Date: 5/19/10

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE PRINT I	NAME CLEARLY	
Agenda No.	22	Name 10% Address 1/11	n LIX Willow Lo Son, cet	ne -5340E
Please check the ap	propriate box:	Pl	ease check the appro	opriate box:
Support Oppose Neither S	upport Nor Oppose	AND \square	Wish to speak Do not wish to spea Available to answer	.k : questions
(If you answered "no of who you represen	you representing an organizate, "STOP; you need not come to and go on to the next question of each per	plete the rest of this for on.)	m. If you answered "	Yes No yes," provide the name
Are you being paid f	or your representation?			Yes 🗖 No
	s part of your other paid dution," STOP; you need not con			
Speaking Limits:	Public Hearing (Common Information Hearing			

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information. Signature
	Print Name Thomas Link

Date: _

Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE PRI	NT NAME CLEA	RLY	
Agenda No.	6	Name 12 Address 12	NAID SA 11 GAVFIE 4D812	NORTH) - 7//
Please check the app	ropriate box:		Please check the	appropriat	te box:
At this meeting are yo (If you answered "no, of who you represent	pport Nor Oppose ou representing an organizati " STOP; you need not compand go on to the next question dephone number of each person	plete the rest of thi on)	is form. If you answe	to speak answer quest Yes ered "yes,"	No
Are you appearing as (If you answered "no question.)	part of your other paid dutie	plete the rest of th	is form. If you answ	☐ Yes ☐ Yes vered "yes,"	☐ No ☐ No go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	3 min	utes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
. •	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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` _	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: MA4 18,2010

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE PR	INT NAME CLEA	\RLY	
Agenda No. 🚣 💪	3		h Ranki		
Please check the ap	propriate box:		Please check the	e appropria	te box:
Support Oppose Neither St	o wile drewafe	AND	Wish to spea Do not wish Available to	to speak	itions
(If you answered "no	ou representing an organizate," STOP; you need not cont and go on to the next quest	mplete the rest of th			
Name, address and to	elephone number of each pe	erson or organization	n you are representi	ng:	
		100.000			
Are you being paid f	or your representation?			Yes Yes	□ No
	s part of your other paid dut o," STOP; you need not co			☐ Yes wered "yes,"	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing	3 mii	nutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body? Yes No		
(If you answer this form If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)	
If you are beinthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised	
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk	
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)	
Date MN4	182010 Signature HAWALLEME Print Name Rotherine H. Ranking	

Date: 5/18/10

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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

Please Print	PLEASE PRINT NAME CLEARLY		
,	Name CENTE R. KANKIN		
Agenda No	Address 28/8 RIDGE POAD		
	MX-DISON, WI		
Please check the appropriate box:	Please check the appropriate box:		
Support✓ OpposeNeither Support Nor Op	Wish to speak Do not wish to speak Available to answer questions		
At this meeting are you representing an organization or a person other than yourself: Yes Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question)			
Name, address and telephone number of	of each person or organization you are representing:		
Are you being paid for your representat	tion? Yes No		
	r paid duties for this person or organization? Yes Wo ed not complete the rest of this form. If you answered "yes," go on to the next		
Information He	(Common Council) 5 minutes aring 3 minutes 3 minutes		

	elected official or employ mental body?	ee who is appearing solely on behalf of your office or for your municipality or Yes No
		a, STOP. You need not complete the rest of this form, except that you must sign question, go on to the next question.)
If you are be that:	eing paid for your repres	entation, or if your appearance is part of other paid duties, please be advised
1	Before you engage in with the City Clerk.	obbying as a lobbyist, you or your principal must file an authorization
2	Your principal is not City Clerk.	permitted to authorize you to lobby unless you are registered with the
3.		Is or will owe more than \$1,000 for lobbying services in any reporting principal must file expense statements with the City Clerk for the dar year?
		site <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Madison, for more information)
Date		Signature
		Print Name



