

Date: 1/30/10

DO NOT WISH TO SPEAK FORM

Registration	Statement	Common Cou	<u>ncil</u>		
Please Print			RINT NAME CLEAR	RLY	
Agenda No.		Address 23	sora Cr so2 Duni	non worly	Dr 53713
Please check one:		AND	Please check		
Support 🤉	8 X 7 au	Knowbno	7	wish to sp	peak
Oppose 2	8 exept	1 x7 adm	endment		
Neither Sup	port Nor Opp	pose			
At this meeting are you in (If you answered "no," is of who you represent and Name, address and telep	STOP; you neea not d go on to the next q	uestion.)	mad your many your		No provide the name
	outation?			☐ Yes	
Are you being paid for y Are you appearing as pa (If you answered "no," question.)			n or organization? f this form. If you ans	☐ Yes wered "yes,"	No go on to the next
F	Information Hearing	mmon Council)5 33	minutes		

Are you an el other governr	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
(If you answe this form. If y	(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 be 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?			
(Please go to Room 103 of th	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			

Date: 11/36/2010



DO NOT WISH TO SPEAK FORM

Registratio	n Statement	Common Cou	ncil		
Please Print		PLEASE P	RINT NAME CLEA	RLY /	
Agenda No	,	Name	amiais Str 1 Talmadas 1adison 9370	5t.	
Please check on	e:	AND	Please check	k:	
Support			Do not	wish to s	peak
Oppose					
Neither Su	ipport Nor Opj	pose			
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	' STOP; you need not and go on to the next q	uestion.)	ims form. If you area		No No Norovide the name
Are you being paid for Are you appearing as (If you answered "no, question.)		1 1 de Conthia manga	on or organization? If this form. If you ans	☐ Yes ☐ Yes wered "yes,"	□ No □ No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	[3	minutes		

Are you an e other government	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	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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Date	Signature
	Print Name



Date: 11/30/2010

DO NOT WISH TO SPEAK FORM

Registration Statement	Common Co	uncil	
Please Print	PLEASE	PRINT NAME CLEA	ARLY
Agenda No. Public Authority Model for Overluce	Name	Dominic S 161 Talma Nadison W	tyker adge st I 93704
Please check one:	AND	Please chec	k:
Support		Do not	wish to speak
Oppose			
Neither Support Nor Opp	pose		
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	complete the rest of uestion.)	f this form. If you ansv	
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 perso	on or organization? of this form. If you ans	☐ Yes ☐ No wered "yes," go on to the nex
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes	

	rnmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name



Date: $\frac{11/\frac{2}{2}6/20/0}{}$

DO NOT WISH TO SPEAK FORM

Registration	Statement - C	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No. <u>Amendare</u> Lte	ent 7 to m 28	Name _ Address _	Dominic Sty 161 Ialmada Madisan	yker = 8+ G3704	
Please check one:		AND	Please chec	k:	
Support			Do not	wish to s	peak
Oppose			·		
At this meeting are you re (If you answered "no," S of who you represent and Name, address and teleph	TOP; you need not con go on to the next ques.	ation or a person mplete the rest o tion.)	f this form. If you answ		⊠ No provide the name
Are you being paid for you Are you appearing as part (If you answered "no," S question.)	t of your other paid dut	ties for this perso	on or organization? of this form. If you answ	☐ Yes ☐ Yes vered "yes,"	☐ No ☐ No go on to the next
In	ablic Hearing (Commo formation Hearing ther Items	3	minutes		

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)			
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Date	Signature			
	Print Name			

Date: 15/30/10



DO NOT WISH TO SPEAK FORM

Registration	on Statement	COMMITTEE	ouncil	
Please Print		-	PRINT NAME CLEA	
Agenda NoOPJ	POSE 28	Name Address	EMAAN ABDE 837 VISTAR NT HOREB,	DGE DR W(53572
Please check on	ie:	AND	Please chec	
Support Oppose	28		Do not	wish to speak
At this meeting are you	" STOP; you need not	nization or a perso	n other than yourself: of this form. If you answ	☐ Yes 전 No vered "yes," provide the name
	ephone number of each		zation you are representi	ng:
Are you being paid for	your representation?			☐ Yes ☑ No
Are you appearing as partial (If you answered "no, question.)	oart of your other paid "STOP; you need not	duties for this per t complete the rest	son or organization? of this form. If you ans	Yes No wered "yes," go on to the nex
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.)
If you are both	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name

Date: 11/30/10



DO NOT WISH TO SPEAK FORM

Registratio	n Statement	Common Co	uncil		
Please Print					
		PLEASE I	PRINT NAME CLEAF	RLY	
SUPPORT	r7 to	Name	EMAAN ABDE	L-HACIA	۸
Agenda No. <u>28</u>	appositi	Address	837 VISTA	21 DG E	DR
			MT HOREB, WI		
Please check one		AND	Please check	r• ↓ •	
Support An	IENDMENT7 +	17EM 28	Do not v	wish to s	peak
Oppose 2	PUBLI	ic Authora	y MODEL		
Neither Su	pport Nor Opp	ose			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not ad go on to the next qu	complete the rest of uestion.) person or organiza	of this form. If you answe		No provide the name
/\\	-seme				
Are you being paid for	your representation?			Yes	No No
Are you appearing as pa (If you answered "no," question.)	art of your other paid STOP; you need not	duties for this pers complete the rest	on or organization? of this form. If you answ	☐ Yes ered "yes,"	No go on to the next
1	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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Date	Signature
	Print Name



DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council
Di D'	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Address Address MANAMA MANAMA
Please check one:	AND Please check:
☐ Support	Do not wish to speak
Oppose	
Neither Support Nor O	ppose
of who you represent and go on to the next	not complete the rest of this form. If you answered "yes," provide the name
- NOVIO 40	
IN SUPPORT O	Flubric ANTHORMY MODEL
Are you being paid for your representation	Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need r question.)	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 ng3 minutes

		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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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Date _		Signature
		Print Name



Date: 4 3010

DO NOT WISH TO SPEAK FORM

Registration Statement	Common Council
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name INDA IND I Address A 480 CHARMAN W 53558
Please check one:	AND Please check:
Support 1 2	Do not wish to speak
Oppose	
Neither Support Nor Opp	oose
At this meeting are you representing an organ (If you answered "no," STOP; 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	person or organization you are representing:
Are you being paid for your representation?	OF PUBLIC HATHORITY MOD
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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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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Date	Signature		
	Print Name		



Date: Date:

Registration	on Statement -	Common Co	uncil		
Please Print			PRINT NAME CLE	ARLY	,
Agenda No		Name	307 W/11 DEFOLE	WESK VA) OC T WI	SULT 53532
Please check on	ie:	AND	Please che	ck:	
☐ Support			Do no	t wish to s	speak
Oppose Neither Si	apport Nor Op	pose	/		
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" STOP; you need no and go on to the next o	ot complete the rest of question.)	this form. If you ans	wered "yes,"	No provide the name
41	V SUPPOR	ZT OUT PO	BIC AU	THOR DE-C	17/
Are you being paid for	your representation?	,	/	Yes	No
Are you appearing as p (If you answered "no, question.)				☐ Yes wered "yes,"	Mo go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 n g3 n 3 n	ninutes		

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? Yes No		
	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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Date	Signature		
	Print Name		



Date: 11 30 10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Cou	ıncil		
Please Print		COMMENTEE			·
		PLEASE P	RINT NAME CLE	ARLY	(
Agenda No)	Name Address	ngela Vel	larati	
			<u>waison</u>	UVIS	\$ 103
Please check or	ie:	AND	Please chec	ek:	
Support			Do not	t wish to s	speak
Oppose	28		,		
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of whom you are address and telement of the second seco	" STOP; you need no and go on to the next o	t complete the rest of a question.)	this form. If you ansv	wered "yes,"	No provide the name
Are you being paid for	your representation?			☐ Yes	No
Are you appearing as a (If you answered "no, question.)	part of your other paid " STOP; you need no	I duties for this person at complete the rest of	or organization? this form. If you ans	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 m 3 m 3 m	inutes		

Are you an elected official or other governmental body?	employee who is appearing s	olely on behalf of your of	fice or for your municipality of Yes No
(If you answered "yes" to the this form. If you answered "no			form, except that you must sigr
If you are being paid for you that:	representation, or if your a	opearance is part of other	paid duties, please be advised
1. Before you eng with the City C	gage in lobbying as a lobbyis lerk.	t, you or your principal mu	ast file an authorization
 Your principal City Clerk. 	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
period (half ye	al spends or will owe more the ear), the principal must file he calendar year?		
Please go to the City Clerk Room 103 of the City-County 1			r go to the Clerk's Office at
Date	Signature		
	Print Name		



Date: 1/30/10

DO NOT WISH TO SPEAK FORM

Registration	Statement - Con	mmon Cou	ncil		·
Please Print	A Public Authority	PLEASE PF	RINT NAME CLEA	RLY	
Agenda No. 24 a	1 (50post)	Name	Jim Weld 1834 Spaint	5k 11 53704	1
Please check one	/	AND	Please checl	k:	
Support Puk	olic Arth-Model +	f	Do not	wish to spe	ak
Oppose 25					
At this meeting are you re	epresenting an organization of the next question	ete the rest of t	ther than yourself: his form. If you answ	☐ Yes ☐ ered "yes," pro] No vide the name
Name, address and teleph	none number of each perso	n or organizati	on you are representin	ng:	
					1×1-
Are you being paid for you appearing as par (If you answered "no," S question.)	our representation? It of your other paid duties STOP; you need not complete	for this person lete the rest of	or organization? this form. If you answ	<u></u>] No] No on to the next
Ir	ublic Hearing (Common C nformation Hearing other Items	3 m	inutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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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Date	Signature		
	Print Name		

Date: 1/(| 3 - 3/(0)



DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Dominge Host S Address (68 rv), Thorson is Madrison i I 5 3000
Please check one:	AND Please check:
Support	Do not wish to speak
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	anization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	
Information Hearing	nmon Council) 5 minutes

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
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Date	Signature
	Print Name



Date: 1/30/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	uncil		_
Please Print			PRINT NAME CLE		
Agenda No. 20			NEO KES 932 CTH VERONA, W		
Please check or		AND	Please che	ck:	
Support &	PUBLIC AUTHORITY AMENDMENT # 7 of	, 3 2f	Do no	t wish to speak	ζ.
Oppose p	PRIVATION S	428			
	upport Nor Oppo				
(If you answered "no, of who you represent of Name, address and tele	u representing an organize of STOP; you need not contained go on to the next quest property of each property and so that the second property is the second property of the second property in the second property is the second property in the second property in the second property is the second property in the second property in the second property is the second property in the second property in the second property in the second property is the second property in the second prope	omplete the rest of stion.) person or organizat	this form. If you ans	AFSCI CUCAL	e the name MP
S \(\alphi\psi_{\beta\psi}\otimes\eta\eta\eta\eta\eta\eta\eta\eta\eta\eta	MISCIC HUIN	anity villa	70		
Are you being paid for	your representation?			☐ Yes #N	lo
Are you appearing as partial (If you answered "no, question.)	part of your other paid du "STOP; you need not co	ities for this persoi complete the rest of	n or organization? Tthis form. If you an	Yes AN swered "yes," go on	o to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 r	minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
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Date	Signature		
	Print Name		

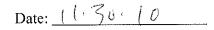


Date: $\frac{11/30/10}{}$

DO NOT WISH TO SPEAK FORM

Registrati	on Statement - ַ	Common Co	ouncil	
Please Print			PRINT NAME CLE	ARI V
Agenda No. <u>28</u>		NameAddress	Rose Gov 130 Symh Madiso	insky Impade Lane Ny W1 537/3
Please check or	ie:	AND	Please che	ck:
Support	1 1 1	į.	Do no	t wish to speak
Oppose ()	mless Hindu	dos Amas		
Neither S At this meeting are yo			, ,	√ Yes
(If you answered "no, of who you represent o	" STOP; you need not	t complete the rest o	f this form. If you ans	wered "yes," provide the name
Name, address and tel	ephone number of eac	h person or organiza	ntion you are represent	ing:
Are you being paid for	your representation?			Yes No
Are you appearing as j (If you answered "no, question.)	oart of your other paid " STOP; you need not	duties for this person the complete the rest of	on or organization? If this form. If you ans	Yes No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes	

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Date	Signature		
	Print Name		





DO NOT WISH TO SPEAK FORM

Registration Sta	tement - <u>Common Co</u> u	ıncil
	COMMITTEE	
Please Print	PLEASE P	RINT NAME CLEARLY
Agenda No. <u>28</u>	Name —————————————————————————————————	Mark Bitney 25,34 hoard st Madison WI 53704
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support	Nor Oppose	
(If you answered "no," STOP ; of who you represent and go on	nting an organization or a person of you need not complete the rest of to the next question.) Limber of each person or organization.	this form. If you answered "yes," provide the name
Are you being paid for your rep Are you appearing as part of yo	resentation? ur other paid duties for this person	☐ Yes ☐ No or organization? ☐ Yes ☐ No
(If you answered "no," STOP; question.)	you need not complete the rest of	this form. If you answered "yes," go on to the next
Informa	Iearing (Common Council)5 m tion Hearing3 m ems	inutes

		ected official or employenental body?	ee who is appea	ring solely on behalf		or for you	r municipality or No
,		red "yes" to the question ou answered "no" to the		•		ı, except th	aat you must sign
If you that:	are bei	ing paid for your represe	entation, or if y	our appearance is pa	rt of other paid	d duties, p	lease be advised
	1.	Before you engage in l with the City Clerk.	obbying as a lo	bbyist, you or your p	rincipal must f	ile an auth	orization
	2.	Your principal is not p City Clerk.	ermitted to aut	norize you to lobby	unless you are	registered	with the
	3.	If your principal spend period (half year), the remainder of the calence	principal must				
		o the City Clerk's webs the City-County Building,			<u>dex.html</u> or go	to the C	lerk's Office at
Date _	/(.	30-10	Signature Print Name	Mark	K Br Bitv	Thy	7



Date:	H-30-	10
	v - 1	f.

DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Co	uncil
Please Print	•••	PRINT NAME CLEARLY
Agenda No. <u>28</u>	NameAddress	Heidi Conde 215 Martin Luther King; Blud, Madison
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor O	ppose	
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 next Name, address and telephone number of e	not complete the rest of ct question.)	f this form. If you answered "yes," provide the name
AFSOME L	scal 60	
		·
Are you being paid for your representation	n?	☐ Yes ☑ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need question.)	aid duties for this perso not complete the rest o	n or organization?
Information Heari	ommon Council)5 ng3 ng3 ng3 ng	minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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 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.	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 at he City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



Date: $\frac{11302010}{302010}$

DO NOT WISH TO SPEAK FORM

Registration	on Statement -	Common Cot	ıncil	
Please Print		PLEASE P	RINT NAME CLEARL	
Agenda No)	Name	WILLIAM L 725 CHAP MADISON	MAN ST
Please check or	ie:	AND	Please check:	
Support			Do not wis	sh to speak
Oppose	Agenda 17	TEM 28		
Neither S	upport Nor Oj	ppose		
(If you answered "no, of who you represent o	" STOP; you need no and go on to the next ephone number of ea	question.)	this form. If you answered on you are representing:	Yes □ No I "yes," provide the name
Are you being paid for Are you appearing as part (If you answered "no, question.)	part of your other pai	d duties for this person	or organization?	Yes No Yes No d "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council)5 m g3 m 3 m	ninutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	red "yes" to the question ou answered "no" to th		ed not complete the rest of this form, except that you must sign to the next question.)
If you are beithat:	ng paid for your repres	sentation, or if yo	ur appearance is part of other paid duties, please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lob	byist, you or your principal must file an authorization
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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)			
Date	11/30/10	Signature	Willing
	<i>I</i>	Print Name	WILLIAM B. LARIMORK



Date: 14/30/2010

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 🔑 💝	Name DAVG BULC Address 4809 BULIS AU MODISON WI
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor O _J	ppose
of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest of this form. If you answered "yes," provide the name question.) ch person or organization you are representing:
IN SUPPORT OF PU	cal 60 blie Athority model
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.)	_ ′
Information Hearing	mmon Council)5 minutes g

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



Date: _	
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Registrati	on Statement - ַ	Common Co	ouncil		
Please Print		COMMITTEE			
1 lease 1 time		PLEASE	PRINT NAME CLE	ARLY	
Agenda No	28	Name _ Address _	Roderyck 4804 LOS	m Adams	
		_	MARISON.	w;	
Please check or	ie:	AND	Please chec	ck:	
Support			Do not	t wish to speak	
Oppose					
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of Name, address and telescopic and telescopi	" STOP; you need not and go on to the next q	t complete the rest o nuestion.)	of this form. If you ans	Yes No Nowered "yes," provide the nan	ne
Are you being paid for	· your representation?			☐ Yes ☑ No	
Are you appearing as j (If you answered "no, question.)	part of your other paid "STOP; you need no	duties for this person to complete the rest of	on or organization? of this form. If you ans	Yes No No wered "yes," go on to the ne	xt
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality on 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 beithat:	ng 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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	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 <u>///</u>	Print Name Bodenick in Adams



Date: __///3910___

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	COMMITTEE	uncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No.		Name Address	Sathler Ki 1725 SV 1 AFSCN	idear Baldu	2117
Please check or	ie:	AND	Please chec	k:	
Support			Do not	wish to s	speak
Oppose of	38				
Neither S	upport Nor Op	pose			
of who you represent of	" STOP; you need no and go on to the next o	ot complete the rest o question.)	other than yourself: f this form. If you answ ation you are representi		□No provide the name
Are you being paid for	r your representation?	•		☐ Yes	JN6
Are you appearing as j (If you answered "no, question.)	part of your other paid " STOP; you need no	d duties for this person of complete the rest of	on or organization? If this form. If you answ	Yes wered "yes,"	DNo go on to the next
Speaking Limits:	Information Hearing	mmon Council)5 33	minutes		

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)					
If you are beithat:	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?					
	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

Registrati	on Statement -	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No	8		Sheila Sir 6021 Rose L Madison 53	n 27	
Please check or	ie:	AND	Please chec	ek:	
Support			Do not	wish to speal	k
Oppose					
At this meeting are yo (If you answered "no, of who you represent o	" STOP; you need no and go on to the next of	nization or a persor t complete the rest o question.)	f this form. If you ansv		
Name, address and tele	ephone number of eac	h person or organiza	ntion you are representi	ing:	
Are you being paid for	your representation?			Yes N	No
Are you appearing as partial (If you answered "no, question.)	part of your other paid "STOP; you need no	duties for this person discomplete the rest of	on or organization? of this form. If you answ	Yes N wered "yes," go on	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)					
If you are beithat:	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?					
	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					



Date: Nov. 30, 2010

DO NOT WISH TO SPEAK FORM

Registration Statement	COMMITTEE	uncil		
Agenda No. 28 (cprese)	Name S	PRINT NAME CL PCOT MY C 402 Rego Madron, Wil	illough it Sh Apt 304	
Please check one:	AND	Please ch		
Support Amendment 7 Depose Public author	to them 28 its Model	Do no	ot wish to speak	
Neither Support Nor Opp				
item 28				
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next questions.	complete the rest of	other than yourself: this form. If you ar	Yes No nswered "yes," provide the nan	ıe
Name, address and telephone number of each	/s = 2.00 miles		enting:	
Student Labor Ac	Dan Coa	1, From		_
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 persor complete the rest of	n or organization? Tthis form. If you a	Yes No nswered "yes," go on to the ne.	xt
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3 n	ninutes		

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)					
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised					
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?					
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)						
Date <u>Voc</u>	30,200 Signature for me allowed. Print Name Scot Mcallongh					



Date: 4/30/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common C	ouncil		
Please Print		DI EASE	PRINT NAME O	Y EADI V	·
Agenda No.		Name	RICK M N6824 6N	ARX.	
Please check of Public Support	ne: Authority Mand+70F2	AND		not wish to	
✓ Oppose✓ Neither S	OVERALE AN	opose C	MITERNATE PI	2(UA712	ATUN
(If you answered "no,	ou representing an organ organ organ organ organ organ organ or the next of each of ea	t complete the rest (question.)	of this form. If you	answered "yes," Af	No provide the name SCME ALEO
Are you being paid fo	r your representation?			Yes	No.
Are you appearing as (If you answered "no, question.)	part of your other paid " STOP; you need no	duties for this pers to complete the rest	on or organization? of this form. If you	?	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	,3	minutes		

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?						
, v v	(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 beithat:	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?						
	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: 1/30/2010

DO NOT WISH TO SPEAK FORM

Registration		Common Cour	ncil		
Please Print		PLEASE PR	INT NAME CLEA	RLY	
Agenda No. 28		Name Address M	255 hber 5 W John dison, WI	ves son st 13703	
Please check on	ſ	AND	Please check	ζ:	
	imendnent 7 Gerda 28		Do not	wish to spea	k
Oppose a	Genda 28				
Neither St	upport Nor Oppo	ose			
(If you answered "no, of who you represent a	u representing an organize of STOP; you need not contained go on to the next quest of each produced for Action Contained and Contained C	omplete the rest of th stion.)	is form. If you answ	ered "yes," provid	No le the name
Are you being paid for	your representation?			☐ Yes ☐	No
Are you appearing as p (If you answered "no, question.)	oart of your other paid du "STOP; you need not co	ties for this person on the complete the rest of the	or organization? nis form. If you answ	Yes Viered "yes," go on	No to the next
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items	3 mii	nutes		

-	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, 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:	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 11/2	Signature From A Was net



Date: _	<u> 11/30 </u>
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Registration S	tatement - Comm	non Cour	ncil		and the latest the second seco
Please Print	ne service se constante dische periodica di control e discheri communità della		INT NAME CLEA		
A mendment through	N A		celemento. 05 Crystal Madison:		7
Pablic Authori Please check one:	fy Made/ AN	4D	Please check	k:	
Support			Do not	wish to s	peak
Oppose					
Neither Suppo	ort Nor Oppose				
At this meeting are you represent answered "no," STO of who you represent and go Name, address and telephone	P; you need not complete on to the next question.)	the rest of th	nis form. If you answ	ered "yes," [No provide the name
Are you being paid for your Are you appearing as part of (If you answered "no," STO question.)	your other paid duties for	this person of the rest of the	or organization? his form. If you answ	☐ Yes ☐ Yes æred "yes,"	☐ No ☐ No go on to the next
Infor	c Hearing (Common Cour mation Hearingr Items	3 mii	nutes		

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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 beithat:	ing 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 he City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			



Date:	11/30/10	

Registrat	ion Statement	Common Cou	ncil	
Please Print			RINT NAME CLEARLY	
Agenda No. The	40kg/138	Name Address AND	TATION HOWP 305 (TYSTER LAI Madism 53). Please check:	n.e 7/4
Support			Do not wish to	speak
Oppose				
Neither S	Support Nor Opp	pose		
(If you answered "no of who you represent	ou representing an organ b," STOP; you need not and go on to the next que elephone number of each	complete the rest of the complete the rest of the complete the complet	his form. If you answered "yes,'	No No provide the name
Are you being paid fo	or your representation?		☐ Yes	□No
Are you appearing as	part of your other paid	duties for this person complete the rest of t		□ No
Speaking Limits:	Public Hearing (Communication Hearing Other Items		nutes	

-	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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 beithat:	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 he City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			



Date: ///30/10

DO NOT WISH TO SPEAK FORM

Registration Statement - Common Council
Please Print Support Publicatuling the PLEASE PRINT NAME CLEARLY Name Address BOS CIPISTAL LAMP Agenda No. 28 Oppose Address BOS CIPISTAL LAMP Agenda 93 54pport Address Hollism
Please check one: Support Public Authority Model Oppose Amendment 7 to 28 and 3 Neither Support Nor Oppose AND Please check: Do not wish to speak
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing

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:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
Ĩ.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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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



Date:	- 143	3/10

CITY OF MADISON

Registration Stater	ment - Common Council	
Please Print	PLEASE PRINT NA	ME CLEARLY
Agenda No	Name Greto Address 2050 Madic	hen Lowe rystal Ln son w153714
Please check one:	AND Plea	ase check:
□ Support		Do not wish to speak
Oppose		
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to	ng an organization or a person other than uneed not complete the rest of this form.	yourself:
Name, address and telephone number	ber of each person or organization you ar	e representing:
Amount 1		
Are you being paid for your represe	entation?	Yes No
	other paid duties for this person or organi u need not complete the rest of this form.	zation? Yes No If you answered "yes," go on to the next
Information	ring (Common Council)5 minutes n Hearing	

(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 both	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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Registrati	on Statement -	Common Co	uncil		
Please Print Agenda No.		PLEASE P Name Address	PRINT NAME CLEAN AND AND AND AND AND AND AND AND AND AND AND AND AND AND AND AND AND AND AND	RLY Tel La) (A L V 1 4
Please check of Support	ne:	AND	Please check		speak
Oppose Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent	and go on to the next q	t complete the rest of question.)	other than yourself: This form. If you answe ion you are representin		☐ No provide the name
Are you being paid fo	part of your other paid	duties for this person	n or organization?	☐ Yes	☑ No
(If you answered "no, question.) Speaking Limits:	" STOP; you need no Public Hearing (Com Information Hearing	nmon Council)5 n 3 n 3 n	this form. If you answe ninutes ninutes	ered "yes,"	go on to the next

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
. • •	wered "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:	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 your principal must file an authorization with the City Clerk.
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 11-30-10



DO NOT WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil		
Please Print	•••••	PRINT NAME CLEA	ADI V	
Agenda No. <u>28</u>	Name	ROCH GERSBA 838 N. 17 MADISON	KCH AIR OH	TS AVE.
Please check one:	AND	Please chec	k:	
Support		Do not	wish to s	peak
Oppose				
Neither Support Nor Op	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 of Name, address and telephone number of each Local 251 1 AT	t complete the rest question.) th person or organiz	of this form. If you answ		□ No provide the name
	and the second s			
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 perst t complete the rest	son or organization? of this form. If you answ	☐ Yes wered "yes,"	No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	, , , , , , , , , , , , , , , , , , ,	3 minutes		

Are you an elected official or employ other governmental body?	ee who is appearing solely	on behalf of your of	fice or for you Yes		
(If you answered "yes" to the question this form. If you answered "no" to the			form, except th	hat you must sign	
If you are being paid for your repres that:	entation, or if your appear	ance is part of other	paid duties, p	lease be advised	
1. Before you engage in with the City Clerk.	lobbying as a lobbyist, you	or your principal mu	ist file an auth	orization	
2. Your principal is not City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
Ŧ î î	ds or will owe more than \$ e principal must file expendar year?		•		
Please go to the City Clerk's webs Room 103 of the City-County Building			r go to the C	Clerk's Office at	
Date/(~ 3 0 ~ / 0	Signature Print Name	OCH GEK	SBACI-	<i>f</i>	



Date: 11/30/10

DO NOT WISH TO SPEAK FORM

Registration	Statement - <u>Co</u>	mmon Co	uncil	
Please Print		PLEASE I	PRINT NAME CLEA	ARLY
Agenda No. <u>28</u>		Address	Larry Le 1901 Norta Madison, W	hwestern
Please check one:		AND	Please chec	:k:
Support			Do not	wish to speak
Oppose				
At this meeting are you rep	OP; you need not comp	on or a person lete the rest o	other than yourself: f this form. If you ansv	Yes
Name, address and telepho	ne number of each person			ing:
Are you being paid for you	r representation?			☐ Yes ☐ No
Are you appearing as part of (If you answered "no," ST question.)	of your other paid duties COP; you need not comp	for this perso lete the rest o	n or organization? f this form. If you ans	☐ Yes ѼNo wered "yes," go on to the nex
Info	olic Hearing (Common Cormation Hearing Per Items	3	minutes	

Are you an eleother governm	ected official or employenental body?	ee who is appeari	ng solely on behal	f of your office	e or for you Yes	
	red "yes" to the question ou answered "no" to the		-		m, except th	nat you must sign
If you are bei that:	ng paid for your represe	entation, or if yo	ur appearance is p	art of other pa	id duties, p	lease be advised
1.	Before you engage in l with the City Clerk.	obbying as a lob	byist, you or your	principal must	file an auth	orization
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.	If your principal spend period (half year), the remainder of the calend	principal must	· ·		•	
	the City Clerk's webs he City-County Building,			<u>ndex.html</u> or g	go to the C	Elerk's Office at
Date <u>///</u> 3	0/10	Signature	Jan	and the second second		
		Print Name	Larry	Leu		



Date: 1/30/2010

DO NOT WISH TO SPEAK FORM

Registratio	n Statement	Common Co	uncil		
<u>Please Print</u>		PLEASE I	PRINT NAME CLEA	ARLY	
Agenda No. 28		Address	William He 2671 Dahle Madison W	51	3704
Please check one	: :	AND	Please chec	k:	
Support	-		Do not	wish to s	peak
Oppose			·		
Neither Su	pport Nor Opp	pose			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not ad go on to the next que on to the next que ohone number of each	complete the rest of uestion.)	this form. If you answ		□ No provide the name
Are you being paid for y Are you appearing as pa (If you answered "no," question.)	art of your other paid	duties for this perso complete the rest o	n or organization? f this form. If you ansv	☐ Yes ☐ Yes wered "yes," g	No No on to the next
	Public Hearing (Com Information Hearing Other Items	3	ninutes		

•		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 that:	ı are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised					
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	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
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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	11/30,	12010 Signature William M Heyly Print Name William M Heyly					

Date: 11/30/10



DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 28	Name Kailen Fernander Address 514 E. Washington Are xt2 Malison, in £ 5370>
Please check one:	AND Please check:
Support	Do not wish to speak
M Oppose	
Neither Support Nor O	ppose
(If you answered "no," STOP ; you need not of who you represent and go on to the next	
	ch person or organization you are representing:
1 H 1 > E. LOCAL 3 >	
Are you being paid for your representation	? Yes PNo
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	id 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 g3 minutes3 minutes

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?						
	(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)						
If you are beithat:	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						



Date:	
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Registratio	n Statement -	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	RLY	
Agenda No. 🕺 🖇 / 🧍	3 3	Address _	raren OLI 1637 WO Madisah	19ht.	5 t 5 3 2 0 4
Please check on		AND	Please check	K:	
Support 7	3440=7-7	7o4 28	Do not	wish to sp	eak
Dppose 2	S				
Neither Su	ipport Nor Op	pose			
of who you represent a	' STOP; you need no nd go on to the next o	t complete the rest o question.)	n other than yourself: of this form. If you answe	ered "yes," pr	No ovide the name
Are you being paid for	your representation?			☐ Yes [No
Are you appearing as p (If you answered "no," question.)	art of your other paid ' STOP; you need no	I duties for this pers to to the rest	on or organization? of this form. If you answ		No o on to the next
	Public Hearing (Con Information Hearing Other Items	_; 3	minutes		

