Date: April 22, 2008

# **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 P	RINT NAME	CLEARLY	
Report e Agenda No. <u>47</u>	1 Landmarks Corner. 08926	Name /	om Neujon 68 N. Pro Madison	ahr spect Ave	
Please check the app	ropriate box:		Please ch	neck the appropria	ite box:
Support Oppose Neither Su	pport Nor Oppose	AND	Do no	to speak ot wish to speak able to answer ques	stions
(If you answered "no,	ou representing an organiza " <b>STOP;</b> you need not con and go on to the next quest	nplete the rest of			☐ No ' provide the name
Name, address and tel	ephone number of each pe	erson or organizat	ion you are rep	oresenting:	
arom zad					
Are you being paid fo	r your representation?	I'm an	ingloyer.	Yes	□No
	part of your other paid dut "STOP; you need not con				☐ No " go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items		ninutes		

**	elected official or employee who is nmental body?	s appearing solely on behalf of your office or for your municipality or Yes No
	vered "yes" to the question, <b>STOP.</b> You answered "no" to the question	You need not complete the rest of this form, except that you must sign i, go on to the next question.)
If you are both	peing paid for your representation,	or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying with the City Clerk	as a lobbyist, you or your principal must file an authorization
2.	Your principal is not permitted City Clerk.	I to authorize you to lobby unless you are registered with the
3.	* * * *	l owe more than \$1,000 for lobbying services in any reporting all must file expense statements with the City Clerk for the
	to the City Clerk's website <u>wwv</u> of the City-County Building, Madiso	v.cityofmadison.com/clerk/index.html or go to the Clerk's Office at on, for more information)
Date	Signa	ture
	Print	Name

Date: Oct 122, 2008

Registration Statement -	Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name JACK HOLZHURTER  Address 9099 KATZENBUECHEL  MAZOMANIFULL 53560
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and
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	ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question)
Name, address and telephone number of ea	ach person or organization you are representing:
Are you being paid for your representation  Are you appearing as part of your other pai  (If you answered "no," STOP; you need in question.)	
Information Hearin	ommon Council)5 minutes  3 minutes  3 minutes

Are you an elected of other governmental		aring solely on behalf of your office or for your municipality or Yes  Yo
	es" to the question, <b>STOP.</b> You nevered "no" to the question, go o	need not complete the rest of this form, except that you must sign on to the next question)
If you are being paithat:	d for your representation, or if	your appearance is part of other paid duties, please be advised
	re you engage in lobbying as a l the City Clerk	obbyist, you or your principal must file an authorization
	principal is not permitted to au Clerk	uthorize you to lobby unless you are registered with the
perio		more than \$1,000 for lobbying services in any reporting set file expense statements with the City Clerk for the
(Please go to the	City Clerk's website <u>www.cityo</u>	fmadison.com/clerk/index.html or go to the Clerk's Office at
Room 103 of the Cit	-County Building, Madison, for	more information)
Date 125/2	C 2008 Signature	John O. Hala histo
	Print Name	TACK HOLTHUETED

Date: 4/22/08

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. <del>03926</del>	Name Tom Link Address //// Willow Lank
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ı person or organization 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)	duties for this person or organization?   Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council)5 minutes 3 minutes 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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fthe City-County Building, Madison, for more information.)
Date	Signature //
	Print Name / Nomes Link

Date: 4/22/0908

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Michael Bridgemon  Address 106 5 Franklin St  Madison W1 53703
Please check the appropriate boxes:	ૡૡૡૡ૽ૡ૽ૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡૡ
Support Oppose Neither Support Nor Oppos	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an organism (If you answered "no," STOP; you need not of who you represent and go on to the next of t	anization or a person other than yourself:   Yes No  to complete the rest of this form If you answered "yes," provide the name question)
Name, address and telephone number of each	ch person or organization 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)	d duties for this person or organization?  Yes No of complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes

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

		Date	4/22/08
	CITY OF MADI		
Registration Statement	Common Co	uncil	
Please Print			
		INT CLEARLY	5
Agenda No.	NameAddress	Caroyn Fr	2 Williams
	Audiess	Mad	Usa 53763
Please check the appropriate boxes:			
Support Oppose Neither Support Nor Oppose		d Wish to speak Do not wish to s Available to ans	
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next quantum of th	complete the rest of	other than yourself: [fthis form. If you answere	Yes ☐ No d "yes," provide the name
Name, address and telephone number of each	ı person or organiza	tion you are representing:	
Madisa	Trust fart	list- Pres,	
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)			☐ Yes ဪNo ed "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	minutes	

