Date: 41/6/10

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: 533	· w. Man #10
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN &	ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose, so very much! Neither Support Nor Oppose	☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose ☐	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose ☐	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose ☐	Wish to speak Do not wish to speak Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose ☐	Wish to speak Do not wish to speak Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Nan	ne, ado	REGISTRATION STATEMENT - PA dress and telephone number of each person or organiza	
Are	you be	ing paid for your representation?	☐ Yes ☐ No
(If yo	ou ans	pearing as part of your other paid duties for this person wered "no," <b>STOP;</b> you need not complete the rest of thuestion.)	
		n elected official or employee who is appearing solel y or other governmental body?	y on behalf of your office or for your ☐ Yes ☐ No
		wered "yes" to the question, <b>STOP.</b> You need not conign this form. If you answered "no" to the question, go or	
	u are b sed tha	peing paid for your representation, or if your appearance at:	e is part of other paid duties, please be
	1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	or your principal must file an
÷	2.	Your principal is not permitted to authorize you to I with the City Clerk.	obby unless you are registered
	3.	If your principal spends or will owe more than \$1,0 reporting period (half year), the principal must file exClerk for the remainder of the calendar year?	
		to the City Clerk's website <u>www.cityofmadison.com/cler</u> 33 of the City-County Building, Madison, for more informa	
Date		Signature	

Print Name

Date: 11/16/2010

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: dev ~ C d	Address: 32°	7 N. BALDON 37 DISON /W= 5370
ENTER AMENDMENT NUMBER		*
Amendment No.	Support     Oppose     Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 10	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(SEE BACK)

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

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

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

Nar	ne, add	REGISTRATION STATEMEN ress and telephone number of each person or org	
	-		
Are	you bei	ing paid for your representation?	☐ Yes ☐ No
(If y		pearing as part of your other paid duties for this pewered "no," <b>STOP;</b> you need not complete the restion.)	
		n elected official or employee who is appearing or other governmental body?	solely on behalf of your office or for your Yes No
		wered "yes" to the question, <b>STOP.</b> You need no gn this form. If you answered "no" to the question,	
•	u are b sed tha	eing paid for your representation, or if your appea	arance is part of other paid duties, please be
	1.	Before you engage in lobbying as a lobbyist authorization with the City Clerk.	, you or your principal must file an
	2.	Your principal is not permitted to authorize yo with the City Clerk.	u to lobby unless you are registered
	3.	If your principal spends or will owe more than reporting period (half year), the principal must Clerk for the remainder of the calendar year?	
		to the City Clerk's website <u>www.cityofmadison.com</u> 3 of the City-County Building, Madison, for more in	
Date		Signature	

Date:	11-16-10	
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY  Name: huck Litweile	Address: 5	LUKKEN CT.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	LUKKEN CT  DAD IS ON WI, 53784  N & ONE BOX IN THIS COLUMN
Amendment No. //	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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

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

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

#### REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ☐ Yes ∏No Are you appearing as part of your other paid duties for this person or organization? \square Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? 7 Yes □No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: -1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2 Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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

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

Signature

Print Name

Date

Date: _			<i>V</i> )	when a company of	The second of th
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

•		
PLEASE PRINT CLEARLY		0 11 11
Name: Many Low	Address:	of lathday St
	· ·	which was 50.204
	-	
ENTER AMENDMENT NUMBER CI	HECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
rad N 🗵	Support	☐ Wish to speak ☐ Do not wish to speak
Amendment No. Rotal	Oppose Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak
Amendment No	Oppose	∑ ∩o not wish to speak
	Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak☐ Do not wish to speak
Amendment No	Oppose Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak
Amendment No	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
	Support	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li></ul>
Amendment No	Oppose Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak
Amendment No	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak ☐ Do not wish to speak
Amendment No	Oppose Neither Support Nor Oppose	Available to answer questions
	•	
At this meeting are you representing a	on organization or a nerson other th	nan vourself: ☐ Yes ☐ No
If you answered "no " STOP: You ne	ed not complete the rest of this for	m. If you answered "yes," provide
the name of whom you represent and	go on to the next question.)	e de la companya de