Are you an eleother governm		e who is appea	aring solely on behalf of your office or for your municipality or Yes No		
	red "yes" to the question ou answered "no" to the		eed not complete the rest of this form, except that you must sign to the next question.)		
If you are bei that:	ng paid for your represe	ntation, or if y	your appearance is part of other paid duties, please be advised		
1.	Before you engage in lewith the City Clerk.	obbying as a lo	obbyist, you or your principal must file an authorization		
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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date <u>//-3</u>	0-10	Signature	Karenolever		
		Print Name	Karen OFIVER		



Registrati	on Statement -	Common Co	uncil		
Please Print Agenda No. 6 26	drum T	PLEASE I Name Address	PRINT NAME CLEAF Mychael B 310 N t Malysa	RLY ounds Prispect NI	Ave 53°Mi
Please check or	ie:	AND	Please check		
Support			Do not v	vish to s	peak
Oppose			-,		
At this meeting are yo (If you answered "no, of who you represent o	" STOP; you need no and go on to the next o	nnization or a person t complete the rest of question.)	other than yourself: f this form. If you answell tion you are representing		No provide the name
Are you being paid for Are you appearing as I (If you answered "no, question.)	part of your other paid	I duties for this perso	n or organization? f this form. If you answe	☐ Yes ☐ Yes red "yes,"	No No on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		

		cted official or employe ental body?	e who is appear	ing solely on behalf of your office or for your municipality or Yes No	
		ed "yes" to the question, u answered "no" to the c		ed not complete the rest of this form, except that you must sign to the next question.)	
If you a that:	re bein	g paid for your represe	ntation, or if yo	our appearance is part of other paid duties, please be advised	
	1.	Before you engage in lowith the City Clerk.	obbying as a lob	byist, you or your principal must file an authorization	
2	2.	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 go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date	<u> </u>	U-ZOLO	Signature Print Name	Michael Rounds	



Date:	
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Registration Statement	COMMITTEE	ouncil	
Please Print		PRINT NAME CLEAR	
Agenda No	Name // Address _	Male 1 120 S. 1St Mcclison	honas St WI 53704
Please check one:	AND	Please check	
Support Anadnest Oppose Neither Support Nor Opp		Do not w	vish to speak
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest o	n other than yourself: of this form. If you answer	☐ Yes ☐ No ed "yes," provide the name
Name, address and telephone number of each AFSCME Le 232-9393		<i>f t f</i>	g:
University alle	Medis		
Are you being paid for your representation?		**	Yes No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)	luties for this perso complete the rest o	on or organization? of this form. If you answe	☐ Yes ☐ No red "yes," go on to the next
Speaking Limits: Public Hearing (Comm Information Hearing Other Items	3	minutes	

Are you an elected official or emploother governmental body?	oyee who is appear	ing solely on behalf of y	your office or for you Yes	ur municipality or No
(If you answered "yes" to the quest this form. If you answered "no" to t		~	of this form, except t	hat you must sign
If you are being paid for your repr that:	esentation, or if yo	our appearance is part o	f other paid duties,	please be advised
1. Before you engage i with the City Clerk.	n lobbying as a lob	byist, you or your princ	ipal must file an aut	horization
 Your principal is no City Clerk. 	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
period (half year), t	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 we Room 103 of the City-County Buildi			html or go to the	Clerk's Office at
Date	Signature			
	Print Name			



Date: ///30//

DO NOT WISH TO SPEAK FORM

Registration	on Statement - ַ	Common Co	ouncil	
Please Print			PRINT NAME CLEA	ARLY
Agenda No.	A	Name _ Address _	Fredore 675 Oase	Than Polege FD SI 53575
Please check or	ne:	AND	Please chec	k:
Support			Do not	wish to speak
Oppose				
Neither S	upport Nor Op	pose		
of who you represent o	" STOP; you need not and go on to the next q	t complete the rest (juestion.)	other than yourself: of this form. If you answ ation you are representi	Yes No No Nered "yes," provide the name
Are you being paid for	your representation?			Yes No
Are you appearing as full (If you answered "no, question.)	part of your other paid " STOP; you need no	duties for this pers t complete the rest	on or organization? of this form. If you answ	Yes No vered "yes," go on to the nex
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes	

Are you an elother government	ected official or employee who is appearing solely on behalf of your office or for your municipality on 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 beithat:	ing 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 he City-County Building, Madison, for more information.)			
Date	11/30/10 Signature Print Name Fullment Thems			



Date: ///30/10

DO NOT WISH TO SPEAK FORM

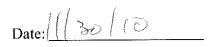
Registration Stateme	ent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 28	Name OCSSE Shill and Address 7613 Gray Fox Tru. Madiom wit \$371
Please check one: Support	AND Please check: Do not wish to speak
Oppose	Do not wish to spour.
Neither Support No	r Oppose
(If you answered "no," STOP ; 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 to next question.) To feach person or organization you are representing:
Are you being paid for your represen	tation?
Are you appearing as part of your oth (If you answered "no," STOP; you need question.)	ner 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
Information H	g (Common Council)5 minutes Hearing

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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		



Registrati	on Statement -	Common Cor	uncil	
Please Print		PLEASE P	RINT NAME CLE	EARLY
Agenda No. <u></u> 對了(2×28	NameAddress	TANA PUIN 307 WIN, DEFOREST	OVER N COURT
Please check or	ne:	AND	Please che	eck:
Support Support			Do no	ot wish to speak
Oppose				
Neither S	upport Nor Op	ppose		
(If you answered "no, of who you represent	" STOP; you need no and go on to the next	question.)	this form. If you an	Yes No No swered "yes," provide the name
Name, address and te		ch person or organizat)	iting: <u>AUTHORITY</u> WJODEL
AF	CUTE LO	CAL 60		
Are you being paid fo	r your representation?	•		☐ Yes ☐ No
Are you appearing as (If you answered "no question.)	part of your other paid." STOP; you need no	d duties for this person ot complete the rest of	n or organization? Tthis form. If you an	Yes No aswered "yes," go on to the nex
Speaking Limits:	Information Hearing	nmon Council)5 n g3 n	ninutes	

		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.)	
If you that:	are be	eing 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 _		Signature	
		Print Name	





Registration Staten	nent - Common Co	uncil
Please Print Suffert 7-28 Agenda No.		PRINT NAME CLEARLY Divinique Hoskins Down Many Son
Please check one: Support Americant Oppose	AND	Please check: Do not wish to speak
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to	g an organization or a person of the second of the second complete the rest of	other than yourself: Yes No Yourself: Yes," provide the name
Name, address and telephone number of the Local		ion you are representing:
question.)	other paid duties for this person In need not complete the rest of	this form. If you answered "yes," go on to the next
Information	ring (Common Council)5 r a Hearing3 r	minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
If you are be that:	ing 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 he City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				



Date: [1 30 10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common C	<u>ouncil</u>	
Please Print		PLEASE	PRINT NA	AME CLEARLY
Agenda No. 1- He	m 28	Address		Jellandita Dayton son, WI 53703
Please check or		AND		ase check:
Support /	4 mendinent	7-28		Do not wish to speak
Oppose	(Public Aut	honty	
Neither S	upport Nor Op	pose M	wel!	
of who you represent	"STOP; you need no and go on to the next of each	et complete the rest question.) ch person or organiz	of this form.	If you answered "yes," provide the nam
At	SCME (0		

Are you being paid fo				☐ Yes ☐ No zation? ☐ Yes ☐ No
Are you appearing as (If you answered "no, question.)	part of your other paid " STOP; you need no	I duties for this pers of complete the rest	son or organi of this form.	zation? Yes No If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	Ç	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 'the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		





CITY OF MADISON

Registrati	on Statement - ַ	Common Co	ouncil		<u></u>
Please Print GMENDMENT # Agenda No.	7 to 28	PLEASE Name Address	PRINT NAME CLI Mark Bit 2534 ho ladizon W	EARLY tuey and St F 537	L ² 04
Please check or	ie:	AND	Please che	eck:	
Support			Do no	ot wish to s	peak
Oppose					
Neither St	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent of	" STOP; you need not	t complete the rest o	other than yourself: f this form. If you an	∑Yes aswered "yes," p	☐ No provide the name
Name, address and tele	ephone number of each	h person or organiza	tion you are represen	nting:	
Are you being paid for	your representation?			Yes	No
Are you appearing as p (If you answered "no, question.)	oart of your other paid " STOP; you need not	duties for this person the complete the rest of	n or organization? f this form. If you ar	☐ Yes nswered "yes," g	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

(SEE BACK)

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
100	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 bein that:	ing 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 <u>//- 3</u> .	0.10 Signature Mank BMM		
	Print Name Mark Bitne		



Date:	11-30	row 10
		t har

Registrati	on Statement	Common Co	uncil		
Please Print			PRINT NAME CLEA	ARLY	
Amena Agenda No. #25	dment 7 to	Name Address	Heidi Co 215 Martin Blud, Mad	nde	er King, J
Please check or	ie:	AND	Please chec	: k:	
Support Support			Do not	wish to s	speak
Oppose					
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of who and the same, address and telements and telements and telements are your property of the same of the	" STOP; you need no. and go on to the next q	t complete the rest og question.)	this form. If you ansy		□ No provide the name
Are you being paid for Are you appearing as a (If you answered "no, question.)	oart of your other paid	l duties for this perso t complete the rest o	n or organization? f this form. If you ans	☐ Yes ☐ Yes wered "yes,"	☐ No ☐ No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		

Are you an el other 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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	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



11/30/10



DO NOT WISH TO SPEAK FORM

Registration Stateme	ent - <u>Common Co</u>	uncil
Please Print	PLEASE F	PRINT NAME CLEARLY
Agenda No.		WILLIAM LARIMORE 725 CHAPMAN ST MADISON 5371
Please check one:	AND	Please check:
Support Amendment Oppose	+ #7 +28	Do not wish to speak
Neither Support Nor	r Oppose	
of who you represent and go on to the Name, address and telephone number	red not complete the rest of next question.)	this form. If you answered "yes," provide the name
Are you being paid for your representa	ation?	☐ Yes ☐ No
Are you appearing as part of your othe (If you answered "no," STOP; you ne question.)		n or organization? Tyes TNo this form. If you answered "yes," go on to the next
Information He	g (Common Council)5 r earing3 r	ninutes

Are you an elected offici other governmental body		on behalf of your office or for your municipalit	ty or
	the question, STOP. You need not com! I "no" to the question, go on to the next	plete the rest of this form, except that you must question.)	sign
If you are being paid for that:	your representation, or if your appeara	nnce is part of other paid duties, please be adv	rised
1. Before yo with the C		or your principal must file an authorization	
2. Your prin City Clerk		to lobby unless you are registered with the	
period (ha		,000 for lobbying services in any reporting se statements with the City Clerk for the	
	Clerk's website <u>www.cityofmadison.com</u> nty Building, Madison, for more informa	n/clerk/index.html or go to the Clerk's Offication.)	e at
Date 11/30/10	Signature W	J BOY	
, ,	Print Name	DILLIAM B LARIMORE	~



Date: 11/30/2010

DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Col	uncil		
Please Print Agenda No. AMGM 7 FJ8	tment.	Name D	RINT NAME CLEA AUG BULL 1802 ALLI MADISON	S AVE	
Please check on	ie:	AND	Please chec	ek:	
Support			Do not	wish to s	peak
Oppose			<i>)</i>		
Neither Su	ipport Nor Opp	oose			
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" STOP; you need not and go on to the next qu	complete the rest of uestion.) person or organization	this form. If you ansv		□ No provide the name
Are you being paid for	your representation?			Yes	No
Are you appearing as p (If you answered "no," question.)	part of your other paid of STOP; you need not	duties for this person complete the rest of	or organization? this form. If you answ	Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Cominformation Hearing Other Items	3 m	ninutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental 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 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 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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	
-------	--

CITY OF MADISON

Registrati	on Statement -	Common C	ouncil	<u> </u>	
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No2\S	3	Name Address	Jennifer Ti 65 Merlha Madison		
Please check or	ie:	AND	Please chec	ck:	
Support			Do not	t wish to s	speak
Oppose					
Neither S	upport Nor O	ppose			
(If you answered "no, of who you represent a	" STOP; you need n and go on to the next	ot complete the rest question.)	n other than yourself: of this form. If you ans ation you are represent	wered "yes," _/	□ No provide the name
Are you being paid for	r your representation	?		Yes	⊠(No
Are you appearing as partial (If you answered "no, question.)	part of your other pa " STOP; you need n	id duties for this pers ot complete the rest	on or organization? of this form. If you ans	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Information Hearin	mmon Council)	minutes		

(SEE BACK)

yee who is appearing solely on behalf of your office or for your municipalit Yes No	y or
on, STOP. You need not complete the rest of this form, except that you must be question, go on to the next question.)	sign
sentation, or if your appearance is part of other paid duties, please be adv	ised
lobbying as a lobbyist, you or your principal must file an authorization	
permitted to authorize you to lobby unless you are registered with the	
nds 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 indar year?	
osite <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office g, Madison, for more information.)	e at
Signature Print Name Jennifer Tyler	
	Yes No on, STOP. You need not complete the rest of this form, except that you must be question, go on to the next question.) sentation, or if your appearance is part of other paid duties, please be advelobbying as a lobbyist, you or your principal must file an authorization permitted to authorize you to lobby unless you are registered with the loads 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 loader year? In the loads of the clerk's Office of the loads of the clerk's Office of the loads on, for more information.) Signature





Registration Statement -	Common Council
Public Authority 25 Agenda No. Model 25	PLEASE PRINT NAME CLEARLY Name Mark Bitney Address 2534 hoard St Madison WF S3704
Please check one:	AND Please check:
Support	Do not wish to speak
 □ Oppose □ Neither Support Nor Op	pose
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	t complete the rest of this form. If you answered`"yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing:
•	· · · · · · · · · · · · · · · · · · ·
Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes

Are you an ele other governm	ected official or employee v ental body?	who is appearing s	olely on behalf of	your office or for	
	red "yes" to the question, S ou answered "no" to the qu			of this form, exce	pt that you must sign
If you are bein that:	ng paid for your representa	ation, or if your a	opearance is part of	of other paid dutie	es, please be advised
1.	Before you engage in lobb with the City Clerk.	bying as a lobbyist	, you or your princ	cipal must file an	authorization
2.	Your principal is not pern City Clerk.	mitted to authorize	you to lobby unle	ess you are registe	ered with the
3.	If your principal spends of period (half year), the pr remainder of the calendar	rincipal must file			
	the City Clerk's website he City-County Building, M	***************************************		<u>.html</u> or go to ti	he Clerk's Office at
Date <u>[[] </u>		Signature	Mark	Bitue. Bitue.	1



Date: 11 30 10

DO NOT WISH TO SPEAK FORM

Registration St		mmon Cou	ncil		
Please Print		PLEASE PR	RINT NAME CLEAF	RLY	
Agenda No. PUBLIC F	DEL	Name	WILLIAM 725 CHA	CAMA	S7
			MADISO	Syl	53711
Please check one:		AND	Please check	:	
Support			Do not v	wish to s	peak
Oppose					
Neither Support	rt Nor Oppose				
At this meeting are you represent (If you answered "no," STON of who you represent and go on the Name, address and telephone Puß	P; you need not complon to the next question number of each person	lete the rest of t n.) m or organization	his form. If you answe	g:	
Are you being paid for your re Are you appearing as part of y (If you answered "no," STOP	our other paid duties	for this person lete the rest of t	or organization? his form. If you answe	☐ Yes ☐ Yes ered "yes,"	No No So on to the next
Inform	Hearing (Common C nation Hearing Items	3 m	inutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
fyou answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign is form. If you answered "no" to the question, go on to the next question.)				
you are being paid for your representation, or if your appearance is part of other paid duties, please be advised 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.				
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.)				
ite 11 30 10 Signature Will-Por				
Print Name WILLIAM B LARIMORE				