Date: 18 June 2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	ouncil
Agenda No. edgewater	PLEASE Name Address	PRINT NAME CLEARLY Robert Klebba 1213 E. Mifflin
Please check one:	AND	Please check:
☐ Support✓ Oppose☐ Neither Support Nor Oppose	ppose	Wish to Speak
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest question.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this pers	Yes No son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes

(SEE BACK)

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 5 - 18 - 10

WISH TO SPEAK FORM

Registratio	n Statement	COMMITTEE	ouncil		· · · · · · · · · · · · · · · · · · ·
Please Print Agenda No. £39	ewater	PLEASE Name Address	PRINT NAI	ME CLEARLY id Wa East Mi	ugh Ally
Please check one	e:	AND	Plea	se check:	
Support				Wish to Spe	eak
Oppose			,		
Neither Su	pport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not and go on to the next q	complete the rest uestion)	of this form	If you answered "y	es No es," provide the name
Are you being paid for	your representation?			Пү	es No
Are you appearing as pa (If you answered "no," question)	art of your other paid	duties for this per	son or organize tof this form	zation?	es No
	Public Hearing (Com Information Hearing Other Items		3 minutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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, –	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



WISH	TO	SPEAK	FORM	

Date: _____

CITY OF MADISON

Registration Statement -	Common C	ouncil	· · · · · · · · · · · · · · · · · · ·		
Please Print Agenda No.	. ,	Jame.	s Steakley V. Franklin St.		
Please check one: Support	AND	Y	ase check: Wish to Speak		
 ☐ Support ☐ Oppose ☐ Neither Support Nor Oppose 					
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each Tames Madison Park	t complete the rest question.) th person or organiz	of this form.	If you answered "yes," provide the name		
Yo James Steakle Madison, WIS	3703	esit,	III N. Franklin St.		
Are you being paid for your representation?			Yes No		
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)					
Speaking Limits: Public Hearing (Con Information Hearing Other Items		minutes			

(SEE BACK)

		NEGIST NATION	STATEMENT -TAGE	- 4	
Are you an eleother governm	ected official or employe ental body?	e who is appear	ing solely on behalf o	of your office or for Ye	your municipality or No
	red "yes" to the question ou answered "no" to the			est of this form, exce	pt that you must sign
If you are bei that:	ng paid for your represe	entation, or if yo	our appearance is par	t of other paid dutie	es, please be advised
1.	Before you engage in I with the City Clerk	obbying as a lob	obyist, you or your pr	incipal must file an	authorization
2.	Your principal is not p City Clerk.	ermitted to auth	orize you to lobby u	nless you are regist	ered with the
3.	If your principal spend period (half year), the remainder of the calend	principal must	ore than \$1,000 for leftle expense statem	obbying services in a ents with the City (any reporting Clerk for the
(Please go to Room 103 of t	the City Clerk's webs he City-County Building	ite <u>www.cityofn</u> , Madison, for m	nadison.com/clerk/inc core information)	l <u>ex.html</u> or go to t	he Clerk's Office at
Date May	18,2010	Signature Print Name	James &	Steaker	2a /
		I IIIIC I TAIIIC			



Date: 5/17/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statemer	nt - Common C	ouncil	
Please Print Agenda No.	PLEASE NameAddress	PRINT NAME CLEARLY DULI AULIK 4034 Mandan GR MADISM W(53711	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose Neither Support Nor At this meeting are you representing an (If you answered "no," STOP; you need of who you represent and go on to the relation Name, address and telephone number of the relationship.	organization or a person and not complete the rest next question)	t of this form. If you answered "yes," provide the	name
Are you being paid for your representate Are you appearing as part of your other (If you answered "no," STOP; you need question)	paid duties for this pers	☐ Yes ☐ No rson or organization? ☐ Yes ☐ No t of this form. If you answered "yes," go on to th	e next
Information Hea	(Common Council)	3 minutes	