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No
"	red "yes" to the question, <b>STOP.</b> 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:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature Print Name

	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
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	PLEASE PRINT CLEARLY
	Name KOSEMARY LEE
Agenda No. 47	Name ROSEMARY LEE Address (1) W Wilson 53703
Please check the appropriate boxes:	
	and Wish to speak
Support	Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
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	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organization 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)	duties for this person or organization?  Yes No to complete the rest of this form. If you answered "yes," go on to the next
	nmon Council)5 minutes
Information Hearing Other Items	3 minutes

Date: 4-22-08

Are you an elected official or en other governmental body?	loyee who is appearing solely on behalf of your office or for your municipal  Yes No	ity or
	tion, <b>STOP.</b> You need not complete the rest of this form, except that you mus the question, go on to the next question.)	t sign
If you are being paid for your r that:	presentation, or if your appearance is part of other paid duties, please be ad	vised
Before you engage with the City Cle	in lobbying as a lobbyist, you or your principal must file an authorization	
2. Your principal is City Clerk	not permitted to authorize you to lobby unless you are registered with the	
	pends or will owe more than \$1,000 for lobbying services in any reporting the principal must file expense statements with the City Clerk for the alendar year?	
	vebsite <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Offi ling, Madison, for more information.)	ce at
Date	Signature	
	Print Name	

Date: 4/22/08

Registration Statement -	Common Council committee
<u>Please Print</u>	PLEASE PRINT CLEARLY
Agenda No.	Name KONPOSTER  Address 17 Lagens ST  Madison 53714
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ganization or a person other than yourself:   Yes   No ot complete the rest of this form. If you answered "yes," provide the name question)
Name, address and telephone number of ea	sch person or organization you are representing:
Are you being paid for your representation	? ☐ Yes Po
Are you appearing as part of your other part (If you answered "no," STOP; you need nation.)	id duties for this person or organization?  Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council) 5 minutes  3 minutes 3 minutes

	라이트를 보고 있다. 항 등이 살고 있는 것				
Are you an eleother governm	ected official or employenental body?	ee who is appearing	solely on behalf of you		municipality or No
	red "yes" to the question ou answered "no" to the			this form, except tha	t you must sign
If you are bei that:	ng paid for your represo	entation, or if your	appearance is part of c	other paid duties, ple	ase be advised
1	Before you engage in with the City Clerk.	lobbying as a lobbyi	st, you or your princip	al must file an author	rization
2.	Your principal is not p	permitted to authoriz	e you to lobby unless	you are registered w	vith the
3	If your principal spend period (half year), the remainder of the calend	principal must file			5 1 10 100 TO NO. 1 10 10 10
	the City Clerk's webs he City-County Building			ml or go to the Cle	erk's Office at
Date	20/08	Signature	100	140/1	
		Print Name	Konnla	W. Por	tes

Date: 4 - 22 - 08

Registrat	ion Statement	Common C	oun	<u>cil</u>
		COMMITTEE		
Please Print				
		PLEASE F	PRINT	CLEARLY
		Name		Cavol Crossan
Agenda No	-7	Address		512 E Main St
				Madison WI 53703
				1120 WI 33/03
Please check the app	ropriate boxes:			
			<b>3</b>	
Support			and	☐ Wish to speak ☐ Do not wish to speak
Oppose	upport Nor Oppose			Available to answer questions
	upport Not Oppose			
At this meeting are y	ou representing an organi	ization or a perso	n oth	er than yourself: Yes No
(If you answered "no	o," <b>STOP;</b> you need not c	complete the rest	of thi	s form. If you answered "yes," provide the name
oj wno you represent	t and go on to the next qu	estion)		
Name, address and to	elephone number of each	person or organi	zation	you are representing:
Are you being paid f	for your representation?			☐ Yes ☐ No
Are you appearing a	s part of your other paid d	luties for this per	son o	r organization? Yes No
(If you answered "no question)	o," <b>STOP;</b> you need not c	complete the rest	of th	is form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comn	non Council)	5 min	utes
	Information Hearing	ėnosenaniai arabasenananiai naira	3 min	utes
	Other Items	#40###################################	3 min	utes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	vered "yes" to the question, <b>STOP.</b> 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 f the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date:	Ĺ	1/	22/	0%			
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Registration Statement	: - Common Council
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	Name Any Wyatt  - Address 1141 Jenifer
Agenda No. 47	- Address 1141 Jenifer
Please check the appropriate boxes:	
<b>⊠</b> Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Opp	Oose Available to answer questions
(If you answered "no," <b>STOP</b> ; you need of who you represent and go on to the ne.	organization or a person other than yourself: Yes X No not complete the rest of this form. If you answered "yes," provide the name at question.)  each person or organization you are representing:
(If you answered "no," STOP; you need	on? Yes X No  paid duties for this person or organization? Yes No  I not complete the rest of this form. If you answered "yes," go on to the next
question)	
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Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> 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 the City-County Building, Madison, for more information)
Date 4/22/	ob Signature Any Whatt
	Signature Amy Wyatt  Print Name Amy Wyatt