#### **REGISTRATION STATEMENT - PAGE 2**

Nar	ne, ado	fress and telephone number of each person or organization you are representing:
		Volat 60
	1	
Are	you be	ing paid for your representation?
(If y	ou ansı	pearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are mun	you ar icipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If you	ou ansı must si	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)
lf yo advi:	u are b sed tha	eing paid for your representation, or if your appearance is part of other paid duties, please be
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
Plea at Ro	ase go t oom 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: HARRY KEMMU	Address: 30	DG LARKSPUR CF
	W11	MLETON WISSSIE
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 1 È 12 (B) È	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(SEE BACK)

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

Yes

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

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

Are	you be	ing paid for your representation? ☐ Yes ☐ No	
(If ye	ou ansi	pearing as part of your other paid duties for this person or organization? Yes wered "no," <b>STOP;</b> you need not complete the rest of this form. If you answered "yes," go on estion.)	
		n elected official or employee who is appearing solely on behalf of your office or for your office or your of	эu
		wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except the ign this form. If you answered "no" to the question, go on to the next question.)	'nа
	u are b sed tha	peing paid for your representation, or if your appearance is part of other paid duties, please at:	be
	<b>1.</b>	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 13 of the City-County Building, Madison, for more information.)	ce
Date	11/	No/10 Signature To XM6V10 Signature	

mir denne New

Date:			<u>.</u>
	7 1	7	 

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: //a / Jac/ 60	Address: 2	166 Hawkinson Road
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No	☑ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	⊠ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ ☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Nan	ne, add	REGISTRATION STATEMENT - PAGE 2  ddress and telephone number of each person or organization you are representing:	
	*****		
	<b>y</b>		
Are	you be	neing paid for your representation?	)
(If ye	ou ansı	sppearing as part of your other paid duties for this person or organization? Yes swered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," question.)	∏ No go on to
		an elected official or employee who is appearing solely on behalf of your office or ity or other governmental body?	
		swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, exc sign this form. If you answered "no" to the question, go on to the next question.)	ept that
	u are b sed tha	being paid for your representation, or if your appearance is part of other paid duties, pl nat:	ease be
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file at authorization with the City Clerk.	n
-	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	þ
	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 to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk' 03 of the City-County Building, Madison, for more information.)	's Office
Date		Signature	

Print Name

Date:	11-	16-10	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: Ken Zakanasen	Address: 190	16 Steven St.
	J	of Steven St. on Prajrie, WI 53590
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
		J
	⊠ Support	☐ Wish to speak
Amendment No. 11 and 12	Oppose	Do not wish to speak
(BOE)	☐ Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak☐ Do not wish to speak
Amendment No	Oppose Neither Support Nor Oppose	Available to answer questions
		☐ Wish to speak
A due - mé NI -	Support Oppose	Do not wish to speak
Amendment No.	Neither Support Nor Oppose	Available to answer questions
	Support	Wish to speak
Amendment No.	Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer questions
	☐ Support	Wish to speak
Amendment No	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
	Support	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li></ul>
Amendment No	☐ Oppose ☐ Neither Support Nor Oppose	Available to answer questions
		☐ Wish to speak
Amendment No.	Support Oppose	Do not wish to speak
Alliendinent No.	Neither Support Nor Oppose	Available to answer questions
	·	
	an arranization or a norsen other	than yourself: ☐ Yes ☐ No
At this meeting are you representing	ng an organization or a person other need not complete the rest of this fo	orm. If you answered "yes," provide
the name of whom you represent a	and go on to the next question.)	
mo number in the		

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ☐ Yes No Are you appearing as part of your other paid duties for this person or organization? \square Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: -1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date

Signature

Print Name

Date:	Ŋ	11/	16/10	
		1	7	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

•		
PLEASE PRINT CLEARLY Name: Mathew DeThe ENTER AMENDMENT NUMBER CH		06 E Mifflin St ladison, WI 53704 & ONE BOX IN THIS COLUMN
Amendment No. 11912 amendment	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. BOE, Capitol Amendment	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing a (If you answered "no," STOP; you net the name of whom you represent and	ed not complete the rest of this for	nan yourself: ☐ Yes ☐ No rm. If you answered "yes," provide

(SEE BACK)

Are you being paid for your representation?	)
Are you appearing as part of your other paid duties for this person or organization?   Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," the next question.)	☐ No go on to
Are you an elected official or employee who is appearing solely on behalf of your office or municipality or other governmental body?	for your
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, exc you must sign this form. If you answered "no" to the question, go on to the next question.)	ept that
If you are being paid for your representation, or if your appearance is part of other paid duties, pleadvised that:	ease be
<ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> </ol>	1
<ol> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> </ol>	I .
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 at Room 103 of the City-County Building, Madison, for more information.)	office
Date	······································
Print Name Matthew Del horne	