(SEE BACK)

_	n elected official or empl rnmental body?	oyee who is appearing	g solely on behalf of yo	our office or for yo	ur municipality or No
	wered "yes" to the ques If you answered "no" to			f this form, except i	that you must sign
If you are that:	being paid for your rep	resentation, or if you	r appearance is part of	other paid duties,	please be advised
1.	Before you engage with the City Clerk	_	yist, you or your princi	oal must file an aut	horization
2.	Your principal is n City Clerk.	ot permitted to autho	rize you to lobby unles	s you are registere	d with the
3.		the principal must f	e than \$1,000 for lobby ile expense statements		
	o to the City Clerk's w of the City-County Build			<u>tml</u> or go to the	Clerk's Office at
Date		Signature _			
		Print Name			



WISH	TO	SPF	ΔK	FO	RM

Date:

CITY OF MADISON

Registration Stateme	nt - <u>Common Council</u>
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name STU CECITAN Address 4187 Cherokee Dr
	NEW 53711
Please check one:	AND Please check:
Support	Wish to Speak
Oppose	
Neither Support No	Oppose
	n organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name next question.)
Name, address and telephone number	of each person or organization you are representing:
Are you being paid for your represen	ation? Yes No
	er paid duties for this person or organization? Yes No seed not complete the rest of this form. If you answered "yes," go on to the next
Information H	(Common Council)5 minutes earing

(SEE BACK)

Are you an el	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go t Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

Registra	ition Statement -	Common C	<u>ouncil</u>	
Please Print Agenda No.	122, 18,64	Name 7	PRINT NAME CLEARLY Ryn Cellhof 4702 S. B. Hm	
Please check	one:	AND	Aladison, UZ S Please check:	3718
Support Oppose Neither	Support Nor Op	pose	Do not wish	to speak
(If you answered "n of who you represen	nt and go on to the next q	complete the rest of uestion.)	other than yourself: Yes this form. If you answered "yes ation you are representing:	(es <u>A</u> No yes," provide the name
Are you appearing a	for your representation? s part of your other paid o, "STOP; you need not	duties for this perso complete the rest o	☐ Y on or organization? ☐ Y of this form. If you answered ";	es No
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? ———————————————————————————————————
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name





DO NOT WISH TO SPEAK FORM

Registra	ation Statement -	Common C	Council	
Please Print				
		PLEASE	PRINT NAME CLEARLY	
		Name	Dave Breek Enge	1
Agenda No		Address	Dave Beck Enge 921 Burning Week	l liky
			Madison	
Please check	one:	AND	Please check:	
Suppor			Do not wish to	speak
Oppose				
Neither	Support Nor Op	pose		
of who you represe	nt and go on to the next q	uestion)	of this form. If you answered "yes," zation you are representing:	
Are you being paid	for your representation?		☐ Yes	□ No
Are you appearing a (If you answered "r question.)	ns part of your other paid no," STOP; you need not	duties for this per complete the rest	son or organization?	□ No " go on to the next
Speaking Limits:	Public Hearing (Com			
	Information Hearing. Other Items			

	ected official or employee who is appearing solely on behalf of your office or for your municipality of ental body?	r
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sig ou answered "no" to the question, go on to the next question.)	n
If you are t that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advise	d
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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?	
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the Clerk's Office of the Clerk's Office of the City-County Building, Madison, for more information.)	ıt
Date	Signature	
	Print Name	



DO NOT WISH TO SPEAK FORM

Date:

Registrat	ion Statement - ِ	Common C	ouncil		
		COMMITTEE			
Please Print		PLEASE	PRINT NAME CL	EARLY	
		Name _)AMES 6	QEER	
Agenda No			5/3 We	STLAWN	Qn,
				6 core	
			•		
Please check o	ne:	AND	Please che	ek:	
Support			Do no	ot wish to spea	ak
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga," STOP; you need not and go on to the next questions of each	t complete the rest (ruestion.)	of this form. If you an	swered "yes," prov	No ide the name
Are you being paid fo	r your representation?			☐ Yes	No
	part of your other paid "STOP; you need not				No n to the next
Speaking Limits:	Public Hearing (Com Information Hearing.	3	minutes		
	Other Items	3	minutes		

