	are b	ing 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?
		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

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: Shawn L. Box	Address: 50	09 Aztalai Dr
	Mai	450N, WI 637/8
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
		J.
Amendment No. 1800 passt	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representir (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng 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

Nar /-	ne, add	aress and telephone number of each person of the following state of	or organization you are representing:	
Are	you bei	ing paid for your representation?	☐ Yes ☐ No	
(If y	ou ansv	pearing as part of your other paid duties for twered "no," <b>STOP;</b> you need not complete the timestion.)	this person or organization?	No n to
	-	n elected official or employee who is appe y or other governmental body?	earing solely on behalf of your office or for y	our/
		wered "yes" to the question, <b>STOP.</b> You ne ign this form. If you answered "no" to the que	eed not complete the rest of this form, except testion, go on to the next question.)	that
	u are b sed tha		appearance is part of other paid duties, please	be
	1,	Before you engage in lobbying as a lo authorization with the City Clerk.	bbyist, you or your principal must file an	
	2.	Your principal is not permitted to author with the City Clerk.	ize you to lobby unless you are registered	
	3.	•	e than \$1,000 for lobbying services in any must file expense statements with the City ear?	
		to the City Clerk's website <u>www.cityofmadis</u> 3 of the City-County Building, Madison, for n	on.com/clerk/index.html or go to the Clerk's Offnore information.)	ïce
Date		Signature	· · · · · · · · · · · · · · · · · · ·	

				$f_{e_{i}}$	
Date:	11	1.1.	4	<u>////</u>	

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: We Me Neu	Address:	2002 Elkalone
JOWN PAI	,	MUGISON
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	IMN & ONE BOX IN THIS COLUMN
Amendment No. Boe operating	☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. Bory Cup. tu	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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you	g an organization or a person othe need not complete the rest of this	r than yourself:  Yes  No form. If you answered "yes," provide

ne, add	lress and telephone number of each person or organiza	ation you are representing:
,		
you bei	ing paid for your representation?	☐ Yes ☐ No
ou ansv	wered "no," STOP; you need not complete the rest of the	
-		ly on behalf of your office or for your ☐ Yes ☐ No
		e is part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	or your principal must file an
2.	Your principal is not permitted to authorize you to with the City Clerk.	lobby unless you are registered
3.	If your principal spends or will owe more than \$1,0 reporting period (half year), the principal must file exclerk for the remainder of the calendar year?	
	Signature	
	Drint Name	
	you be you ap ou ansi next qu you ar icipality ou ansi must si u are b sed tha  1.  2.  3.	you being paid for your representation?  you appearing as part of your other paid duties for this person ou answered "no," STOP; you need not complete the rest of the next question.)  you an elected official or employee who is appearing sole icipality or other governmental body?  ou answered "yes" to the question, STOP. You need not commust sign this form. If you answered "no" to the question, go of a unique are being paid for your representation, or if your appearance sed that:  1. Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.  2. Your principal is not permitted to authorize you to with the City Clerk.  3. If your principal spends or will owe more than \$1,0 reporting period (half year), the principal must file exclerk for the remainder of the calendar year?  Itse go to the City Clerk's website www.cityofmadison.com/cle.  Signature  Drint Name

Date:	
1 12110	
_ ~~.	

### 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: Som Tostolik	$\gamma$ Address: We	stminster Ct.
Sam		
	· · · · · · · · · · · · · · · · · · ·	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
BOK OPER,	Support	Wish to speak
Amendment No. 11+11	Oppose Neither Support Nor Oppose	Do not wish to speak  Available to answer questions
ROE CAD		☐ Wish to speak
Amendment No. 14 CAP,	Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer questions
(0)	□ Support	
Amendment No	Oppose  Neither Support Nor Oppose	<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
		Wish to speak
Amendment No.	☐ Support ☐ Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak
Amendment No	☐ Oppose ☐ Neither Support Nor Oppose	☐ Do not wish to speak☐ Available to answer questions
	Support	Wish to speak
Amendment No.	Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer questions
	Support	Wish to speak
Amendment No	☐ Oppose ☐ Neither Support Nor Oppose	☐ Do not wish to speak☐ Available to answer questions
	Neither Support Not Oppose	
		() (C) (N)
At this meeting are you representing	g an organization or a person other	than yourself: ☑ Yes
the name of whom you represent a	nd go on to the next question.)	ncal (00
,	=	-D(1/1-10)