Date: \_\_\_\_\_\_\_

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: ARRIN EB	Address: 540	6 E. BUCKEST RD
	•	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 306	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. Bot 14	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support  ✓ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
At this meeting are you representir	ng an organization or a person other th	nan yourself: ☐ Yes ☐ No

(SEE BACK)

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

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

Name, ad	REGISTRATION STATEMENT - PAC ddress and telephone number of each person or organization	
		t
Are you b	peing paid for your representation?	☐ Yes ☐ No
Are you a (If you an the next q	appearing as part of your other paid duties for this person of swered "no," <b>STOP;</b> you need not complete the rest of this question.)	r organization?
Are you a municipali	an elected official or employee who is appearing solely ity or other governmental body?	on behalf of your office or for you Yes No
(If you an you must :	swered "yes" to the question, <b>STOP.</b> You need not comp sign this form. If you answered "no" to the question, go on t	plete the rest of this form, except that to the next question.)
lf you are advised th	being paid for your representation, or if your appearance lat:	is part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, you cauthorization with the City Clerk.	or your principal must file an
2.	Your principal is not permitted to authorize you to lob with the City Clerk.	oby unless you are registered
3.	If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file exp. Clerk for the remainder of the calendar year?	O for lobbying services in any ense statements with the City
Please go at Room 1	to the City Clerk's website <u>www.cityofmadison.com/clerk/</u> 03 of the City-County Building, Madison, for more informati	( <u>index.html</u> or go to the Clerk's Office ion )

Signature

Print Name

Date 11/16/10

Date: _	11-16-10	·
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Rob Larson	Address://8	Briar Crest &+
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	Aprison WE 5370 / N& ONE BOX IN THIS COLUMN
Amendment No. 1/ + 12	<ul><li>☑ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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(SEE BACK)

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

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

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

Nam	ne, add	ress and telephone	number of each person or or	ENT - PAGE 2 rganization you are representing:	
Are y	you bei	ng paid for your rep	resentation?	☐ Yes   ☐ No	
(If yo		/ered "no," <b>STOP;</b> y		person or organization? ☐ Yes ☐ est of this form. If you answered "yes," go	No on to
	-	elected official or or other governme	• • •	ng solely on behalf of your office or for ☐ Yes ☑ No	your
				not complete the rest of this form, excep n, go on to the next question.)	t that
	u are be sed that		epresentation, or if your appe	earance is part of other paid duties, pleas	e be
	1.	Before you enga authorization with		st, you or your principal must file an	
	2.	Your principal is with the City Cler		you to lobby unless you are registered	
	3.	reporting period (	•	an \$1,000 for lobbying services in any tile expense statements with the City	
			vebsite <u>www.cityofmadison.co</u> Building, Madison, for more i	om/clerk/index.html or go to the Clerk's C information.)	)ffice
Date		16/00	Signature		
	/		Print Name	6 Lous an	

Date: \_\_\_\_\_\_

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

•		•
PLEASE PRINT CLEARLY Name:	Address: 孑てし	AC Contura Pl
Marile. Chay let 2	Las.A.	Weton WE 535.62
1		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	1 & ONE BOX IN THIS COLUMN
Amendment No.	Support	☐ Wish to speak ☒ Do not wish to speak
Amendment No.	Oppose Neither Support Nor Oppose	Available to answer questions
farling	Support	☐ Wish to speak
Amendment No.	Oppose	☐ Do not wish to speak ☐ Available to answer questions
	Neither Support Nor Oppose	Wish to speak
Amendment No	Support Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
A LA No.	Support Oppose	☐ Wish to speak ☐ Do not wish to speak
Amendment No	☐ Neither Support Nor Oppose	Available to answer questions
	Support	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li></ul>
Amendment No	<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Available to answer questions
	Support	☐ Wish to speak
Amendment No	Oppose	<ul><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
	☐ Neither Support Nor Oppose ☐ Support	☐ Wish to speak
Amendment No	Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer questions
		han vourself:
At this meeting are you representing	ng an organization or a person other to need not complete the rest of this fo	rm. If you answered "yes," provide
the name of whom you represent a	and go on to the next question.)	SCIMCIAN (-
	· V	SCIVIC LUCATE 60