Date: 11/30/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Cou	ıncil	
Please Print Agenda No.		PLEASE PI	RINT NAME CLEA Stephea 227 Skak	Fleis Chrisi
Please check of Support Oppose Neither S	ne: upport Nor Op	AND	Please chec	ek: wish to speak
(If you answered "no, of who you represent a Name, address and tel	" STOP; you need no and go on to the next que ephone number of each		this form. If you answon	
Are you being paid for Are you appearing as a (If you answered "no, question.) Speaking Limits:	part of your other paid " STOP; you need no Public Hearing (Con Information Hearing	l duties for this person	this form. If you answ inutes inutes	☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the nex

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?			
	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 beinthat:	ng 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 Stephen Fleischman			



Date:	11-30-10	

Registration St	tatement - Common C	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. <u>Public f</u> Mode l	Name Address	Heidi Conde 215 Martin Luther King, Ir. Blud., Madison
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Suppo	rt Nor Oppose	
(If you answered "no," STO of who you represent and go Name, address and telephone	on to the next question.) number of each person or organiz	of this form. If you answered "yes," provide the name
AFSUME	E Local 60	
Are you being paid for your r	representation?	☐ Yes XNo
Are you appearing as part of (If you answered "no," STO question.)	your other paid duties for this pers P; you need not complete the rest	son or organization?
Inform	c Hearing (Common Council) nation Hearing 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.)		
If you are both	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: <u>1//30/2010</u>

DO NOT WISH TO SPEAK FORM

Registration Statemen	nt - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. Public Authority Model	Name DAVE BILL Address 4802 ALLIS AV Madlson WF
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
☐ Neither Support Nor	Oppose
(If you answered "no," STOP; you nee of who you represent and go on to the n	organization or a person other than yourself: Yes No d not complete the rest of this form. If you answered "yes," provide the name next question.) f each person or organization you are representing:
Are you being paid for your representat	ion? Yes No
Are you appearing as part of your other (If you answered "no," STOP; you nee question.)	paid duties for this person or organization? Yes No No ed not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	(Common Council)5 minutes aring3 minutes3 minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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 beithat:	ng 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 the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date	Signature			
	Print Name			



Date: // /30/2010

DO NOT WISH TO SPEAK FORM

Registratio	n Statement	Common Co	<u>ouncil</u>		
Please Print		DI FASE	PRINT NAME C	I FARI Y	
Agenda No. #	7 Em 28		Hoderic 4804 L MADKON	ck Ada	:2714
Please check on	e:	AND	Please cl	heck:	
Support	-		Do 1	not wish to s	peak
Oppose					
Neither Su	pport Nor Opp	ose			
At this meeting are you (If you answered "no," of who you represent and Name, address and tele	STOP; you need not on the next quality of the next quality and go on to the next quality.	complete the rest of estion.)	of this form. If you do	answefed-"yes," _[□ No provide the name
Are you being paid for Are you appearing as pa (If you answered "no," question.)	art of your other paid d	luties for this pers	on or organization? of this form. If you	Yes Yes answered "yes,"	No No go on to the next
	Public Hearing (Comn Information Hearing Other Items	3	minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality other governmental body?					
		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 that:	are bein	ng 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 <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 _	11/	Signature Hoder M Adams Print Name Loder M Adams			



Date: 1/30/26/9

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil
Please Print	COMMITTEE	
	PLEASE	PRINT NAME CLEARLY
OU Hook	Name	Godenet Adams
Agenda No. <u>fl/p/16 fl/ff/DK111</u>	Address	4004 W15 WN
model '	_	MADION, W; 52714
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		•
Neither Support Nor Op	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 Name, address and telephone number of each	t complete the rest o uestion.)	f this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☐ No on or organization? ☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		on or organization? [] Yes [] No If this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes

	Albert Miller of			
Are you an e other govern	lected 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.)			
If you are be 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?			
Room 103 of	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 Fight White Print Name Findent M. Adams			



CITY OF MADISON

Registrati	on Statement - ַ	Common Cou	uncil	-			
Please Print PIMENDMENT 7 Agenda No. 28		PLEASE PRINT NAME CLEARLY Name Kathlean Rideout Address 425 N Baldwin Acsome 60					
Please check or		AND	Please check: Do not wish to speak				
Oppose	Support PUBLIC Oppose PUTHORITO Neither Support Nor Oppose Do not wish to speak Oppose						
(If you answered "no, of who you represent o	and go on to the next q	complete the rest of tuestion.)	other than yourself: Yes No this form. If you answered "yes," provide to the you are representing:	he name			
Are you being paid for			☐ Yes ☐ No				
Are you appearing as j (If you answered "no, question.)			n or organization? Yes L. No this form. If you answered "yes," go on to	the nexi			
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 m	ninutes				

(SEE BACK)

Are you an elected official or empother governmental body?	loyee who is appearing	ng solely on behalf of your of	fice or for you Yes	r municipality or
If you answered "yes" to the ques his form. If you answered "no" to			form, except ti	nat you must sign
If you are being paid for your rephat:	presentation, or if you	ir appearance is part of other	paid duties, p	lease be advised
Before you engage with the City Clerk	· ·	oyist, you or your principal mu	ist file an auth	orization
 Your principal is r City Clerk. 	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
period (half year),	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 v Room 103 of the City-County Build			r go to the (Elerk's Office at
Date	Signature			
	Print Name			

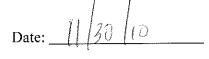


Date:	11-30-10
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DO NOT WISH TO SPEAK FORM

Registrati	on Statement	COMMITTEE	uncil		
Please Print		PLEASE I	PRINT NAME CLEA	ARLY	
Agenda No2\s	-Amendment II 7	Name	Sheila Si 6021 Ros Madison.	ms e berg Rd 53719	
Please check or	ne:	AND	Please chec	:k:	
Support Support		,	Do not	wish to speak	
Oppose					
At this meeting are yo (If you answered "no, of who you represent to	upport Nor Oppour representing an organ "STOP; you need not and go on to the next que phone number of each	nization or a person complete the rest of uestion.)	f this form. If you ansv	☐ Yes ☑No vered "yes," provide the n	name
Are you being paid for Are you appearing as (If you answered "no,	r your representation?	duties for this perso	n or organization?	☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the	next
question.) Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 1	minutes		

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, 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:	ng 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 <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			

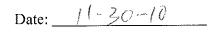




DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	COMMITTEE	Council	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Please Print			PRINT NAME CL		
Agenda No. <u>28</u>			ERIN WENZE 2321 TRACEN FIRHERE		
Please check or	ie:	AND	Please cho	eck:	
Support			Do no	ot wish to speak	K
Oppose					
At this meeting are yo (If you answered "no, of who you represent of what, address and telescopic and telescopic address and telescopic a	" STOP; you need no and go on to the next o	ot complete the rest question.)	of this form. If you ar	iswered "yes," provide	
Are you being paid for	r your representation?	,		☐ Yes [♣]ÝN	0
Are you appearing as I (If you answered "no, question.)	part of your other paid	d duties for this per	son or organization? of this form. If you ar	☐ Yes ☐ Ń	
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	<u>,</u>	3 minutes		

Are you an el other governn	-	e who is appear	ring solely on behalf of your offic	ce or for you Yes	ır municipality or ্রি No
	red "yes" to the question, ou answered "no" to the q		red not complete the rest of this for to the next question.)	rm, except t	hat you must sign
If you are bei that:	ng paid for your represer	ntation, or if y	our appearance is part of other p	aid duties, j	please be advised
1.	Before you engage in lo with the City Clerk.	obbying as a lol	bbyist, you or your principal mus	t file an autl	horization
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3,		principal must	nore than \$1,000 for lobbying ser t file expense statements with the	•	
_	the City Clerk's websit he City-County Building,		nadison.com/clerk/index.html or nore information.)	go to the	Clerk's Office at
Date [1/30	0(00	Signature Print Name	En Werrel		· ·





DO NOT WISH TO SPEAK FORM

Registration Statement	Common Cou	ıncil
Please Print	PLEASE PI	RINT NAME CLEARLY
Agenda No. <u>77028</u>	Address	ROCH GERSBACH 838 N. FAIR OAKS AUF MADISON WI.
Please check one:	AND	Please check:
✓ Support✓ Oppose		Do not wish to speak
Neither Support Nor Opp	oose	
of who you represent and go on to the next qu	complete the rest of t uestion.)	this form. If you answered "yes," provide the name
Name, address and telephone number of each		
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 complete the rest of t	or organization?
Speaking Limits: Public Hearing (Communication Hearing Other Items	3 m	inutes

	n elected official or employernmental body?	ee who is appear	ing solely on behalf of your offi	ce or for you		
	wered "yes" to the question If you answered "no" to the		ed not complete the rest of this for to the next question.)	orm, except i	hat you must sign	
If you are that:	being paid for your represe	entation, or if yo	our appearance is part of other p	oaid duties,	please be advised	
1.	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 p City Clerk.	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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)						
Date	-30-10	Signature) m Din	1		
		Print Name	ROCH GERSB	4614		

Date: 11-30-10



DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. NBLIC AUTH Sh MODEL	Name ROCH GERSBACH Address 838 N. FAIR OAKS AVE MADISON, WI
Please check one:	AND Please check:
Support Support	Do not wish to speak
Oppose	
Neither Support Nor Op	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	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:
IATSE LOCAL 25	1
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 to the next complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	red "yes" to the question, ou answered "no" to the q			of this form, except	that you must sign	
If you are beinthat:	ng paid for your represen	tation, or if yo	our appearance is part of	of other paid duties,	please be advised	
1.	Before you engage in lol with the City Clerk.	bbying as a lob	byist, you or your princ	cipal must file an aut	horization	
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 he City-County Building, I			.html or go to the	Clerk's Office at	
Date <u>// - 3</u>	30-10	Signature Print Name	Roch G	ERSBACH		



Date: 11/30/10

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 47	Address _	Larry Lee 1901 Northwestern Madison, W.F. 53704
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
of who you represent and go on to the next q	t complete the rest (question.)	of this form. If you answered "yes," provide the name
Name, address and telephone number of each I ATSE 25/		zation you are representing:
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	I duties for this person	☐ Yes ☐ No son or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the nex
Speaking Limits: Public Hearing (Com Information Hearing Other Items	3	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.)				
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?				
	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	30 / 10 Signature Zang Zang Print Name Lurry Lux				



Date:	11/	30/	10

DO NOT WISH TO SPEAK FORM

Registration Statement	Common Council COMMITTEE	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No. Public Author Model	Name Larry Lee Address 1901 Northwest Madison, WI	rn 5 3704
Please check one:	AND Please check:	
Support	Do not wish to s	peak
Oppose		
Neither Support Nor Opp	oose	
(If you answered "no," STOP ; you need not of who you represent and go on to the next question, address and telephone number of each	nization or a person other than yourself: \(\frac{1}{1}\textityes\) complete the rest of this form. If you answered "yes," puestion.) In person or organization you are representing:	□ No provide the name
Are you being paid for your representation?	☐ Yes	Ů 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?	☑No go on to the next
Information Hearing.	mon Council)5 minutes	

Are you an elected of other governmental l	official or employee who is appearing solely on behalf of your office or for your municipality or body?
	es" to the question, STOP. You need not complete the rest of this form, except that you must sign wered "no" to the question, go on to the next question.)
If you are being pai that:	d for your representation, or if your appearance is part of other paid duties, please be advised
	re you engage in lobbying as a lobbyist, you or your principal must file an authorization the City Clerk.
	principal is not permitted to authorize you to lobby unless you are registered with the Clerk.
perio	ur principal spends or will owe more than \$1,000 for lobbying services in any reporting d (half year), the principal must file expense statements with the City Clerk for the inder of the calendar year?
	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at p-County Building, Madison, for more information.)
Date <u>1//30/</u>	10 Signature Imp
÷	Print Name Lurry Le &



Date: 11/30/2010

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Committee	ouncil
Please Print		PRINT NAME CLEARLY
Agenda No. #7 up to Item 28		William Henly 2621 Dahle st. Madison Wis 53704
Please check one:	AND	Please check:
		Do not wish to speak
Oppose		
☐ Neither Support Nor Op	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 quality Name, address and telephone number of each telephone numbe	nuestion.) h person or organiza	n other than yourself: Yes No of this form. If you answered "yes," provide the name zation you are representing:
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		Yes No Son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	3 minutes

Are you an ele other governm		e who is appea	ring solely on behalf of your o	office or for you Yes	r municipality or No
	ed "yes" to the question, u answered "no" to the q		eed not complete the rest of thi to the next question.)	s form, except ti	hat you must sign
If you are bein that:	ng paid for your represer	ntation, or if y	our appearance is part of other	er paid duties, p	please be advised
1.	Before you engage in lo with the City Clerk.	bbying as a lo	bbyist, you or your principal r	nust file an auth	norization
2.	Your principal is not pe City Clerk.	ermitted to aut	horize you to lobby unless yo	u are registered	with the
3.		principal mus	nore than \$1,000 for lobbying t file expense statements with		
	the City Clerk's websit e City-County Building,		madison.com/clerk/index.html nore information.)	or go to the (Clerk's Office at
Date 11/30	/2016	Signature	William & He	/ m l i i	
		Print Name	Will OF TO		



Date: 11/30/2010

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	uncil	
Please Print Agenda No. Publo	ž.	Name //	PRINT NAME CLEARLY Uilliam Henly 2671 Davic St Mudison Wis	53704
Please check or	ie:	AND	Please check:	
Support Oppose	•		\(\times\) Do not wish	to speak
	upport Nor Op	pose		
of who you represent of	" STOP; you need not and go on to the next q	complete the rest of uestion.)	other than yourself: This form. If you answered " tion you are representing:	Yes
	Public a	uthor/14	Model	
	Iat S	e. 251		
Are you being paid for Are you appearing as parties (If you answered "no, question.)	part of your other paid	duties for this perso complete the rest of		
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 1	minutes	

		ected official or employee w nental body?	/ho is appea	ring solely on behalf of your off	ice or for your munic Yes X No	
		red "yes" to the question, SI ou answered "no" to the que		eed not complete the rest of this for to the next question.)	orm, except that you	must sign
lf you that:	ı are bei	ing paid for your representat	tion, or if y	our appearance is part of other	paid duties, please be	e advised
	1.	Before you engage in lobby with the City Clerk.	ying as a lo	bbyist, you or your principal mu	st file an authorizatio	'n
	2.	Your principal is not perm City Clerk.	nitted to aut	horize you to lobby unless you a	are registered with th	e
	3.		ncipal must	nore than \$1,000 for lobbying set t file expense statements with t		
		the City Clerk's website y he City-County Building, Ma		nadison.com/clerk/index.html or nore information.)	go to the Clerk's	Office at
Date _	11/30	<u>12010</u> s	ignature	willian M HE	1	
	,	P	rint Name	Willian M HE	114	
					V V	