Nar	ne, add	ress and telephon	e number of each person or organiz	zation you are representing:
	-			
Are	you bei	ng paid for your re	epresentation?	☐ Yes ☐ No
(If y		vered "no," <b>STOP</b> ,	your other paid duties for this perso you need not complete the rest of	n or organization?
		elected official of or other governm		ely on behalf of your office or for your
			question, <b>STOP.</b> You need not co answered "no" to the question, go	omplete the rest of this form, except that on to the next question.)
	u are bo		representation, or if your appearan	ce is part of other paid duties, please be
	1.		gage in lobbying as a lobbyist, yo th the City Clerk.	ou or your principal must file an
	2.	Your principal i	s not permitted to authorize you to	lobby unless you are registered
	3.	reporting period	spends or will owe more than \$1 (half year), the principal must file nainder of the calendar year?	
(Plea at Ro	ase go t oom 103	o the City Clerk's 3 of the City-Coun	website <u>www.cityofmadison.com/cl</u> ty Building, Madison, for more inforr	erk/index.html or go to the Clerk's Office mation.)
Date	·		Signature	
			Print Name	

Date:	And the second s		(10)
		 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:  ENTER AMENDMENT NUMBER	Address: 411	8 DWChat D 201507 WI 8 ONE BOX IN THIS COLUMN
Amendment No. Bocopy Carry	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. Poet H	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	<ul><li>☐. Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	an organization or a person other th	nan yourself: ☐ Yes     No

(SEE BACK)

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

Nam	ne, addr	ess and telephone	number of each p	erson or organiz	zation you are	representing	:
					<u> </u>		<del></del>
			· · · · · · · · · · · · · · · · · · ·				
Are y	you beir	ng paid for your rep	resentation?			☐ Yes	☐ No
(If yo		earing as part of yo ered "no," <b>STOP;</b> y stion.)					
		elected official or or other governme		s appearing so	ely on behalf	of your offi ☐ Yes	ce or for your
		ered "yes" to the on this form. If you a					m, except that
	u are be sed that:	ing paid for your re	epresentation, or i	f your appearan	ce is part of o	ther paid dut	ies, please be
-	1.	Before you enga authorization with		s a lobbyist, yo	ou or your pri	ncipal must	file an
	2.	Your principal is with the City Clerk		authorize you to	lobby unless	you are reg	istered
	3.	If your principal s reporting period ( Clerk for the rema	half year), the prin	ncipal must file		•	•
(Plea at Ro	se go to om 103	the City Clerk's w of the City-County	ebsite <u>www.cityof</u> Building, Madisor	madison.com/cl n, for more inforr	erk/index.html nation.)	or go to the	Clerk's Office
Date		16/10	Signature				
	٠, ١	en a Carana. Tanàna ao amin'ny faritr'i Amerika	Print Name	My	Kerwir	`	

Date: 14/16/16	<del></del>
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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: Benjamin Ratliffe	Address: 1115 E Wilson SA. #415
4	MADISON WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN
Amendment No. // ₹ / 2 (80 €)	Support Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions
Amendment No.	Support Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions
Amendment No.	☐ Support ☐ Wish to speak ☐ Oppose ☐ Do not wish to speak ☐ Neither Support Nor Oppose ☐ Available to answer questions
Amendment No/ 0	☐ Support       ☐ Wish to speak         ☐ Oppose       ☐ Do not wish to speak         ☐ Neither Support Nor Oppose       ☐ Available to answer questions
Amendment No.	☐ Support       ☐ Wish to speak         ☐ Oppose       ☐ Do not wish to speak         ☐ Neither Support Nor Oppose       ☐ Available to answer questions
Amendment No.	☐ Support       ☐ Wish to speak         ☐ Oppose       ☐ Do not wish to speak         ☐ Neither Support Nor Oppose       ☐ Available to answer questions
Amendment No.	□ Support       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ Available to answer questions
At this meeting are you representing	ng an organization or a person other than yourself: ☐ Yes No

(SEE BACK)