Nan	ne, add	REGISTRATION STATEMENT - PAGE 2  Iress and telephone number of each person or organization you are representing:
	-	
Are	you bei	ing paid for your representation?
(If yo	ou ansv	pearing as part of your other paid duties for this person or organization? Yes Nowered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on the estion.)
Are mun	you an	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If you	ou ansv must si	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except the gn this form. If you answered "no" to the question, go on to the next question.)
lf you advis	u are beed that	eing paid for your representation, or if your appearance is part of other paid duties, please bett:
	<b>1.</b>	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Plea at Ro	se go t om 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)

Signature

Print Name \_ Gnd

Date \(\lambda\)

Date:	11	16	.10	
Date.				

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Andy Kieslin	Address: 1/0	dison WI 5-3704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. /2	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent to	ng an organization or a person other to need not complete the rest of this for and go on to the next question.)	han yourself: ☐ Yes ☐ No rm. If you answered "yes," provide

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

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

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

Signature

Print Name

Date

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY	· · · · · · · · · · · · · · · · · · ·	01 Milwaukee St
Name: Jusan Momps	M Address:	or minuaire si_
	<u> </u>	adison We
CONTRACTOR	HECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
ENTER AMENDMENT NUMBER C	HECK ONE BOX IN TIME OF John	
	<u> </u>	
(BOE) 11 P	Support	☐ Wish to speak ☑ Do not wish to speak
Amendment No	Oppose Neither Support Nor Oppose	Available to answer questions
- (Ant) V	Support	☐ Wish to speak
Amendment No.	Oppose	Do not wish to speak
Amendment No.	Neither Support Nor Oppose	Available to answer questions
	Support	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li></ul>
Amendment No	Oppose Neither Support Nor Oppose	Available to answer questions
<u> </u>	Support	☐ Wish to speak
Amendment No	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
	Support	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li></ul>
Amendment No	Oppose Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak
Amendment No	Oppose	<ul><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
	Neither Support Nor Oppose	Wish to speak
	]Support ]Oppose	Do not wish to speak
Amendment No	Neither Support Nor Oppose	Available to answer questions
	•	
At this meeting are you representing	an organization or a person other t	han yourself: Yes No
- (If you answered "no " \$10P' VOIL DE	sea not complete me rear or min re	orm. If you answered "yes," provide
the name of whom you represent and	d go on to the next question.)	AESCIME
		711 0011

Are you bei	ing paid for your representation?
Are you app (If you answ the next que	pearing as part of your other paid duties for this person or organization? Yes Nowered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on a sestion.)
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?
(If you ansv you must si	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except the gn this form. If you answered "no" to the question, go on to the next question.)
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	of the follander of the balendar year:
Please go to at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)

Print Name Susan

Date:	4.	16	.70
,			

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Robert Stick	Address: 23	52 Superior St. dison 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 11 + 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself. Yes

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

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

#### **REGISTRATION STATEMENT - PAGE 2**

Nan	ne, ado	dress and telephone	e number of each person or organizate	ion you are representing:
	$l \propto$			
				:
Are	you be	ing paid for your re	presentation?	☐ Yes ☐ No
(If yo	ou ansi	pearing as part of y wered "no," <b>STOP;</b> restion.)	our other paid duties for this person of you need not complete the rest of the	or organization?
Are mun	you ar	n elected official o y or other governme	r employee who is appearing solely ental body?	y on behalf of your office or for your ☐ Yes ☐ No
(lf yo you i	ou ans must si	wered "yes" to the ign this form. If you	question, <b>STOP.</b> You need not com answered "no" to the question, go on	plete the rest of this form, except that to the next question.)
lf you advis	u are b sed tha	eing paid for your r t:	epresentation, or if your appearance	is part of other paid duties, please be
	1.	Before you engauthorization with	age in lobbying as a lobbyist, you h the City Clerk.	or your principal must file an
	2.	Your principal is with the City Cler	not permitted to authorize you to lo	obby unless you are registered
	3.	reporting period	spends or will owe more than \$1,00 (half year), the principal must file ex ainder of the calendar year?	00 for lobbying services in any pense statements with the City
(Plea at Ro	se go om 10	to the City Clerk's v 3 of the City-County	vebsite <u>www.cityofmadison.com/clerl</u> v Building, Madison, for more informa	<u>√index.html</u> or go to the Clerk's Office tion.)
Date	_//-	16.16	Signature	
			Print Name Rabart	Stickney.
		,		