Date: 11/30/10____

DO NOT WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. Am tud memo X7 to item x 28	Name	Knilen Fernander 514 E. www.ington Me AZ Madison wf 53703
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
□ Neither Support Nor Op	pose	
(If you answered "no," STOP ; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest (question.) h person or organiz	n other than yourself: Yes No of this form. If you answered "yes," provide the name ration you are representing:
IATSE Local 2)	
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 pers t complete the rest	on or organization?
Speaking Limits: Public Hearing (Com Information Hearing Other Items	3	3 minutes

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of other governmental 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		
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 at the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date: _//- 30 -/0

DO NOT WISH TO SPEAK FORM

Registration		mmon Co	uncil	
Please Print		PLEASE I	PRINT NAME CLEARLY	r
Agenda No.	<u> 28</u>	- \	Thery/1 Gray 1483 Silicon Terona, WI	frairie PKW 5359 3
Please check one:	£	AND	Please check:	
Support 9	Ey omend ? item # 2	' To 8	Do not wis	h to speak
	port Nor Oppose			
At this meeting are you rep (If you answered "no," ST of who you represent and g	T OP; you need not comple	ete the rest o	other than yourself: f this form. If you answered	Yes
Name, address and telephone A F S C F	one number of each person	n or organiza W	tion you are representing:	ode)
Are you being paid for you				Yes No
Are you appearing as part (If you answered "no," ST question.)	of your other paid duties if OP; you need not comple	for this perso ete the rest o	n or organization? f this form. If you answered	Yes No "yes," go on to the next
Infe	olic Hearing (Common Coormation Hearing	3 1	ninutes	

=	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality other governmental 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		

Date: 11 30 10



DO NOT WISH TO SPEAK FORM

Registration Stateme	nt - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 28	Name AONGUS O HURCHADHA Address (27 W. BLAIR ST. MADISON
Please check one:	AND Please check:
☐ Support☐ Oppose☐ Neither Support Not	Do not wish to speak Oppose
(If you answered "no," STOP; you not of who you represent and go on to the	n organization or a person other than yourself: Yes X No ed not complete the rest of this form. If you answered "yes," provide the name next question.) of each person or organization you are representing:
Are you being paid for your represents Are you appearing as part of your othe (If you answered "no," STOP; you no question.)	tion?
Information H	(Common Council)5 minutes aring

Are you an e	lected 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.)
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





DO NOT WISH TO SPEAK FORM

Registrati	on Statement - ַ	Common C	Council			
Please Print	28	COMMITTEE PLEASE	E PRINT NA	AME CLE	ARLY	
Agenda No. Public Mo		Name Address	Debora 1617 M	ah S Tarr dsn,	prodagon WI	Dr 53716
Please check or	ne:	AND	Ple	ase chec	ek:	
Support	•	•••		Do not	t wish to	speak
Oppose						
Neither St	upport Nor Op	pose				
At this meeting are you (If you answered "no, of who you represent of the Name, address and tele	" STOP; you need not and go on to the next q ephone number of eacl	t complete the rest ruestion.)	of this form.	If you ansv	_	No provide the name
Are you being paid for Are you appearing as p (If you answered "no, question.)	part of your other paid	duties for this per t complete the rest	son or organi of this form.	ization? . <i>If you ans</i>	☐ Yes ☐ Yes wered "yes,"	No
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 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:	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 he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: ///30//0

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Co	uncil		
Please Print	28		PRINT NAME CLE	ARLY	
Agenda No. <u>Public</u> Made 1 O	c Authority	NameAddress	That Nh.	ND-1	7
Please check o	ne:	AND	Please chec	ek:	
Support			Do not	t wish to s	speak
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 and go on to the next questions of each and go on to the next questions of each and go on to the next questions of each and go on the next questions of the next	t complete the rest o nuestion.)	f this form. If you ansv		□ No provide the name
	or your representation?	duties for this perso	n or organization?	☐ Yes	□ No
	," STOP; you need no			wered "yes,"	go on to 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 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.)
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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



Date: 11/30

DO NOT WISH TO SPEAK FORM

Registration S		ommon Coul	ncil		
Please Print	28		INT NAME CLEA		
Agenda No. Public A Model	wthority	Name Lo Address 10	rey Larso, N Few	St. Madiso	η, W
Please check one:		AND	Please chec	k:	
Support			Do not	wish to speak	
Oppose					
Neither Suppo	ort Nor Oppos	e			
At this meeting are you represent answered "no," STO of who you represent and go Name, address and telephone	P ; you need not com on to the next questi	plete the rest of thom.) son or organization	is form. If you answ	vered "yes," provide	
	and the second s			□ Vas ∇I Na	
Are you being paid for your and Are you appearing as part of (If you answered "no," STO question.)	your other paid dutie			∐ Yes ☑ No □ Yes ☑ No vered "yes," go on t	o
Inform	c Hearing (Common mation Hearing Items	3 mir	nutes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
1 V V	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:	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 he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 11/3a/2010

DO NOT WISH TO SPEAK FORM

Registration Statement	COMMITTEE	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	Address	John B. Elliatt. 2402 Hored St. MALGON, Wat, 53704
Please check one:	AND	Please check:
Support Oppose Neither Support Nor Opp	oose	Do not wish to speak
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest	n other than yourself: Yes No No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organiz	ation you are representing:
IN SUPPORT		BIC ATRONIV ACOL
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)	duties for this pers	son or organization?
Speaking Limits: Public Hearing (Communication Hearing Other Items		3 minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)			
If you are being paid for y that:	our representation, or if your appearance is part of other paid duties, please be advised			
1. Before you with the Cit	engage in lobbying as a lobbyist, you or your principal must file an authorization y Clerk.			
2. Your princi City Clerk.	pal is not permitted to authorize you to lobby unless you are registered with the			
period (half	cipal spends or will owe more than \$1,000 for lobbying services in any reporting year), the principal must file expense statements with the City Clerk for the f the calendar year?			
•	erk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ty Building, Madison, for more information.)			
Date 1//39/2010	Signature Quant Office			
1	Print Name / Salara 13. 61/161/			



Date: 11 30 10

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council
Please Print 28	PLEASE PRINT NAME CLEARLY
Agenda No. Poblic Authorfa	Name Cook Sold Sold Sold 53718
Please check one:	AND Please check:
Support Support	Do not wish to speak
Oppose	
Neither Support Nor O	ppose
of who you represent and go on to the next	ot complete the rest 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.)	
Information Hearing	mmon Council) 5 minutes g

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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	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



Date:	11.	130	110

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	uncil		
Please Print	28	PLEASE	PRINT NAME CLEA		
Agenda No. <u>Pvbl</u> ic	· Authority Model	Name	Benjamin 1115 E L	Icallitie	
Please check or	ie:	AND	Please chec	ek:	
Support			Do not	t wish to spea	ak
Oppose					
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent a Name, address and tele	" STOP; you need no and go on to the next o	t complete the rest o question.)	f this form. If you ansv		No Vide the name
Are you being paid for	r your representation?			Yes] No
Are you appearing as [(If you answered "no, question.)	part of your other paid " STOP; you need no	I duties for this person to complete the rest of	n or organization? f this form. If you ans	Yes wered "yes," go o] No on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	33	minutes		

Are you an elected official or emploother governmental body?	yee who is appearing	ng solely on behalf of you		municipality or No
(If you answered "yes" to the questi this form. If you answered "no" to th			his form, except tha	at you must sign
If you are being paid for your represhat:	esentation, or if you	er appearance is part of ot	her paid duties, ple	ease be advised
1. Before you engage in with the City Clerk.	n lobbying as a lobb	yist, you or your principal	l must file an autho	rization
 Your principal is no City Clerk. 	t permitted to autho	rize you to lobby unless y	ou are registered v	vith the
period (half year), t	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 we Room 103 of the City-County Buildin			<u>l</u> or go to the Cl	erk's Office at
Date	Signature	· · · · · · · · · · · · · · · · · · ·		
	Print Name _			

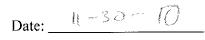


Date: 11 30 10

DO NOT WISH TO SPEAK FORM

Registrat	on Statement	Common C	ouncil		
Please Print Publi Agenda No. Mo	28 c Anthority del	Name	PRINT NAME CLE AONGUS O 127 N. BL	HURCUAD AIR ST.	
Please check o	ne:	AND	Please che	ck:	
Support	-		Do no	t wish to s	speak
At this meeting are you (If you answered "no of who you represent	upport Nor Oppout representing an organ "STOP; you need not and go on to the next qualephone number of each	ization or a person complete the rest destion.)	of this form. If you ans	wered "yes," _.	No provide the name
Are you appearing as	r your representation? part of your other paid of '' STOP; you need not '			☐ Yes ☐ Yes swered "yes,"	No □ No go on to the next
Speaking Limits:	Public Hearing (Comm 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?			
· <i>v</i> •	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 bein 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 a clear control of the Clerk's Office at a clear control of the Clerk's Office at a clear clear control of the Clerk's Office at a clear			
Date	Signature			
	Print Name			





Registration S	tatement - Com	mon Counci		<u></u>
Please Print Agenda No.	, , , , , , , , , , , , , , , , , , ,	Vame	NAME CLEARLY SECTION OF THE SECTION	2to +108
Please check one: Support Oppose Neither Support	An ort Nor Oppose	1D	Please check: Do not wish to spea	k
of who you represent and go	PP; you need not complete on to the next question.) e number of each person of	the rest of this for	orm. If you answered "yes," provid	de the name
question.) Speaking Limits: Publi	your other paid duties for	the rest of this factorial)5 minute	orm. If you answered "yes," go or s s	No Ño 1 to the next

•	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 t that:	being 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: 1(-3\infty-16)

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council
Please Print Agenda No. Amatato +28	PLEASE PRINT NAME CLEARLY Name Address 533 W Man S4 #108
Please check one: Support	AND Please check: Do not wish to speak
☐ Oppose☐ Neither Support Nor Oppose	ppose
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
	who serve the people of Madron
Are you being paid for your representation? Are you appearing as part of your other paid	
	ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipation other governmental body?	
1 P P	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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Date	Signature
	Print Name



DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	uncil	
Please Print Public Auto	nority Undel	PLEASE Name Address	PRINT NAME CLE Michael () <33 W.L	ARLY Liedo Lan #102
Please check or Support Oppose	ie:	AND	Please chec	ek: wish to speak
At this meeting are yo (If you answered "no,	upport Nor Opp u representing an organ " STOP; you need not and go on to the next qu	nization or a person complete the rest o	other than yourself: f this form. If you ans	Ves □ No Vered "yes," provide the name
	ephone number of each 2 3 Ho Number Example 1	,	tion you are represent la red re Le remen endorsem	ing: Est of the Sering this
	part of your other paid	duties for this perso	n or organization?	Yes No Yes No wered "yes," go on to the next
question.) Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes	

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
, P V	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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Date	Signature
	Print Name

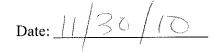


Date: 11/30/10

DO NOT WISH TO SPEAK FORM

Registration	on Statement -	Common Co	ouncil		
Please Print			PRINT NAME CLE	ARLY	
Agenda No)	Name _ Address _	Heidi We 1941 E Da Madison	egleitu yton:	er 3t. 537-04
Please check on	e:	AND	Please chec	ek:	
Support			Do not	t wish to s	peak
Oppose					
Neither Su	ipport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	' STOP; you need no nd go on to the next q	t complete the rest o question.)	f this form. If you ansv		No provide the name
Are you being paid for	your representation?			☐ Yes	□No
Are you appearing as p (If you answered "no," question.)	art of your other paid			— ☐ Yes	□ No
	Public Hearing (Con Information Hearing Other Items	3	minutes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(0)	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:	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 he City-County Building, Madison, for more information.)
Date	Signature
	Print Name





CITY OF MADISON

Registratio	on Statement	Common Co	ouncil		
Please Print Public Agenda No.	Authority 28 Model	PLEASE	PRINT NAME CLEA teidi Wegl 1941 E Day Madison	either yton S	-
Please check on Support	e:	AND	Please chec		, ,
☐ Oppose☐ Neither St	ipport Nor Opj	pose			
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	" STOP; you need not nd go on to the next q	complete the rest of uestion.)	f this form. If you answ	vered "yes," p	No provide the name
Are you being paid for Are you appearing as p (If you answered "no," question.)	part of your other paid			☐ Yes ☐ Yes wered "yes," g	☐ No ☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

(SEE BACK)

Are you an eleother government	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 beinthat:	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 he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	· · · · · · · · · · · · · · · · · · ·	1301	10
		,	67

Registrati	on Statement -	Common Cou	uncil	
Please Print		PLEASE P	RINT NAME CLEARLY	
Agenda No.	28	Name Address	ALRON CRANDALL 108 PRONDETT ST MANISON, WI 53215	
Please check or	ne:	AND	Please check:	
Support			Do not wish to speak	
Oppose				
Neither S	upport Nor Op	pose		
of who you represent of	" STOP; you need not and go on to the next q	t complete the rest of i uestion.)	other than yourself: Yes No No this form. If you answered "yes," provide the name to you are representing:	ne
Are you being paid for	r your representation?		☐ Yes ☐ No	
Are you appearing as j (If you answered "no, question.)			or organization? Yes No this form. If you answered "yes," go on to the ne	xi
Speaking Limits:	Information Hearing	mon Council)5 m 3 m 3 m	ninutes	

•	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.)	
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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Date	Signature	
	Print Name	



Date:		130/10
	٠,	1 1 1 / 1

Registration Statement -	Common Coul	ncil
Please Print		INT NAME CLEARLY
Agenda No. 28, AMENIA # 7	Name	AARON CRANDALL 108 PROUDELT ST MARTSON, WI 53715
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor Op	ppose	
At this meeting are you representing an organized (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest of th question.)	is form. If you answered "yes," provide the name
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 of the complete the rest of the	r organization?
Information Hearing	nmon Council)5 mir g3 mir 3 mir	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?				
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)			
If you are 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 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 of the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			



Date:	1/-	3/)	-70
	7 1		

Registrati	on Statement	COMMITTEE	ouncil
Please Print Agenda No.	78	PLEASE I Name Address	PRINT NAME CLEARLY Lunan Lamus 210 Maruntte Mr.
Please check or	ne:	AND	Please check:
Support			Do not wish to speak
Oppose			
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need not and go on to the next qu	nization or a person complete the rest of uestion.)	other than yourself: Yes No of this form. If you answered "yes," provide the name ation you are representing:
1/22	M. Was	A.	
Are you being paid for	· your representation?	-	Yes No
Are you appearing as partial (If you answered "no, question.)	part of your other paid or stop; you need not	duties for this perso complete the rest o	on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 1	minutes

		cted official or employee ental body?	e who is appe	aring solely on behalf of	your office or for your mu	unicipality or No
		ed "yes" to the question, u answered "no" to the q			t of this form, except that y	vou must sign
If you ar that:	re bein	g paid for your represer	ntation, or if	your appearance is part	of other paid duties, pleas	e be advised
1		Before you engage in lo with the City Clerk.	bbying as a l	obbyist, you or your pri	ncipal must file an authoriz	ation
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 websit e City-County Building,			<u>x.html</u> or go to the Cleri	k's Office at
Date /	1-2	0-10	Signature	Lubar	Vehnity	
			Print Name			