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

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

Date:	11/36/10	

### 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: Kathleen Ridge		25 N. Baldwin
į.	<u></u>	ladrosn
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 10.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representin (If you answered "no," STOP; you	ng an organization or a person other t need not complete the rest of this fo	than yourself: ☐ Yes ☐ No orm. If you answered "yes," provide

Nar 	ne, add	ress and telephone number of each person or organization you are representing:
Are	you bei	ing paid for your representation?
(If y	ou ansv	pearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; 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 or other governmental body?
		wered "yes" to the question, <b>STOP.</b> 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 be sed that	eing paid for your representation, or if your appearance is part of other paid duties, please be t:
	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 3 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: 111410

# 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: Joe Seife	Address: 32	1 Southing Grange tage Grove W1
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No \ \	Support Doppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 12	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	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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

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  No wered "no," <b>STOP</b> ; 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, <b>STOP.</b> 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 been	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		Signature
		Print Name

Date:	11-16-10	
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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: Amanda John	Address: 122	Talon Place
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. 1 1 12	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☒ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representir	ng an organization or a person other th	ıan yourself: ⚠ Yes

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

Nan	ne, add	ress and telephon	e number of each person or organiza	ation you are representing:
			Lo Cal . (0)	
	1			
Are	you bei	ng paid for your re	presentation?	☐ Yes 🔯 No
(If yo	you app ou answ next que	vered "no," <b>STOP;</b>	our other paid duties for this person you need not complete the rest of the	or organization?  Yes  No his form. If you answered "yes," go on to
		elected official of or other government		ely on behalf of your office or for your ☐ Yes  █ੑNo
			question, <b>STOP.</b> You need not cor answered "no" to the question, go o	mplete the rest of this form, except that n to the next question.)
	u are be sed that		representation, or if your appearanc	e is part of other paid duties, please be
	1.	, ,	age in lobbying as a lobbyist, you h the City Clerk.	ı or your principal must file an
	2.	Your principal is with the City Cle	not permitted to authorize you to rk.	lobby unless you are registered
	3.	reporting period	spends or will owe more than \$1,0 (half year), the principal must file e nainder of the calendar year?	
			website <u>www.cityofmadison.com/cle</u> y Building, Madison, for more inform	rk/index.html or go to the Clerk's Office ation.)
Date	11-	16-10	Signature Amano	a physic
			Print Name AMAINCU	a Stahnson

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: Down Milks	Address: 2	650 HOARD ST MADISON WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No(	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	ig an organization or a person other th	han vourself: □ 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 □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 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. 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.)

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: KEN SEIFEIT	Address: 600	9 TRaveler LANE JISON WI 53718
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	<ul><li>☒ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 10	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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: . Are you being paid for your representation? Yes No Are you appearing as part of your other paid duties for this person or organization? \( \subseteq \text{Yes} \) (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. 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

Date:	[ (	//	6/	<i>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: RICL MARK		826 ENGLISH SETTLEMENT RE
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUN	IN & ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representir (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other 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, addi	ress and telephone n	umber of each persor	n or organization you are	e representing	g:
						· · · · · · · · · · · · · · · · · · ·
Are :	you bei	ng paid for your repre	esentation?		☐ Yes	□No
(If yo		vered "no," <b>STOP;</b> yo		this person or organiza the rest of this form. If y		
		elected official or e or other government		pearing solely on beha		ice or for your
				need not complete the rulestion, go on to the nex		rm, except that
-	u are be sed that		presentation, or if you	r appearance is part of	other paid du	ities, please be
,	1.	Before you engag authorization with t		obbyist, you or your p	rincipal mus	file an
	2.	Your principal is nowith the City Clerk.	ot permitted to autho	rize you to lobby unles	s you are re	gistered
	3.	reporting period (ha		re than \$1,000 for lobb I must file expense state ear?		
			bsite <u>www.cityofmadi</u> Building, Madison, for	son.com/clerk/index.htm more information.)	n <u>l</u> or go to the	Clerk's Office
Date		16/10	Signature	luf		
			Print Name	HICK MARY	,	·

Date: 11/16/10

AFSCME LOCAL 60

## 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: David Wis	Se Address: 3	316 Ivy 5t.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
BOE Operation	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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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 t need not complete the rest of this for and go on to the next question.)	han yourself: Yes No rm. If you answered "yes," provide