		1(T1)	
Date:	11	16/10	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: 1014 Karwa	Address: 650	1 Appleglen Ln adison, WI 53719
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. 11 4 12	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(SEE BACK)

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

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

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

Name, addr	REGISTRA ess and telephone number of ea	ATION STATEMENT - PAI ch person or organizati		g:
			<u></u>	•
Are you beir	ng paid for your representation?		Yes	X No
Are you app (If you answ the next que	earing as part of your other paid ered "no," <b>STOP;</b> you need not o	duties for this person o complete the rest of this	or organization? ☐ Yes form. If you answere	es 🂢 No d "yes," go on to
•	elected official or employee work or other governmental body?	ho is appearing solely	on behalf of your of	ffice or for your
, -	vered "yes" to the question, <b>STC</b> In this form. If you answered "no"	•		orm, except that
If you are be advised that	ing paid for your representation,	or if your appearance	is part of other paid d	uties, please be
. 1.	Before you engage in lobbying authorization with the City Clerk		or your principal mus	t file an
2.	Your principal is not permitted with the City Clerk.	to authorize you to lo	bby unless you are re	egistered
3.	If your principal spends or will reporting period (half year), the Clerk for the remainder of the c	e principal must file exp		
	o the City Clerk's website <u>www.c</u> of the City-County Building, Mad			e Clerk's Office
Date		re Klawl	-	
	Print Na	ime Tony	Karwal	

Date: 16 November 2010

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Michael A. Ch	ilders Address: 50	) 9 N. Lake St. Apt 50 idison, WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	,
Amendment No. 11 BOE)	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 12 (BOE)	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	ng an organization or a person other the need not complete the rest of this for and go on to the next question.	

#### **REGISTRATION STATEMENT - PAGE 2**

Name, address and telephone number of each person or organization you are representing:
My Teaching Assistants Association
254 W. Gilman St
(60) 256-4375
Are you being paid for your representation? ☐ Yes ☒ No
Are you appearing as part of your other paid duties for this person or organization?   Yes   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.)
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, <b>STOP.</b> 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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<ol> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> </ol>
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 Molegnye DSM Signature
Print Name

Date:	-	16/200

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY						
Name: Mathew Syems	nicht Address: <u>625</u>	Elon Drive Room 105				
	Mac	Elon Drive Room (05 dison WI 53703.				
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN				
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>				
Amendment No \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>				
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>				
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>				
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>				
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>				
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>				
At this meeting are you representing an organization or a person other than yourself: Yes No						

(SEE BACK)

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

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

#### **REGISTRATION STATEMENT - PAGE 2**

Nar	ne, add	lress and telephone nu	mber of each p	erson or organizati	on you are representir	ng:
	Styd	lent Labor A	ction Co	palition		
	, , , , , , , , , , , , , , , , , , ,	333 E Can	IRUS Ma	- Commenter of the Comm		
		Madison,	WI S	3706		
Are	you bei	ing paid for your repres	entation?		☐ Yes	⊠ No
(If y		pearing as part of your wered "no," <b>STOP;</b> you estion.)				
		n elected official or er v or other governmenta		s appearing solely	on behalf of your o	ffice or for your
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	u are b	eing paid for your repr t:	esentation, or it	your appearance	is part of other paid d	uties, please be
	1.	Before you engage authorization with the		s a lobbyist, you	or your principal mus	t file an
i	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
Plea at Ro	ase go t oom 103	o the City Clerk's web 3 of the City-County Bu	site <u>www.cityofi</u> ilding, Madison	madison.com/clerk , for more informat	<u>/index.html</u> or go to th ion.)	e Clerk's Office
Date	11//	6/10	Signature	Modern	Julmmalt	
		( -	Print Name	Matthew	Siemicht.	