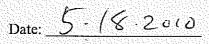
 (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date 5-18-10 Signature American Specific Specific Reference of the country and signature American Signature American Specific Reference of the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) 		mental body? Rected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
 Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date 5-18-10 Signature Signature		
with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date 5-18-10 Signature		eing paid for your representation, or if your appearance is part of other paid duties, please be advised
City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date 5-18-90 Signature	1	들이 있다는 이번 회에 통하는 보면 100m 등록 하는 이번 발표를 하는 것이 되었다면 이번 등록 하는 사람들은 보고 있는 것이라고 있다면 보고 있다고 있는 것이라고 있는 것이다. 이번 100m 등 다음이다.
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 5-18-10 Signature and Man	2	어머니는 사람들은 사람들이 하는 아이들은 아이들은 사람들은 사람들은 사람들이 나는 사람들이 가장하는 것이 되었다. 그는 사람들이 아이들이 가장 사람들이 아이들이 아이들이 가장 사람들이 되었다. 사람들이 아이들이 아이들이 아이들이 가장 사람들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아
Room 103 of the City-County Building, Madison, for more information.) Date 5-18-10 Signature and Man	3.	period (half year), the principal must file expense statements with the City Clerk for the
Print Name JAMES GREER	Date 5	18-90 Signature and Dav
		Print Name JAMES GREER



Date: 5/18/10 DO NOT WISH TO SPEAK FORM

Registra	ition Statement -	COMMITTEE	<u>ouncil</u>		
Please Print					
		PLEASE	PRINT NAME CLE	ARLY	
Γ		Name	KATHERINI	- BIDG	di.
Agenda No		Address	7122 FARE	NINGTON	WAT
			MADIJON	Wi S	371)
Please check	one:	AND	Please che	ck:	
∑ Support			_ Do no	t wish to s	peak
Oppose					
Neither	Support Nor Op	nose			
(If you answered "n of who you represen	you representing an orga o," STOP; you need no at and go on to the next q telephone number of eac	t complete the rest nuestion)	of this form. If you ans		DNo provide the name
Are you appearing a	for your representation? s part of your other paid	duties for this pers	on or organization?	Yes Yes	DNo DNo
(If you answered "n question)	o," STOP; you need not	t complete the rest	of this form. If you ans	wered "yes,"	go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go to Room 103 of to	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date 5//	18/10 Signature KALAMI
	Print Name





DO NOT WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil	
Please Print Agenda No.	PLEASE Name Address	PRINT NAME CLEARLY JEFF POUTAWSKY 350 S. Hamiltonst.	∉ 20
Please check one:	AND	MADISON, WI 5 Please check:	5/0
Support Oppose Neither Support Nor Op	pose	Do not wish to speak	
At this meeting are you representing an org. (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest of question.)	of this form. If you answered "yes," provide the	name
Are you being paid for your representation?		□ Yes X\\No	
		on or organization?	next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	,3	minutes	

Are you an elother governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
and the second of the second o	red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
and the first of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date <u>5.</u>	18-2010 Signature Stafeltung Print Name Stafe POLTAWSKY

Date: 5 - 18 · 10



DO NOT WISH TO SPEAK FORM

Registration Statem	ent - Common Coun	<u>cil</u>	
<u>Please Print</u>			
Agenda No.	Name TO	nt name clearly M ARNhold 50 S. Hamilton Si #204 Nawson, Wl S0703	
Please check one:	AND	Please check:	
✓ Support✓ Oppose			
Neither Support No	or Oppose		
At this meeting are you representing (If you answered "no," STOP; you no f who you represent and go on to the Name, address and telephone number	need not complete the rest of this e next question.)	s form. If you answered "yes," provide the name	
Are you being paid for your represent	tation?	☐ Yes No	
Are you appearing as part of your oth (If you answered "no," STOP; you n question.)		organization?	
Information H	g (Common Council) 5 minu Iearing 3 minu 3 minu	ites	