Date:	
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CITY OF MADISON

Registrati	on Statement	Common Co	ouncil	
Please Print			PRINT NAME CLEARLY	
Agenda No. 🔌 🖔	, Am 7	Name /	Kyle Szarzynski	
Please check or	ne:	AND	Please check:	
Support			Do not wish to speak	
Oppose				
Neither S	upport Nor Opp	pose		
(If you answered "no, of who you represent	" STOP; you need not and go on to the next qu	complete the rest of uestion.)	other than yourself: Yes No f this form. If you answered "yes," provide the tion you are representing:	name
Are you being paid fo	part of your other paid	duties for this persor	☐ Yes ☐ No on or organization? ☐ Yes ☐ No	
(If you answered "no, question.)	" STOP; you need not	complete the rest of	f this form. If you answered "yes," go on to th	ie next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3 n	minutes	

(SEE BACK)

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality omental 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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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office a the City-County Building, Madison, for more information.)			
Date/_	$\frac{130 10}{\text{Signature}} \qquad \frac{2}{\text{Signature}} \qquad $			
	rincipalite ryle - 2 ar 2 y n 3rc r			



Date:	

CITY OF MADISON

Registration Statement -	Common Co	uncil
Please Print	l	PRINT NAME CLEARLY
Agenda No. Amendment 7 Henry 28		Andy Heidt 3802 Johns Mad.
Please check one:	AND	Please check:
Support Americant 7 Oppose Hen 28	's a fallic Antho Mode	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	tum that the family anization or a person of complete the rest of	other than yourself: Yes No f this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organiza	tion you are representing:
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this perso	☐ Yes ☐ No n or organization? ☐ Yes ☐ No f this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 1 33 1	minutes

(SEE BACK)

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? Yes No
	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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Date	Signature
	Print Name



Date: 11 30 18

DO NOT WISH TO SPEAK FORM

Registration Statement	Common Co	uncil
Please Print	PLEASE !	PRINT NAME CLEARLY
Agenda No. <u>28 (appesso</u>	Name Address	11 ME HOVE 20 SOUTH FIRST STREET ADISON 53704-5212
Please check one:	AND	Please check:
Support amendment y Depose Cagarda idem	lymodal 1	Do not wish to speak
Neither Support Nor Opp	pose	
Jidema8		
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next quantity	complete the rest of	other than yourself: Yes No No fthis form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organiza	tion you are representing:
afsame 171		
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 perso complete the rest of	n or organization? Yes No f this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3 1	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 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.)
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Date	Signature
	Print Name



Date: $\frac{11}{30}/10$

DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Council	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No. <u>2</u> 8	Name Staly LEVIN Address 201 Dempsey Pd. Madison, W 53714	
Please check one:	AND Please check:	
Support	Do not wish to speak	
Oppose		
Neither Support Nor O	ppose	
(If you answered "no," STOP; you need r of who you represent and go on to the next	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the not question.) The person or organization you are representing:	ате
Are you being paid for your representation	n?	
Are you appearing as part of your other pa (If you answered "no," STOP; you need r question.)	nid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the r	next
Information Hearin	ommon Council)5 minutes ng	

-	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, 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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Date	Signature
	Print Name



Date: 1/30/10

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement - ַ	Common Cou	ncil	- Centina and Cent	****
Please Print Agenda No.			ant name clea		
Please check o Support Oppose Neither S	ne: upport Nor Op	AND	Please chec	k: wish to	speak
(If you answered "no of who you represent	ou representing an orga " STOP; you need not and go on to the next q lephone number of each	t complete the rest of the complete the rest of the complete the compl	his form. If you answ	vered "yes,"	No provide the name
Are you appearing as	or your representation? part of your other paid "STOP; you need not	duties for this person to complete the rest of t	or organization? his form. If you answ	☐ Yes ☐ Yes vered "yes,"	No No go on to the next
Speaking Limits:	Information Hearing.	mon Council)5 mi 3 mi 3 mi	nutes		

•	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.)
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Date	Signature
	Print Name



CITY OF MADISON

Registrati	ion Statement -	COMMITTEE	ouncii		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. <u>28</u>		Name	Josle Drahe 27 N. Inger		
Please check o	ne:	AND	Please chec	ek:	
Support			Do not	wish to s	speak
Oppose			,		
Neither S	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent Name, address and te	and go on to the next	ot complete the rest of question.)	f this form. If you ansv		☑ No provide the name
Are you being paid fo	r your representation?			Yes	Ŋ No
Are you appearing as (If you answered "no, question.)	part of your other paid "STOP; you need no	d duties for this person to complete the rest of	on or organization? If this form. If you ans	Yes wered "yes,"	\overline{\infty} \i
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	g3	minutes		

(SEE BACK)

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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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_	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: 1/30/16

DO NOT WISH TO SPEAK FORM

Registratio	n Statement	Common Cou	ncil	-
Please Print			RINT NAME CLEARLY	
Agenda No.		Name S Address	Shawn L. Bontout	
Please check one	•	AND	Please check:	
Support			Do not wish to speak	
Oppose			,	
Neither Sup	oport Nor Opp	oose		
At this meeting are you in (If you answered "no," If you answered "no," If you represent and Name, address and teleping the second seco	STOP; you need not d go on to the next qu	complete the rest of t uestion.)	his form. If you answered "yes," provide t	he name
Are you being paid for y	our representation?		☐ Yes ☐ No	
Are you appearing as par (If you answered "no," Squestion.)	t of your other paid of the state of your other paid of the state of t	duties for this person complete the rest of t	or organization?	the nexi
It	nformation Hearing	mon Council)5 mi	inutes	

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				
· • •	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			
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date	Signature			
	Print Name			



Date: 11 30 10

DO NOT WISH TO SPEAK FORM

Registration		Common Cou	ncil	
Please Print	(COMMITTEE		
<u>1 icase 1 tine</u>		PLEASE PF	RINT NAME CLEARI	LY
Agenda No. 28, 3		Name <u>S</u> Address <u>3</u>	Sue Thomp Joi Milwa Madisox	son ukee St-
Please check one: Support Thomas To #38 Oppose #38 agen Neither Support Nor Oppose		AND	Please check:	
Support i	7-10#28 +6		Do not w	ish to speak
Oppose #	j8 agendo	e item×	/	
Neither Sup	port Nor Oppo	se		
At this meeting are you re (If you answered "no," So of who you represent and	TOP; you need not co	implete the rest of th	her than yourself: \{\text{his form. If you answere}\}	Yes No ed "yes," provide the name
Name, address and telepho	-	erson or organization		nodel
Local Le	, Ò			
Are you being paid for yo	ur representation?		[☐ Yes No
Are you appearing as part (If you answered "no," State question.)	of your other paid du TOP; you need not co	ties for this person omplete the rest of t		Yes No ed "yes," go on to the next
Inf	blic Hearing (Commo formation Hearing her Items	3 mi	nutes	

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



Registration		OMMON COL	uncil		
Please Print		PLEASE PRINT NAME CLEARLY			
Agenda No. OPPOSE 28 Asenda		Name	Jeff Fisco 105 N Thomas Mardism, wi	mpsm or	
Please check one:		AND	Please check:		
Support Oppose 28	y asendo	*	Do not wish	to speak	
Neither Support Nor Oppose					
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:					
Local 60					
Are you being paid for your representation?					
Are you appearing as part of (If you answered "no," ST question.)			or organization? Ye this form. If you answered "ye		
Info	lic Hearing (Common ormation Hearinger Items	3 m	inutes		

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



Date: 1/39/2010

DO NOT WISH TO SPEAK FORM

Registration St	catement - Common Cour	ncil
Please Print	PLEASE PR	INT NAME CLEARLY
Agenda No. 28	Address 2	DAD HOARD ST, DAD SON INT, S3704
Please check one:	AND	Please check:
☐ Support☑ Oppose☐ Neither Suppo	rt Nor Oppose	Do not wish to speak
(If you answered "no," STO of who you represent and go	on to the next question.) number of each person or organization	is form. If you answered "yes," provide the name n you are representing:
Are you being paid for your range of the second of the sec	your other paid duties for this person o	☐ Yes ☑ No r organization? ☐ Yes ☑ No is form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing		

		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 u answered "no" to the question, go on to the next question.)		
If you ar that:	re bein	ng 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 the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date _	1/3	9/2010 Signature 2-1/19/1/1/2		
	i	Print Name John B. Elliott		



Date: 1/50/10

DO NOT WISH TO SPEAK FORM

Registration Statem	ent - Common Council
Please Print	
Agenda No. 25 (oppose	Name Alexander Charge Address 244 W. Lokelows D1 Madison W1 53703
Please check one:	AND Please check:
Support > 23	7 to 28 + piblic. Do not wish to speak
Doppose → item 28	
Neither Support No	or Oppose
(If you answered "no," STOP; you reference 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 e next question.) r of each person or organization you are representing:
Are you being paid for your representate you appearing as part of your oth (If you answered "no," STOP; your question.)	tation? Yes No ner 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
Information I	deg (Common Council)5 minutes Hearing

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.)				
If you are being pathat:	aid for your representation, or if your a	ppearance is part of other paid do	uties, please be advised		
	fore you engage in lobbying as a lobbyish the City Clerk.	t, you or your principal must file	an authorization		
	2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
peri	our principal spends or will owe more to the iod (half year), the principal must file tainder of the calendar year?				
Room 103 of the Ci	City Clerk's website <u>www.cityofmadis</u> ity-County Building, Madison, for more i	- · · · ·	the Clerk's Office at		
Date	Signature $\frac{1}{2}$	HANNAM.			
	Print Name	Herander J. Giery	,		

Date: $1/\sqrt{30/10}$



DO NOT WISH TO SPEAK FORM

Registration S	Statement - Common Co	uncil
Please Print	PLEASE P	RINT NAME CLEARLY
Agenda NoZ8	Name	or ey Larson os N Few St., Madisan
Please check one:	AND	Please check:
Support		Do not wish to speak
Neither Supp	ort Nor Oppose	
(If you answered "no," STO of who you represent and go Name, address and telephor	o on to the next question.) ne number of each person or organizat	this form. If you answered "yes," provide the name
AFICME	: 10cm 60	
	f your other paid duties for this person	☐ Yes ☑ No or organization? ☐ Yes ☐ No othis form. If you answered "yes," go on to the next
question.)		
Info	ic Hearing (Common Council)5 n rmation Hearing3 n r Items3 n	ninutes

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
1 P -	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	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?
	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: _	11-	<i>30</i>	-10	
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DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common C	ouncil	., ., ., ., .	-
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. Agenda No.	28 r	Name _ Address _	Don Coy 87-B 60/F Madison W	Pkuy 153704	
Please check on	e:	AND	Please che	ck:	
Support			Do no	t wish to speak	
Oppose			;		
Neither Su	ipport Nor Opp	pose			
At this meeting are you (If you answered "no," of who you represent a	'STOP; you need not	complete the rest	n other than yourself: of this form. If you ans	☐ Yes ☐ No swered "yes," provide t	the name
Name, address and tele	phone number of each	n person or organiz	ation you are represen	ting:	
Support in	amendment -		thucty mo	<u>Jel</u>	
Are you being paid for	your representation?			☐ Yes No	
Are you appearing as p (If you answered "no," question.)				☐ Yes ☐ No swered "yes," go on to	the next
Speaking Limits:	Public Hearing (Communiformation Hearing Other Items	3	minutes		

-	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?					
		ed "yes" to the question, u answered "no" to the c		ed not complete the rest of this f to the next question.)	orm, except i	that you must sign
If you a that:	ire bein	g paid for your represe	ntation, or if yo	ur appearance is part of other	paid duties,	please be advised
	1.	Before you engage in lowith the City Clerk.	bbying as a lob	byist, you or your principal mu	st file an aut	horization
	2.	Your principal is not po	ermitted to auth	orize you to lobby unless you	are registere	d with the
			principal must	ore than \$1,000 for lobbying ser file expense statements with t		
	~	the City Clerk's websi e City-County Building,		adison.com/clerk/index.html or ore information.)	go to the	Clerk's Office at
Date		130/10	Signature	Alali A. Co) }~	
	7		Print Name	1 Don Coyle	<i>l</i> -	



Date: ((30 10

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	uncil	
Please Print		RINT NAME CLE	EARLY
Agenda No. <u>28</u>	Name (Address	LADISON	in Ztalan De 53718
Please check one:	AND	Please che	ek:
Support	-	Do no	t wish to speak
Oppose		Į.	
Neither Support Nor O	ppose		
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 each of the state of	ot complete the rest of question.)	this form. If you ans	
Are you being paid for your representation Are you appearing as part of your other pai		n or organization?	☐ Yes ☐ No
(If you answered "no," STOP ; you need n question.)	ot complete the rest of	this form. If you ans	
Information Hearin	mmon Council)5 n g3 n 3 n	ninutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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 beinthat:	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 he City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		





DO NOT WISH TO SPEAK FORM

Registration Statement -	- Common Cou	ıncil	
Please Print	PLEASE PI	RINT NAME CLEARLY	
Agenda No	Name Address	Danica 8102	Sorensen Blaxton Re Madison, w
Please check one: Support amendment # Oppose 28	AND to 28	Please check: Do not wis	h to speak
	ganization or a person or of complete the rest of t		Yes No
Name, address and telephone number of ea	ch person or organization	on you are representing:	
Are you being paid for your representation Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	id duties for this person ot complete the rest of t	or organization? this form. If you answered	Yes No Yes No "yes," go on to the next
Information Hearing	mmon Council)5 m g3 m	inutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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 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?			
	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			



Date: 11/30/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement - ַ	Common Co	uncil	
Please Print Agenda No2	28	PLEASE I Name Address	638 W.M.	RTER
Please check or	ne:	AND	Please check	
Support			Do not	wish to speak
Oppose			,	
Neither S	upport Nor Op	pose		
(If you answered "no, of who you represent a Name, address and tel	and go on to the next q	t complete the rest of uestion.) h person or organiza	other than yourself: fthis form. If you answer tion you are representir	Yes
	in hosias			
Are you being paid for Are you appearing as (If you answered "no, question.)	part of your other paid			Yes No Yes No Yes No ered "yes," go on to the nex
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 1	ninutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

(If you answered "yes" to the question, **STOP.** You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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- 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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

11

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

Date	11/20/10	Signature	
Date		Digitataic	
		Dulus Nama	



Date: 1/-30-10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Amd	7	Item	No	78,	and
			·		

Support

Registration Statement -	Common Co	ouncil	
Please Print	PLEASE	PRINT NAME CLEARLY	
Agenda No. 26	Name _ Address _	Rob Lewis 509 East Gorham St. Madison, W1 53703	
Please check one:	AND	Please check:	
Support A merd ment Oppose No. 28 Neither Support Nor Op		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 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 ☐ No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)		on or organization?	
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing			

•	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 both	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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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 state of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 11/30/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	ouncil		
Please Print Suppost R Agenda No. <u>286</u> Amendment	ablic Authori Oppose this Csuppon	/ Name _/	PRINT NAME C Adelina Pl 3833 Ric Macliso	LEARLY ENKE On Agecesain N WI	srud 19AV (153704
Please check or	ne:	AND	Please cl	neck:	
Support P Ame Oppose	ublicAuthouity ndment # 7 &	, Model+ :Agenda9	3 Do 1	ot wish to	speak
	would nor Opp				
(If you answered "no, of who you represent a	u representing an organi " STOP; you need not co and go on to the next que ephone number of each	complete the rest of estion.)	of this form. If you d	answered "yes,"	No provide the name
Are you being paid for	your representation?			Yes	No No
Are you appearing as a (If you answered "no, question.)	part of your other paid d "STOP; you need not c	uties for this perso complete the rest o	on or organization? of this form. If you	☐ Yes answered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3	minutes		