Date: 4-22-08

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Michelle Martin
Agenda No. 47	Address 2217 Superior St Madison 53704
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions se
(If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	anization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name question)  The person or organization you are representing:
Are you being paid for your representation?	? ☐ Yes ☐ No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this person or organization?   Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

Are you an el other governn		yee who is appearii	ng solely on behalf c	of your office or for your municipality or  Yes No
	red "yes" to the questi ou answered "no" to ti			est of this form, except that you must sign
If you are be that:	ing paid for your repre	sentation, or if you	ır appearance is par	rt of other paid duties, please be advised
1	Before you engage in with the City Clerk.	ı lobbying as a lobl	oyist, you or your pr	rincipal must file an authorization
2	Your principal is no City Clerk.	permitted to autho	nize you to lobby u	ınless you are registered with the
3.		ne principal must		obbying services in any reporting ents with the City Clerk for the
	o the City Clerk's we the City-County Buildin			<u>dex.html</u> or go to the Clerk's Office at
Date $4-$	22-08	Signature	MAMa	
		Print Name	Michelle	Martin

0

Date: 4/22/08

Registration Statem	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Alexandrea Hanclot
Agenda No.	- Address 505 University tive out
	Madison W1 1 \$ 3703'
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☑ Do not wish to speak
Neither Support Nor C	Oppose Available to answer questions
(If you answered "no," <b>STOP</b> ; you not of who you represent and go on to the	an 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)  r of each person or organization you are representing:
Are you being paid for your represen	ntation?
	her paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
question)	
question)  Speaking Limits: Public Hearing	ng (Common Council) 5 minutes Hearing 3 minutes

	마마마 사람들은 마마마 사람들이 하는 것이 되었다. 그는 사람들은 사람들이 되었다. 그는 사람들이 되었다. 그는 사람들이 되었다. 그는 사람들이 되었다. 그는 사람들이 사람들이 사람들이 되었다. 사람들이 사용되었다. 그는 사람들이 사용되었다. 그는 사람들이 되었다. 그는 사람들이 사용되었다. 그는 사람들이 사용되었다. 그는 사람들이 사용되었다. 그는 사람들이 사용되었다.
and the second s	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, <b>STOP.</b> 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 bothat:	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 4/	22/08 Signature allet facility
	Print Name AttX(1000kA, H11001TK

Date: 4/22/08

Registra	tion Statement	Common Co	uncil	
		COMMITTEE		
Please Print		PLEASE PR	INT CLEARLY	
		Name	James Rope	
Agenda No.		Address	Tames Rope 146 E. Corhan Madison	
			Madison	
Please check the app	propriate boxes:			
Support Oppose	upport Nor Oppos		d Wish to speak Do not wish to speak Available to answer	
(If you answered "n of who you represen	t and go on to the next q	t complete the rest o vuestion)	other than yourself: You this form. If you answered "you tion you are representing:	
Are you being paid	for your representation?		□ <b>Y</b>	es  No
Are you appearing a (If you answered "n question)	s part of your other paid to," <b>STOP;</b> you need no	duties for this person t complete the rest of	on or organization?	
Speaking Limits:	Public Hearing (Con			
	Information Hearing Other Items		minutes 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, <b>STOP.</b> 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 f the City-County Building, Madison, for more information.)
Date	1/22/08 Signature Jewe Ropa  Print Name Tours Rayous