Nan	ne, add	Iress and telephone number of each person or organization you are representing:
Are	you be	ing 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 or other governmental body?
		wered "yes" to the question, <b>STOP.</b> 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	eing paid for your representation, or if your appearance is part of other paid duties, please be t:
	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 3 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date:	j t	114	10	

2011 OF LIVATING BODGET

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: Robert Poholo	Address: 48	OBuckeye Rd wison wx 53716
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
BOE OPERCATION	) <u>⊠</u> Support	Wish to speak
Amendment No. 11 +12	<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☑ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representin (If you answered "no," STOP; you	ng an organization or a person other the name of this formula is the second this formula is the second this formula is the second in the secon	than yourself: ⊠Yes □ No orm. If you answered "yes," provide

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on the next question.)  Are you an elected official or employee who is appearing solely on behalf of your office or for yo municipality or other governmental body?  (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except th 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 <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)			
Are you appearing as part of your other paid duties for this person or organization?     Yes			
Are you appearing as part of your other paid duties for this person or organization?     Yes			
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on the next question.)  Are you an elected official or employee who is appearing solely on behalf of your office or for yo municipality or other governmental body?	Are	you be	ing paid for your representation?
municipality or other governmental body?	(If yo	ou ansi	wered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to
<ol> <li>If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:         <ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> <li>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?</li> </ol> </li> <li>(Please go to the City Clerk's website <a href="www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Officat Room 103 of the City-County Building, Madison, for more information.)</li> </ol>			
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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		2.	
at Room 103 of the City-County Building, Madison, for more information.)  Date Signature		3.	reporting period (half year), the principal must file expense statements with the City
Date Signature			
Print Name	Date		Signature
FIBIL INGILIE			Print Name

Date:	11-110-10	

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: 1/e/di Concle	Address: 2/5	MCK Jr. Blud.
		dison, W1 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No. 11.812	<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you the name of whom you represent a	g an organization or a person other th need not complete the rest of this for nd go on to the next question.)	an yourself: ⊠ Yes □ No m. If you answered "yes," provide AFSOME

Nam	ne, add	lress and teleph	one number of each per	son or organization yo	ou are representin	g:
			•			· · · · · · · · · · · · · · · · · · ·
				:		
Are :	you be	ing paid for you	r representation?		☐ Yes	☑ No
(If yo	ou ansi		of your other paid duties OP; you need not comple	• •		-
	-	n elected officia y or other gover	al or employee who is a nmental body?	appearing solely on	behalf of your of ☐ Yes	fice or for your
			the question, <b>STOP.</b> You you answered "no" to the			rm, except that
•	ı are b sed tha	• ,	our representation, or if y	our appearance is pa	nt of other paid du	ıties, please be
	1.		engage in lobbying as with the City Clerk.	a lobbyist, you or yo	our principal mus	t file an
	2.	Your principa with the City	al is not permitted to au Clerk.	thorize you to lobby (	unless you are re	gistered
	3.	reporting per	pal spends or will owe riod (half year), the princi remainder of the calenda	pal must file expense	, ,	-
			k's website <u>www.cityofma</u> unty Building, Madison, I		x.html or go to the	e Clerk's Office
Date		-16-10	Signature	Xeidi Co	nde	
	,		Print Name	Heidi Con	de.	

Date:	_//_	7.6	-1	<u> </u>	
	_//_	-1.6	-/	<u> </u>	

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.

Name: June Coglio	$\frac{1}{1000}$ Address: $\frac{90}{1000}$	14 E. Dayton St. adison, WI 53703
	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 11312	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☒ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representi (If you answered "no," STOP; you the name of whom you represent	ng an organization or a person other to need not complete the rest of this fo	than yourself: Yes

		ess and telephone number of each person or org	gamzation you are representing.	
				,
Are y	ou beir	ng paid for your representation?	☐ Yes ☐ No	
(If yo		earing as part of your other paid duties for this present of the respection.)		No go on to
		elected official or employee who is appearing or other governmental body?	g solely on behalf of your office or f ☐ Yes ☐ No	for your
		vered "yes" to the question, <b>STOP.</b> You need n on this form. If you answered "no" to the question	•	ept that
	are be	eing paid for your representation, or if your appe	arance is part of other paid duties, ple	ease be
	1.	Before you engage in lobbying as a lobbyis authorization with the City Clerk.	t, you or your principal must file an	1
	2.	Your principal is not permitted to authorize you with the City Clerk.	ou to lobby unless you are registered	I
	3.	If your principal spends or will owe more that reporting period (half year), the principal must Clerk for the remainder of the calendar year?		
		o the City Clerk's website <u>www.cityofmadison.co</u> of the City-County Building, Madison, for more i		office
Date	11/	16 / 10 Signature	ne Leglio	
	1,	Print Name	JUNE OGOGLIO	