Date:	- Acceptance	14.	1501Q

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Ara Bisser		S W Johnson 10071A Edison WI 53706
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representi (If you answered "no," STOP; you the name of whom you represent	ng an organization or a person other need not complete the rest of this fo and go on to the next question.)	than yourself: ⊠ Yes □ No orm. If you answered "yes," provide

(SEE BACK)

#### **REGISTRATION STATEMENT - PAGE 2**

Name, ad	dressຼand telephone ກເ	ımber of each perso	n or organization you	are representin	g:
Studi	ent Labor	fiction	· Coaltior	)	
	333 (	campus	Mall	1	
	Mady	on WI	S 370 Q		
Are you be	eing paid for your repre	sentation?		☐ Yes	No
	opearing as part of your swered "no," <b>STOP;</b> you uestion.)				
	n elected official or early y or other governmenta		pearing solely on be	ehalf of your of	fice or for your
	swered "yes" to the que sign this form. If you ans				rm, except that
If you are I	being paid for your rep at:	resentation, or if you	ır appearance is part	of other paid du	ıties, please be
<b>1.</b>	Before you engage authorization with the		lobbyist, you or you	r principal mus	t file an
2.	Your principal is no with the City Clerk.	t permitted to autho	orize you to lobby un	iless you are re	gistered
3.		If year), the principa	ore than \$1,000 for k Il must file expense s vear?		
	to the City Clerk's web 3 of the City-County Bo			<u>html</u> or go to the	e Clerk's Office
Date	(0/2010)	Signature	A C		
`		Print Name	Lara Bissen	,	•

Date:	11	16	6/	10	
		Tr.			

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY	Address: Vian	N Down CA ROYNG MOR
Name: Cristing Loc		N. Park St Room 103
	· Ma	dison, WI 53706
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Xes

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

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

Nam	ne, addi	ress and telephone number of each person or organization you are representing:
	Sih	edent cabor Action Coalition
	 	333 East Compus Mall
		Hadison, W. BERMARO 53706
Are y		ng paid for your representation?
(If yo	you app ou answ ext que	pearing as part of your other paid duties for this person or organization? Yes / No vered "no," <b>STOP;</b> you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are y	you an cipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If yo you r	ou answ nust sig	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that on this form. If you answered "no" to the question, go on to the next question.)
lf yοι advis	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be :
,	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)
Date	_(/(	Signature C
	l	Print Name

PLEASE PRINT CLEARLY		
Name: JENNIFER 1	Address: \(\)	OS. Thompson Pr
ENTER AMENDMENT NUMBER		OS. Thompson Pr dison VIS37. N& ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you represent in (If you answered "no," STOP; you the name of whom you represent a	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	han yourself: Yes No No rm. If you answered "yes," provide

Name, address and telepho	one number of each person or org	anization you are representing:
Stident (	abor Achin (	balihon
333 E	Campus Ma	
Madisir	n M 5370	5
Are you being paid for your	representation?	☐ Yes .☐ No
	f your other paid duties for this pe P; you need not complete the rest	rson or organization? ☐ Yes ☐ No t of this form. If you answered "yes," go on to
Are you an elected official municipality or other govern		solely on behalf of your office or for your Yes No
	ne question, <b>STOP.</b> You need no ou answered "no" to the question,	t complete the rest of this form, except that go on to the next question.)
If you are being paid for you advised that:	ır representation, or if your appea	rance is part of other paid duties, please be
	ngage in lobbying as a lobbyist, with the City Clerk.	you or your principal must file an
2. Your principal with the City C		ı to lobby unless you are registered
reporting perio		\$1,000 for lobbying services in any ile expense statements with the City
	s website <u>www.cityofmadison.con</u> nty Building, Madison, for more in	n/clerk/index.html or go to the Clerk's Office formation.)
Date 16/10	Signature	and the
	Print Name	JENNIFER LE

Date:		6/10	
	7 7		

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PLEASE PRINT CLEARLY		NA 1 - 2-1
Name: Joneth Zm	Address: \(\frac{1}{2}\)	1 Mont St
	· Maj	1 Mon 2 3} soy vi 53)11
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
N.	☑ Support	☐ Wish to speak
Amendment No.	Oppose Oppose	Do not wish to speak  Available to answer questions
	Neither Support Nor Oppose	
	<ul><li>☑ Support</li><li>☐ Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li></ul>
Amendment No.	☐ Neither Support Nor Oppose	Available to answer questions
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	Neither Support Nor Oppose	Wish to speak
A was a dwarf No	☐ Support ☐ Oppose	Do not wish to speak
Amendment No	Neither Support Nor Oppose	Available to answer questions
At this was ating are your conformation	ng an organization or a person other th	nan yourself: Yes 🔲 No
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the name of whom you represent a	and go on to the next question.)	. *