Are you an el other governr	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 at the City-County Building, Madison, for more information)
Date <u>5 · (</u>	Signature Tow ARNHOLD



Date: <u>5-18-10</u>

DO NOT WISH TO SPEAK FORM

Registra	ation Statement -	Commor COMMITTEE	<u>ı Counc</u>	31		
Please Print		PI FA	SF PRIN	IT NAME CLE	ADI V	
Agenda No	Ġ	Name	572 ss 1607	20 BR 25 PA DUON U	GTZO BKK SH	
Please check	one:	AND		Please chec	:k:	
X Support				Do not	wish to s	peak
Oppose						
Neither	Support Nor Op	pose				
(If you answered "n of who you represent Name, address and	you representing an organo," STOP; you need not not and go on to the next question telephone number of each	complete the ruestion)	est of this f	form. If you ans		∐ No provide the name
Are you being paid	for your representation?				☐ Yes ≀	
Are you appearing a (If you answered "n question.)	ns part of your other paid no." STOP; you need not	duties for this p complete the re	erson or o	rganization? form. If you ans	☐ Yes wered "yes,".	No go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing.		3 minute	es		
	Other Items		5 minute	5 \$		

	ected official or employee who is appearing solely on behalf of your office or for your municipality of lental body?	Эľ
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sig ou answered "no" to the question, go on to the next question.)	ŗn
If you are I that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advise	ed .
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
(Please go Room 103 (the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office he City-County Building, Madison, for more information.)	at
Date	Signature	
	Print Name	

Date: <u>5-18-10</u>



DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common Committee	ouncil		
<u>Please Print</u>					
		유명시간 시민들은 경우가 없었다.	PRINT NAME CLE		
			Barbara		
Agenda No. <u>6</u>		Address _	1 Lang	lon	
			madisa	in, W	C
Please check	one:	AND	Please che	c k:	
Support			Do no	t wish to	speak
☑ Oppose					
Natthan	Support Nor Op				
(If you answered "n	you representing an orga	t complete the rest o		☐ Yes wered "yes,"	No provide the name
	at and go on to the next question to the next question to the number of eac		ation you are represent	ing:	
Are you being paid	for your representation?			Yes	ĎNo
	s part of your other paid o," STOP; you need not			☐ Yes wered "yes,"	⊠No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		

Are you an eother govern	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



										A							

CITY OF MADISON

Registra	ition Statement -	Common C	<u>Souncil</u>
Please Print		DIEAGE	PRINT NAME CLEARLY
		FELAGE	PRINT NAME CLEARLY
		Name	Lucy Caibson
Agenda No.	\mathcal{O}	Address	1610 Angel Crest Way
			Madison W1 53716
Please check	one:	AND	Please check:
Support			Do not wish to speak
⅓ Oppose			
Neither	Support Nor Op	pose	
(If you answered "n of who you represen	nt and go on to the next q	t complete the rest juestion)	on other than yourself: Yes No of this form If you answered "yes," provide the name zation you are representing:
		in person or organiz	zation you are representing.
Are you appearing a	for your representation? s part of your other paid o, "STOP; you need not		☐ Yes ☐ No son or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the next
question.)			
Speaking Limits:	Public Hearing (Com		
	Information Hearing. Other Items		