Are you an elected offici other governmental body	al or employee who is appearing so?	olely on behalf of your offi		nunicipality or] No
	o the question, STOP. You need no d "no" to the question, go on to the		orm, except that	you must sign
If you are being paid for that:	your representation, or if your ap	opearance is part of other p	paid duties, plea	ase be advised
_	ou engage in lobbying as a lobbyist City Clerk.	t, you or your principal mus	st file an author	ization
2. Your prin	ncipal is not permitted to authorize k.	you to lobby unless you a	are registered w	ith the
period (h	rincipal spends or will owe more the alf year), the principal must file r of the calendar year?		• -	_
	Clerk's website <u>www.cityofmadiso</u> unty Building, Madison, for more in		go to the Cle	rk's Office at
Date	Signature			
	Print Name			



Date: $\frac{11/30/2010}{}$

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council
Please Print Ammendment Agenda No. 20	PLEASE PRINT NAME CLEARLY Name Deborah Sprowle Address 6.17 Tarragon Dva Mdsn, Wl 93716
Please check one: Support	AND Please check:
Oppose	
Neither Support Nor Op	pose
of who you represent and go on to the next of	t complete the rest of this form. If you answered "yes," provide the name question.) h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ĤNo
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
Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or						
				Yes No		
		ed "yes" to the question, ou answered "no" to the q		red not complete the rest of this form, except that you must sign to the next question.)		
If you that:	are bei	ng paid for your represer	ntation, or if y	our appearance is part of other paid duties, please be advised		
	1.	Before you engage in lo with the City Clerk.	bbying as a lo	bbyist, you or your principal must file an authorization		
	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 websit he City-County Building, .		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)		
Date 11/30/2010		Signature	Delerah W Sman &			
			Print Name			
				Deborah Spronle		





DO NOT WISH TO SPEAK FORM

Registration		Common Co	uncil		
Please Print		PLEASE I	PRINT NAME CLE	EARLY	
Agenda No	128	NameAddress	Keun Gur 1008 S. h Madison	Ilach Unitre; cury WF	
Please check one	•	AND	Please che	eck:	
Support an	rendment #7 of	28/80%	Do no	ot wish to s	peak
M Oppose 24	3				
Neither Support Nor Oppose Support the Public Authority Model At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)					
Name, address and teleph	none number of each p	person or organiza	tion you are represer	nting:	
Afsem	e Plagle	Olkal)			
Are you being paid for yo	our representation?			☐ Yes	No
Are you appearing as par (If you answered "no," S question.)	t of your other paid du CTOP; you need not co	uties for this perso omplete the rest o	n or organization? f this form. If you an	Yes yswered "yes," g	∑No go on to the next
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing					

•	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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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-	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.)
Oate	Signature
	Print Name

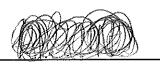


Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council



Please Print		DIEASE	PRINT NAME CLEA	NDI V
Agenda No.	28	Name (Ose Gapins 130 Suntyme Madisan W	
Please check of	one:	AND	Please chec	k:
Support Oppose	famendment 7)	to them of	Do not	wish to speak
	Support Nor Opp H80 SUPPORT F	pose Publicant	hority model	Also: Support: Algenda
(If you answered "no	ou representing an organ o," STOP; you need not t and go on to the next qu	complete the rest	n other than yourself: of this form. If you answ	Yes
Name, address and to	elephone number of each	person or organiz	ation you are representi	ng:
	or your representation?			Yes No
Are you appearing as (If you answered "no question.)	s part of your other paid on, " STOP; you need not	duties for this pers complete the rest	on or organization? of this form. If you ansv	Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3	minutes	

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised					
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)						
Date	Signature					
	Print Name					



Date: 11 30 10

DO NOT WISH TO SPEAK FORM

Registration Statement	COMMITTEE	ouncil	
Agenda No. 28 (Oppose) Amendment # 1 (Support	PLEASE Name _ Address _	PRINT NAME CLEARLY Gary Mitchell 538 Waple AV. Wadson, W 1 53	104
Please check one:	AND	Please check:	
☐ Support☐ Oppose☐ Neither Support Nor Oppose	oose	Do not wish to speak	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	complete the rest on the complete the rest on the complete the rest of the complete the complete the complete the rest of the complete the com	of this form. If you answered "yes," provide th	e name
		☐ Yes ☐ No son or organization? ☐ Yes ☑ No of this form. If you answered "yes," go on to t	he next
question.) Speaking Limits: Public Hearing (Communication Hearing Other Items	3	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 bein that:	ng 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 <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: 113010

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	uncil		
Please Print (AMMENA) Agenda No.	WH7+0 +28	PLEASE I Name Address	PRINT NAME CLE Shawn L. B 509 Azta	ARLY PONTSOUR Jan Dri	
Please check or	ie:	AND	Please che	ck:	
Support			Do no	t wish to sp	oeak
Oppose					
Neither S	upport Nor Opp	pose			
(If you answered "no, of who you represent o	u representing an organ " STOP; you need not and go on to the next que ephone number of each	complete the rest o, uestion.)	this form. If you ans		□ No rovide the name
Are you being paid for	your representation?			Yes	☐ No
Are you appearing as partial (If you answered "no, question.)	oart of your other paid "STOP; you need not	duties for this perso complete the rest o	n or organization? f this form. If you ans	Yes wered "yes," go	□ No o on to the next
Speaking Limits:	Public Hearing (Communication 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.)		
If you are both	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 the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 11-30 - 2010



DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Co	uncil		
Please Print		PLEASE F	PRINT NAME CLEA	ARLY	
Agenda No. 28, (13		ouglas Peterso 19 E Johnson		
Please check on	ne:	AND	Please chec	k:	
Support !	Public Authority m	Tode 1	X Do not	wish to spe	eak
Oppose 3	28	- ,			
Neither St	apport Nor Oppo 93	ose			
(If you answered "no,"	a representing an organiz "STOP; you need not co and go on to the next ques	omplete the rest of			No No Novide the name
Name, address and tele	ephone number of each p	erson or organizat	ion you are representi	ng: Afscme	Local 60
Are you being paid for	your representation?			☐ Yes	No
	oart of your other paid du 'STOP; you need not co				No on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items	3 n	ninutes		

-		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.)		
If you a that:	are bei	ng 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 <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		

Date:	11-30-10	



DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Cou	uncil	
Agenda No. 1ten			PRINT NAME CLEARLY Jeff Fisus 10,7 M. Throup mad, wi 53714	
Please check or	ne:	AND item #28 spenda item	Please check: Do not wish to speak	
At this meeting are yo (If you answered "no,	u representing an organ	nization or a person o complete the rest of t	other than yourself: Yes No This form. If you answered "yes," provide the na.	ıme
Name, address and tel	ephone number of each	person or organizati	ion you are representing: Local Go Africa	*Occopies#*
(If you answered "no, question.)	part of your other paid on some of your other paid on the source of the	complete the rest of i	this form. If you answered "yes," go on to the n	exi
Speaking Limits:	Public Hearing (Communiformation Hearing Other Items	3 m	ninutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign on 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		
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?		
	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		

Date: 11-30-10



DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Co	ouncil		
Please Print			PRINT NAME CLE	ARLY	
Agenda No. Amendmen	+ 7 SUPPOR		Jeff F 105 N Tho Midson, W		
Please check on		AND	Please chec		
Support ,	Amendment	#7 to item	Do not	wish to sp	peak
Oppose					
Neither Su	ipport Nor Opj	pose			
XSUPPO	6+93				
At this meeting are you (If you answered "no, of who you represent a	" STOP; you need not	complete the rest of	other than yourself: of this form. If you answ		☐ No provide the name
Name, address and tele	ephone number of each	n person or organiza	ntion you are represent	ing:	al 60
					.,,,,
Are you being paid for	your representation?			Yes	[X] No
Are you appearing as p (If you answered "no," question.)				☐ Yes wered "yes," g	No go on to the next
Speaking Limits:	Public Hearing (Communication 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.)		
If you are be hat:	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 'the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 11/30/10



DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. Amend. 7 to 28	Name Cosey Larson Address 105 N Few St, Madison
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
■ Neither Support Nor Op	pose
(If you answered "no," STOP; you need not of who you represent and go on to the next q	h person or organization you are representing:
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	☐ Yes ➢ No duties for this person or organization? ☐ Yes ➢ No t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	amon Council)5 minutes

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



Date: 1//30/2010

DO NOT WISH TO SPEAK FORM

Registration Statement		Common Co	uncil	
Please Print		PLEASE	PRINT NAME CLEA	NRLY
Agenda No. 47 TEM 28		Address	John B. E 2402 Has Madisan, W	120 571
Please check one:		AND	Please chec	k:
X Support			Do not	wish to speak
Oppose				
Neither Su	ipport Nor Oppo	ese		
(If you answered "no,"	a representing an organize "STOP; you need not co and go on to the next ques	mplete the rest o		Yes □ No ered "yes," provide the nam
Name, address and tele	ephone number of each po	erson or organiza	tion you are representin	ng:
Are you being paid for your representation?			☐ Yes ☑ No	
	eart of your other paid durary of your other paid durary of some of the source of the			☐ Yes ☑ No vered "yes," go on to the nex
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items	3	minutes	

Are you an ele other 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 beinthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
	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>11/3</u> 9	he City-County Building, Madison, for more information.) 10			



Date: 11 30 10

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil
Please Print	PLEASE F	PRINT NAME CLEARLY
Agenda No. Amendmont 7 to # 28	Address	539 Azhbu De Maoison 53718
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		t
Neither Support Nor Op	pose	
At this meeting are you representing an organized (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest of question.)	f this form. If you answered "yes," provide the name
ARSCME LOCAL	C10	
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 of complete the rest of	on or organization? Yes No If this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 f g3 r 3 r	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.)
If you are both	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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Registratio	on Statement	Common Cour	ncil		-
Please Print		PLEASE PR	INT NAME	CLEARLY	
Agenda No. 28 (10-poise 7 (3-port)	Name 20 Address 32 M_A	Man Ly Man Libr, L	m 1 st 47 ~(1 537)3	
Please check on	e:	AND	Please o	check:	
Support Oppose	AMMORANTAT	s Agus AB	Do	not wish to speak	
	ipport Nor Opp	ose			
of who you represent and Name, address and tele	STOP; you need not cond go on to the next que	complete the rest of the estion.) person or organization	is form. If yoi	u answered "yes," provide t	he name
Name and Address of the Address of t					
Are you being paid for Are you appearing as p (If you answered "no,"	-	uties for this person o	r organization	Yes No n? Yes No nu answered "yes," go on to	the next
question.) Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	non Council)5 mir 3 mir	nutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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:	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 he City-County Building, Madison, for more information.)			
Date 1) 35	Signature Signature			
	Print Name Jorn 25 m			



Date: $\frac{1}{30/10}$

DO NOT WISH TO SPEAK FORM

Registration Statement	Common Co	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. Oppose 28 Support amendment #7 to 28 Support agendamo 193		Harriet Rowan 451 W. Washington Are Apt
Please check one:	AND	Please check:
Support a gerate and ment	# 7 6 28	Do not wish to speak
Oppose	market and a second of the	
Neither Support Nor Opp	pose (1	Authority Model
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of	other than yourself: Yes No fithis form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organiza	tion you are representing:
l aun representiv	roj Studo	nt Progressive Dane.
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 perso complete the rest o	\ \
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes

•		lected official or employee who is appearing solely on behalf of your office or for your municipality nental body? Yes No		
		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 that:	ı are bei	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	11/3	Signature Signature		
		Print Name Harriet Blair Kowan		



Date: $\frac{1}{1/30}$

DO NOT WISH TO SPEAK FORM

Registratio	n Statement	COMMITTEE	uncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 26 07 50 pport Amerikan	4 # Z to 2-8	- 5	Jam Steve 406 s. washingt		7
Please check one	e:	AND	Please chec	ck:	
	Agridat 48 + Amo Support Public			t wish to sp	eak
	pport Nor Opp representing an organ STOP; you need not o	ization or a person	other than yourself:	Yes wered "yes," pro	AVIII ovide the name
Name, address and telep	bhone number of each	•	_	ing:	
Are you being paid for y Are you appearing as pa (If you answered "no," question.)	art of your other paid o			Yes	No No o on to the next
I	Public Hearing (Comn nformation Hearing Other Items	3	minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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 Samul B Stunger Print Name Sam Stevenson		
	Fint Name 20/10) / E / (2/10g/)		

Date: 1 - 30 - 10



DO NOT WISH TO SPEAK FORM

Registration Statemen	t - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. Amendment 7 to	Name Sam le Stolin Address Westminster Ct.
Please check one:	AND Please check:
Support 7 ANSW	Do not wish to speak
Oppose 28	
Neither Support Nor	Oppose
(If you answered "no," STOP; you need of who you represent and go on to the no	organization or a person other than yourself: \(\sum \text{Yes} \text{No}\) I not complete the rest of this form. If you answered "yes," provide the name ext question.) Teach person or organization you are representing:
	port public a thouty model
(1) >0	1072 POCO. C & STORING PURGE
Are you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you need question.)	on? Yes 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
Information Hear	Common Council)5 minutes ring

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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



Date: 12/30/10

DO NOT WISH TO SPEAK FORM

Registratio		COMMITTEE	ouncil		
Please Print Ameula Agenda No. Agenda	rest # 7 to cltem #28	Name	PRINT NAME CLE. ADNOUS O H 127 N 182AIR MADIJON WI	URCUADUA E ST	
Please check on	e:	AND	Please chec	ek:	
Support			Do not	t wish to speak	
Oppose					
At this meeting are you (If you answered "no,"	representing an organize of STOP; you need not cond go on to the next ques	tation or a person		☐ Yes ☐ No wered "yes," provide the na	me
Name, address and tele	phone number of each p	erson or organiz	ation you are represent	ing:	
Are you being paid for	your representation?		•	Yes No	
	art of your other paid du STOP; you need not co			☐ Yes ☐ No wered "yes," go on to the n	ext
	Public Hearing (Commo Information Hearing Other Items	3	minutes		

•	are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental 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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-	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: 11/30/10

DO NOT WISH TO SPEAK FORM

Registration	Statement - <u>C</u>	ommon Co mmittee	uncil		
Please Print			PRINT NAME CLEA		
AMENOMENS # 7 Agenda No. ITEM #	70 28		UEFF SOR. V. 638 W. V. MADISON	1KE510	
Please check one:		AND	Please checl	K :	
Support Support			Do not	wish to s	peak
Oppose				,	
Neither Supp	oort Nor Oppos	e			
At this meeting are you rep (If you answered "no," ST of who you represent and go when address and telephonal TATSELSON	OP; you need not comgo on to the next question on to the next question one number of each per-	plete the rest of on.)	this form. If you answe		□ No provide the name
M 20130	~ W1				
Are you being paid for you	nr representation?			Yes	DNo
Are you appearing as part (If you answered "no," ST question.)	of your other paid dution of your other paid dution of com	es for this perso aplete the rest o	n or organization? f this form. If you answ	Yes pered "yes,"	No go on to the next
Info	olic Hearing (Common ormation Hearing	3 1	ninutes		

		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 that:	are bein	ng 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 <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