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11 to an	
- 11/2/2/11	
Date://グジ / ビー	
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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:	Address:	37 Wright 37
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	ng an organization or a person other th	an 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:

	·		,			•
		·	<del>,</del>		r	
		· · · · · · · · · · · · · · · · · · ·			·,	-
Are y	you be	ing paid for your repr	esentation?		Yes	☐ No
(If yo	ou ansi		ur other paid duties for ou need not complete			
		n elected official or v or other governmen	employee who is apr tal body?	pearing solely on	behalf of your off Yes	ice or for your
			uestion, <b>STOP.</b> You n nswered "no" to the qu			rm, except that
	ı are b sed tha		presentation, or if you	r appearance is pa	rt of other paid du	ties, please be
	1.	Before you engage authorization with	ge in lobbying as a l the City Clerk.	obbyist, you or yo	our principal must	file an
	2.	Your principal is rwith the City Clerk	not permitted to autho	rize you to lobby ı	unless you are re	gistered
	3.	reporting period (f	pends or will owe mo half year), the principa ander of the calendar y	l must file expense		
			ebsite <u>www.cityofmadi</u> Building, Madison, for		<u>x.html</u> or go to the	Clerk's Office
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:	Address: ఎ	38 E.M. ffi. is S-
	Mes	O.S.L. WIS3704.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. 11+12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. /O	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	ng an organization or a person other th	nan yourself: ☐ Yes

(SEE BACK)

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

Nar	ne, add	dress and telephone number of each person or organiz	zation you are representing:
I			
Are	you be	eing paid for your representation?	☐ Yes ☐ No
(If y	ou ans	ppearing as part of your other paid duties for this persowered "no," <b>STOP;</b> you need not complete the rest of uestion.)	<u> </u>
		n elected official or employee who is appearing so y or other governmental body?	lely on behalf of your office or for your ☐ Yes ☐ No
		ewered "yes" to the question, <b>STOP.</b> You need not coing this form. If you answered "no" to the question, go	
	ou are b sed tha	peing paid for your representation, or if your appearar at:	nce is part of other paid duties, please be
	<b>1.</b>	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?	
		to the City Clerk's website <u>www.cityofmadison.com/cl</u> 3 of the City-County Building, Madison, for more infort	
Date	·	Signature	
		D 1 1 N	

Date:	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:	Address:	+13 Doe Crossing Tradison 53704.
	. M	adison 53704.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 10	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 11 and 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent as	g an organization or a person other t need not complete the rest of this fo nd go on to the next question.)	han yourself;⊠ Yes ☐ No rm. If you answered "yes," provide

Nan	ne, add	ress and telephon	e number of each person or organiza	ation you are representing:
Are	you be	ing paid for your re	epresentation?	☐ Yes 🛕 No
(If yo	ou ansv		your other paid duties for this person ; you need not complete the rest of the	or organization?  Yes No his form. If you answered "yes," go on to
	-	n elected official of or other governm		ely on behalf of your office or for your
		. •	question, <b>STOP.</b> You need not con answered "no" to the question, go o	mplete the rest of this form, except that in to the next question.)
-	u are b sed tha	<b>.</b> .	representation, or if your appearance	ee is part of other paid duties, please be
	1.	•	gage in lobbying as a lobbyist, you th the City Clerk.	u or your principal must file an
	2.	Your principal i	s not permitted to authorize you to erk.	lobby unless you are registered
	3.	reporting period	l spends or will owe more than \$1,0 l (half year), the principal must file e nainder of the calendar year?	
			website <u>www.cityofmadison.com/cle</u> ty Building, Madison, for more inform	rk/index.html or go to the Clerk's Office leation.)
Date			Signature	
			Print Name	•
			<del></del>	,