(SEE BACK)

	elected official or employee who is appearing solely on bumental body?	behalf of your office or for your municipality or Yes No
	wered "yes" to the question, STOP. You need not complet If you answered "no" to the question, go on to the next que	
If you are l that:	being paid for your representation, or if your appearance	is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or y with the City Clerk.	your principal must file an authorization
2.	Your principal is not permitted to authorize you to left.	obby unless you are registered with the
3	If your principal spends or will owe more than \$1,00 period (half year), the principal must file expense remainder of the calendar year?	
	o to the City Clerk's website <u>www.cityofmadison.com/cl</u> of the City-County Building, Madison, for more information	
Date	Signature	
	Print Name	



Date: MAY 19 2010

DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common C	ouncil		
		COMMITTEE			
Please Print					
			PRINT NAME CLEA		O
	\mathcal{L}	Name _	DANIEL (1, 0?	SRIEN
Agenda No.		Address	110 S.F	RAN	Y LIN
			MADISON	7	
Please check	one:	AND	Please chec	k:	
Support			Do not	wish to	speak
Oppose					
No:4bas	Support Nor Op				
(If you answered "n of who you represen	you representing an orga o, "STOP; you need not it and go on to the next q elephone number of each	complete the rest (uestion)	of this form. If you answ	ered "yes,"	MNo provide the name
Are you being paid t	for your representation?			Yes	□ No
	s part of your other paid o," STOP; you need not			Yes vered "yes,'	☐ No go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3	minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	ouncil		
Please Print					
		PLEASE	PRINT NAME CLEA	ARLY	
	,	Name _	AARON CR		
Agenda No.	<u>(</u>	Address _	108 PROW	DEIT ST	
			MANTSON	53715	
Please check of	ne:	AND	Please chec	k:	
Support			Do not	wish to speak	
Oppose					
Neither S	upport Nor Op	DOSA			
(If you answered "no, of who you represent	and go on to the next q	t complete the rest o uestion.)	other than yourself: f this form. If you answ tion you are representi		ne name
Are you being paid fo	r your representation?			Yes No	
	part of your other paid " STOP; you need not		on or organization? of this form. If you answ	☐ Yes ☐ No vered "yes," go on to t	the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?	
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)	
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	





DO NOT WISH TO SPEAK FORM

Registration S	Statement	Common C	<u>ouncil</u>		
Please Print					
		PLEASE	PRINT NAME CLE	ARLY	
		Name	JOE BOW	HRDE	
Agenda No		Address	JOE BONG [CAST G MADISON	ICMAN :	104
			MADISON	, UF	
Please check one:		AND	Please che	ek:	
Support			Do no	t wish to sp	eak
Oppose					
Neither Suppo	ort Nor Oppo	ose			
At this meeting are you repr (If you answered "no," STO of who you represent and go Name, address and telephon	P; you need not co on to the next que,	omplete the rest stion)	of this form. If you ans	wered "yes," pr	⊠ No ovide the name
Are you being paid for your	representation?			☐ Yes	⊠'No
Are you appearing as part of (If you answered "no," STO question.)					No on to the next
Infor	ic Hearing (Commo mation Hearing r Items		minutes		

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(If you answe this form. If y	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	ring paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	AY182010 Signature Joseph M. Boward. Print Name 50SEPH M. BOWARDI



Date: 5//8//0

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common C	Council
Please Print	DI EASI	E PRINT NAME CLEARLY
1		CHELCY BOWLES
Agenda No. 🕜	Address	1 LANEDON ST.
Please check one:	AND	Please check:
Support		
Oppose		
Neither Support Nor Op	nose	
of who you represent and go on to the next q Name, address and telephone number of eac	ruestion)	t of this form. If you answered "yes," provide the name ization you are representing:
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)		rson or organization?
Speaking Limits: Public Hearing (Com Information Hearing Other Items		.3 minutes