Registration Statement -	Common Committee	ouncil
Please Print	DIEASE	PRINT NAME CLEARLY
Agenda No.	Name	Chis Gauthill 2025 Davis Hills D/
3	Address	Volony Wx 53593
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		Support Public Authority Made
Neither Support Nor Op	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 Name, address and telephone number of each	complete the rest of uestion.)	f this form. If you answered "yes," provide the name
1415E27 (7 - 1/	
Madison, N= 5371	224 5	
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.)		on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes

		ected official or employe nental body?	e who is appear	ring solely on behalf of your office or for your municipality or Yes No
		red "yes" to the question ou answered "no" to the		ed not complete the rest of this form, except that you must sign to the next question.)
If you that:	u are bei	ng paid for your represe	entation, or if ye	our appearance is part of other paid duties, please be advised
	1.	Before you engage in le with the City Clerk.	obbying as a lol	obyist, you or your principal must file an authorization
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
	3.		principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
	~	the City Clerk's websi he City-County Building,		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)
Date	11/3	0/2010	Signature Print Name	Chis Gauther



Date:	Lu.	
	Date:	

Registration S	tatement - Common Committee	ouncil
Please Print Agenda No.	PLEASE Name Address	PRINT NAME CLEARLY Walt Jackson 2166 Hawkinson Rd Oregon, W. J. 53575
Please check one:	AND	Please check:
\square Oppose 28	em Taf Amendmint ort Nor Oppose	Do not wish to speak and suffered B
In Support of At this meeting are you repre	esenting an organization or a person P; you need not complete the rest of	
Name, address and telephone	e number of each person or organiza	ation you are representing: SOME LOCAL GO
	your other paid duties for this person	Tes No- on or organization? Yes No- of this form. If you answered "yes," go on to the next
Inform	c Hearing (Common Council)5 mation Hearing	minutes

	lected 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.)	
If you are be 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?	
	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	

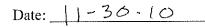


Date: $\frac{1/30/2010}{}$

DO NOT WISH TO SPEAK FORM

Registration S	tatement - Common Co	uncil
nt nt	COMMITTEE	
Please Print	PLEASE F	PRINT NAME CLEARLY
od	Name $$	ILL ROGERIALS
Agenda No.		208 S, FIRST ST#2
		MADISON, WI S3704
Please check one:	AND	Please check:
Support AME	n DMENT 7 1028, 93	Do not wish to speak
Oppose 28	,	
Neither Suppo	ort Nor Oppose	
(If you answered "no," STO of who you represent and go Name, address and telephone		this form. If you answered "yes," provide the name SCME LOCAL 60 tion you are representing:
Are you being paid for your	representation?	☐ Yes ☑ No
	your other paid duties for this person of the person of th	n or organization?
Inform	c Hearing (Common Council)5 r mation Hearing3 r r Items3 r	ninutes

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, 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:	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 he City-County Building, Madison, for more information.)
Date	Signature
	Print Name





Registration	on Statement	Common Cou	<u>ncil</u>	
Please Print		PLEASE PF	RINT NAME CLI	
Support Agenda No. 28,A	rendrent 7	Name A	NDREW SER	-NATINGER
Please check on	e:	AND	Please che	eck:
Support			Do no	ot wish to speak
Oppose				
Neither Su	pport Nor Opp	ose		
(If you answered "no,"	representing an organiz	omplete the rest of th	her than yourself: his form. If you an	☐ Yes ☑ No nswered "yes," provide the nam
	phone number of each p			nting:
In support	of PUBLIC A.	UTHORITY	MODEL	
Are you being paid for	your representation?			☐ Yes No
	art of your other paid du 'STOP; you need not co			☐ Yes ☐ No nswered "yes," go on to the nex
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3 mi	nutes	

Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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	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 <u>() </u>	Signature Print Name ANDROW SERNATINGER



Date: $1/30/10$

Registrati	on Statement	COMMITTEE	Junen		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. X8 (O) Amendment # forter	7 (support) 1#28		GretzhenLou 205 Crystal Madison W	Ln	
Agenda 93/3 Please check or	ie;	AND	Please chec	ck:	
Support Depose	Public Authority M Amendment 7 lan 28)ole L'Agenda 4-93	Do not	t wish to speak	
Neither S	upport Nor Opp	oose			
(If you answered "no, of who you represent of	u representing an organ " STOP; you need not a und go on to the next qu ephone number of each	complete the rest of estion.)	of this form. If you ans	☐ Yes ☐ No wered "yes," provide the no ing:	ıme
Are you being paid for	vour representation?			☐ Yes ☐ No	
Are you appearing as p	part of your other paid of			Yes No No wered "yes," go on to the r	ıext
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items	3	minutes		

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



Registration Statement	Common C	Souncil
Please Print		PRINT NAME CLEARLY
Agenda No. 28 (400 %)	Address	Robert Figueroa 1200 Observadory Drive 1408 Talling Elizabel. Waters Medison, WI 53706
Please check one:	AND	Please check:
Support Amendment 7 to 11 Suppose public authority	meds/	Do not wish to speak
Neither Support Nor Opp	ose	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality and the standard standard when the standard to the	complete the rest uestion.) person or organiz	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ∑ No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)		son or organization?
Speaking Limits: Public Hearing (Communication Hearing Other Items		3 minutes

		ected official or employe nental body?	ee who is appeari	ng solely on behalf of your o	ffice or for yo	
		red "yes" to the question ou answered "no" to the		d not complete the rest of this to the next question.)	s form, except	that you must sign
If you that:	ı are bei	ng paid for your represe	entation, or if yo	ur appearance is part of othe	r paid duties,	please be advised
	1.	Before you engage in I with the City Clerk.	obbying as a lob	byist, you or your principal n	nust file an aut	horization
	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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)						
Date	11/3	0/2010	Signature Print Name	Robert Figuera	40	



Date: 1/30/10

DO NOT WISH TO SPEAK FORM

Registration Statement	Common Council COMMITTEE	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No. 28	Name David Wice Address 3316 Ivy st. Madison, Wi. 53714	
Please check one:	AND Please check:	
Support Amendment #7 of 29	Do not wish to speak	
Oppose -	Heteppoor privatization #28	
Neither Support Nor Opp		
of who you represent and go on to the next quality. Name, address and telephone number of each	t complete the rest of this form. If you answered "Yes," provide the nat	me
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	☐ Yes ☐ No duties for this person or organization? ☐ Yes ☐ No t complete the rest of this form. If you answered "yes," go on to the ne	 ext
Information Hearing.	nmon Council)5 minutes 	

Are you an elected official other governmental body?	or employee who is appearing s	olely on behalf of your office or t	for your municipality or Yes \[\] No
	the question, STOP. You need no "no" to the question, go on to the	t complete the rest of this form, e.e. next question.)	xcept that you must sign
If you are being paid for y	our representation, or if your ap	ppearance is part of other paid d	uties, please be advised
1. Before you with the Cit	• • • •	, you or your principal must file	an authorization
2. Your princi City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
period (hal		nan \$1,000 for lobbying services expense statements with the Cit	
•	lerk's website <u>www.cityofmadiso</u> ty Building, Madison, for more in	o <u>n.com/clerk/index.html</u> or go to nformation.)	the Clerk's Office at
Date	Signature		
	Print Name		



Date:	
Date:	

Registration Statement -	Common Committee	ouncil
Please Print Agenda No	Name _	PRINT NAME CLEARLY Dand Poklunkoski
Agenda 100.	Address _	205 Ramsey Ct Madison, WI 53704
Please check one:	AND	Please check:
Support Amacending Oppose	nt 7 Lew 28.	Do not wish to speak Public Authority Model
Neither Support Nor Op Hem At this meeting are you representing an organ	28	. 1/
(If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest o	of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organiza	ntion 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.)		on or organization?
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3	minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
If you are bei that:	ng paid for your represe	ntation, or if yo	our appearance is part of other paid duties, please be advised		
1.	1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
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Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date 11-30-10 Signature David Pokulaski					
		Print Name	DAUID POKLINKOSKI		



Date: (20/2010)

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council
Please Print	COMMITTEE
1 rease 1 mit	PLEASE PRINT NAME CLEARLY
Agenda No. # 28	Name Deborah Sprowle Address 1617 Tarragon Drive Dist # 6 Mdsv, Wt 53716
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	U .
Neither Support Nor O	ppose
of who you represent and go on to the next	ot complete the rest of this form. If you answer ed "y es," provide the name
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	id duties for this person or organization? Yes Yoo ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g

	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 better	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 the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

Date: 11-30-10



DO NOT WISH TO SPEAK FORM

Registration State	ment - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 38 See See See	Name Al Schueller Address 130 Synnymegale Lin,#3 Madison 53713
Please check one: Support Oppose #28	AND Please check: Do not wish to speak Nor Oppose AND Please check: Do not wish to speak Manual 7/
Neither Support	Nor Oppose aneman 7/
(If you answered "no," STOP ; yo of who you represent and go on to Name, address and telephone num	ng an organization or a person other than yourself: Yes No uneed not complete the rest of this form. If you answered "yes," provide the name
	,
Are you being paid for your repre	other paid duties for this person or organization?
Are you appearing as part of your (If you answered "no," STOP; yo question.)	other paid duties for this person or organization? Yes X No u need not complete the rest of this form. If you answered "yes," go on to the next
Information	ring (Common Council)5 minutes n Hearing

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date	Signature			
	Print Name			



CITY OF MADISON

Registrati	on Statement	Common Co	ouncil		
Please Print Agenda No	Ö —	PLEASE Name _ Address _	PRINT NAME CLE BBDA 6917 OLD L	ARLY SBVK (Apts	T W
Please check or	ie:	AND	Please che	ck:	
Support			Do no	t wish to	speak
Oppose					
At this meeting are you (If you answered "no, of who you represent of whom and the same, address and telessame)	" STOP; you need not and go on to the next q	nization or a person complete the rest o uestion.)	f this form. If you ans		DNO provide the name
Are you being paid for	your representation?			☐ Yes	□-No
Are you appearing as partial (If you answered "no, question.)				☐ Yes swered "yes,"	Description of the next
Speaking Limits:	Public Hearing (Computer Information Hearing.) Other Items	3	minutes		

(SEE BACK)

•	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 u answered "no" to the question, go on to the next question.)			
If you are 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 a clear county Building, Madison, for more information.)			
Date	Signature			
	Print Name			



Registration State	tement - Common Council	
Please Print	PLEASE PRINT NAM	E _, CLEARLY
Agenda No. 28 (opposition Support Agenda A Please check one:		Verwin Jight Dr Son, WI e check: 53704
Support Public 1	Anthority Made 1	o not wish to speak
Oppose Neither Support	t Nor Oppose	
At this meeting are you represent (If you answered "no," STOP; of who you represent and go on	nting an organization or a person other than you you need not complete the rest of this form. If y to the next question.)	urself: Yes No you answered "yes," provide the name
Name, address and telephone nu	umber of each person or organization you are re	presenting:
Are you being paid for your rep	resentation?	☐ Yes ☐ No
Are you appearing as part of you (If you answered "no," STOP; question.)	ur other paid duties for this person or organizati you need not complete the rest of this form. If y	ion?
Informat	Iearing (Common Council)5 minutes tion Hearing	

(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.cityofinadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
 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		
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 Signature	•	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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.	
Room 103 of the City-County Building, Madison, for more information.) Date Signature	3.	period (half year), the principal must file expense statements with the City Clerk for the
Print Name	Date	Signature
		Print Name

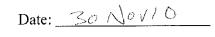


Date: $\frac{(1/30/60)}{}$

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common C	<u>ouncil</u>		
Please Print Agenda No.	Name	REG	MECLEARLY SMITH HILL POINT RP PLAINS	
Please check one: Support Amend to see Oppose 18	AND	J	nse check: Do not wish to speak Public Anthority	Mo
Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.) Speaking Limits: Public Hearing (Com-Information Hearing. Other Items	mon Council)5	of this form. I		ext

 (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must statis 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 advitat: 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 	y or
 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 	sign
with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the	ised
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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office Room 103 of the City-County Building, Madison, for more information.)	e at
Date (13010) Signature Print Name REGARITH	





Registration Statement -	COMMITTEE	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. <u>28 4 93</u>		PAUL HILL (LOCAZ 60) 222 SILVER PD. MADISON
Please check one:	AND	Please check:
Support AMENDMENT 4	7 ¿ 93	Do not wish to speak
Neither Support Nor Op	pose	
of who you represent and go on to the next q	t complete the rest of question.)	f this form. If you answered "yes," provide the name
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this perso t complete the rest o	Yes No on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	3	minutes

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, 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	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	Signature
	Print Name



Date:	

CITY OF MADISON

Registration	n Statement -	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 28	93	-	Daniel D Milliw. W. Madison		
Please check one	-	AND	Please che		
Support Compose # 2	3 and Amend 28	= 140#28	\(\times\) Do no	t wish to sp	eak
Neither Sup	port Nor Op	pose			
At this meeting are you r (If you answered "no," So of who you represent and	STOP; you need no	t complete the rest	n other than yourself: of this form. If you ans	——————————————————————————————————————	☐ No ovide the name
Name, address and teleph		~ -	ration you are represent	ting:	
Are you being paid for yo	our representation?			☐ Yes	<u>X</u> No
Are you appearing as par (If you answered "no," S question.)					No on to the next
In	formation Hearing	nmon Council)5	minutes		

		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 that:	are bei	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 _	11-	Signature Print Name Print Name
		Print Name

Veldran, Lisa

From:

Solomon, Brian - DWD [Brian.Solomon@dwd.wisconsin.gov]

Sent: To: Tuesday, November 30, 2010 3:54 PM 'Alison Jones Chaim'; Veldran, Lisa

Subject:

RE: Testimony

Alison: Thanks.

Lisa, can you please print copies of the below? Alison can't make the meeting but wants the below statement recorded as testimony for tonight's meeting.

Thx all, Brian

From: Alison Jones Chaim [mailto:atjoneschaim@wisc.edu]

Sent: Tuesday, November 30, 2010 3:19 PM

To: Solomon, Brian - DWD **Subject:** Testimony

As Director of the Wisconsin Book Festival, I urge the Council to support one of the Overture Center proposals currently on the table. Further analysis, study, amendments and delays are not necessary in light of the work that has been done to get to this critical point. Voting now will allow year-end bank deadlines to be met. Funders are ready to liquidate, if a plan can be put in place. The status quo is no more sustainable now than it was two years ago when the stock market collapse undermined the Center's endowment, or four years ago when the independent study group began work to ensure Overture's long-term viability.

During 2003 and 2004, as Festival director, I circumnavigated the Overture hole in the ground countless times during the 5-day Book Fest. In 2005, once the building was open, at least we could cut through ... and since 2006 our presence in the Overture Center has steadily grown to the point where the Rotunda Lobby is Festival central: our home base, our heart. It has been a beautiful thing to watch increasingly diverse audiences from Madison and surrounding communities come together within this gorgeous and welcoming space, and to share the experiences, histories, and stories that make us human.

So, on behalf of the Wisconsin Humanities Council, I urge you to move forward with plans to keep the cultural heart of Madison beating. None of us wants to run around an empty shell, or a gaping hole, again.

Alison Jones Chaim

Wisconsin Book Festival Director www.wisconsinbookfestival.org

Wisconsin Humanities Council Community through conversation 222 S. Bedford, Ste. F, Madison WI 53703 608-265-5595

Be kind. Everyone you meet is fighting a great battle. Philo of Alexandria

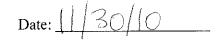
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CITY OF MADISON

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1	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
2	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 at e City-County Building, Madison, for more information.)				
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CITY OF MADISON

Registratio	n Statement	Common Committee	ouncil		
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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	Signature
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Date: 1/20/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common C	Council		
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CITY OF MADISON

Registrati	on Statement	COMMITTEE	ouncil		
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