	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: <u>5/19/10</u>

DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Co	uncil	
Please Print Agenda No.		PRINT NAME CLEARLY VILLIAM PEDEN 1 LANGDON ST MADISON; WIS	
Please check one:	AND	Please check:	
Support		Do not wish to	speak
Oppose			
At this meeting are you representing an or (If you answered "no," STOP; you need to of who you represent and go on to the nex Name, address and telephone number of e	not complete the rest of t question)	this form. If you answered "yes,	☑No " provide the name
Are you being paid for your representation	1?	☐ Yes	□No
Are you appearing as part of your other pa (If you answered "no," STOP; you need n question.)			No go on to the next
Information Hearin	ommon Council)5 n ng3 n 3 n	ninutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common (<u> Council</u>		
Please Print Agenda No.		PLEASI Name Address	EPRINT NAME CLE DIANE KVIDED 147 W. WIN MADISON, W	RA LSON S	순 # <u>~</u> 0 3
Please check of Support Oppose Neither S	ne: [upport Nor Opp	AND ose	Please che		speak
(If you answered "no, of who you represent of	u representing an organ " STOP; you need not of and go on to the next qu ephone number of each	complete the rest estion.)	of this form. If you ans	wered "yes,"	No provide the name
Are you being paid for Are you appearing as a (If you answered "no, question.)	your representation? part of your other paid d "STOP; you need not o	uties for this per complete the rest	son or organization? of this form. If you ans	☐ Yes ☐ Yes wered "yes,"	⊠No ⊠No 'go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	********************	3 minutes		

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
(If you ar this form	nswere . If yoı	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign unswered "no" to the question, go on to the next question.)		
If you ar that:	e bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
1	15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2	The second section is a second second	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3	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 { Room 10	go to 13 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information)		
Date	5/15	Signature Print Name DIANE KVIDERA		



Date: 17 MAY 2010

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil		
Please Print				
Touse Time	PLEASE	PRINT NAME CLE	ARLY	
/	Name	MARK NU	CFADDR	N
Agenda No. #	- Address	MARK W 513 ELMS	SIDE F	LUD
		MADISON		
Please check one:	AND	Please chec	! k:	
Support		_ 区 Do not	wish to s	speak
(M Oppose)				
Neither Support Nor Op	nose			
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest (uestion.)	of this form. If you ansv		No provide the name
Are you being paid for your representation?			□ Yes	₩No
Are you appearing as part of your other paid	duties for this para			V No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			☐ Yes wered "yes,"	No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name



				V												

CITY OF MADISON

	CHI OF WAL	NOCIN	
Registration Statement -	Common Committee	ouncil	
Please Print	PLEASE	PRINT NAME CLEARLY	
Agenda No	Name Address	PETER WOLF 945 Jenneley Madray 5570	示 3
Please check one:	AND	Please check:	
Support		Do not wish to	o speak
✓ Oppose☐ Neither Support Nor Oppose	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	complete the rest of		
Name, address and telephone number of each	n person or organiz	ation you are representing:	
Are you being paid for your representation?		Yes	□ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			
Speaking Limits: Public Hearing (Com	mon Council)5	minutes	

(SEE BACK)

	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are b that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name



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11.	_ 10 - 5 1			 	٠,٠٠٠	<i>f</i>				10 10 10 10 10	
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	San San Carlo	. 1 5		 		_					

DO NOT WISH TO SPEAK FORM

Registration Statemen	t - Common Common Committee	ouncil
Please Print		
	PLEASE	PRINT NAME CLEARLY
Agenda No. #6	Name _	Lisa Pfaff
Agenda No. 46	— Address _	2106 Center Ave #4
		Madism, WI 53704
Please check one:	AND	Please check:
Support		Do not wish to speak
Neither Support Nor	Oppose	
At this meeting are you representing an a (If you answered "no," STOP; you need of who you represent and go on to the need. Name, address and telephone number of	l not complete the rest c ext question)	of this form. If you answered "yes," provide the name
Are you being paid for your representation	0.72	
		Yes No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)		on or organization?
Information Hear	Common Council) 5 ring 3	minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(If you ans this form. 1	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name