Name, add	ess and telephone numb	er of each per	son or organizat	tion you are	representing:	
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Are you bei	ng paid for your represent	tation?			☐ Yes	] No
	earing as part of your oth ered "no," <b>STOP;</b> you ne stion.)					☐ No es," go on to
	elected official or emploor other governmental bo		appearing solely	y on behalf		or for your No
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(Please go to at Room 103	o the City Clerk's website of the City-County Buildi	www.cityofma ng, Madison, f	adison.com/clerl for more informa	√index.html tion.)	or go to the Cl	ərk's Office
Date	400	Signature <b></b>	W 6/7	/		
	· .	Print Name	- //0	Sove	h Zm	

Date:	 116/10	
	 Į	

PLEASE PRINT CLEARLY Name: Robert Henn	Address: \$4	2 Spaight st #1 dison, WI 53703
10001 1000	· Ma	dison, WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. Land 12/80 E	<ul><li>✓ Support</li><li>✓ Oppose</li><li>✓ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you the name of whom you represent a	g an organization or a person other t need not complete the rest of this fo nd go on to the next question.)	han yourself: ☑ Yes   □ No rm. If you answered "yes," provide

Nar	ne, add	lress and telephone number of each person or organization you are representing:
	Teac	hing Assistants Association
	25	4. W. Gilman St.
	Mix	dison, WI 53703
Are	you bei	ing paid for your representation?
(If y		pearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are mun	you ar iicipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If y you	ou ansv must si	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)
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(Plea at Ro	ase go t oom 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date:	1.16.	10
_ ~.		

PLEASE PRINT CLEARLY Name: Quitnine Hill	Address:	254 W. Gilman 84.
		Madison 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other need not complete the rest of this i and go on to the next question.)	than yourself: ⊠ Yes □ No form. If you answered "yes," provide TAA LOCA( 3220

			son or organization you	are representing:
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·	25410.9	riman St.		
	Madran	ocal 3220 Jiman 8t. Wi 53703		
Are you be	ing paid for your	representation?		☐ Yes      No
Are you ap (If you ans the next qu	wered "no," <b>STOI</b>	your other paid duties you need not comple	for this person or organi ete the rest of this form. I	zation? ☐ Yes   ☑ No f you answered "yes," go on to
Are you ar municipality	n elected official y or other governr	or employee who is nental body?	appearing solely on bel	nalf of your office or for your ☐ Yes  ☑ No
(If you ans you must si	wered "yes" to th ign this form. If yo	e question, <b>STOP.</b> Yo u answered "no" to the	u need not complete the question, go on to the n	e rest of this form, except that ext question.)
If you are b advised tha	peing paid for you it:	r representation, or if y	our appearance is part o	of other paid duties, please be
1.	Before you er authorization w	gage in lobbying as vith the City Clerk.	a lobbyist, you or your	principal must file an
2.	Your principal with the City C		thorize you to lobby unle	ess you are registered
3.	reporting perior	al spends or will owe in the principle of the calendary of the calendary of the calendary.	more than \$1,000 for lol ipal must file expense st ir year?	obying services in any atements with the City
(Please go at Room 10	to the City Clerk's 3 of the City-Cour	s website <u>www.cityofma</u> nty Building, Madison, f	adison.com/clerk/index.h for more information.)	tml or go to the Clerk's Office
Date	-16-10	Signature _	Claiboen Hi	
		Print Name	CHIBARNE	- Links

<b>.</b> .	1.	10	
Date:	- lillo	10	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: AUUE, HABE	,	OISON
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 308	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. Bog	Support  ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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(SEE BACK)

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

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

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

ivai	me, add	dress and telephone number of each person or orga	anization you are representing:
1	FSCI	MEITH	
Are	you be	eing paid for your representation?	☐ Yes ☑ No
(If y	ou ans	pearing as part of your other paid duties for this perwered "no," <b>STOP;</b> you need not complete the restuestion.)	rson or organization?  Yes No of this form. If you answered "yes," go on to
Are mur	you ar	n elected official or employee who is appearing y or other governmental body?	solely on behalf of your office or for your ☐ Yes ☐ No
(If y you	ou ans must si	wered "yes" to the question, <b>STOP.</b> You need not ign this form. If you answered "no" to the question,	t complete the rest of this form, except that go on to the next question.)
lf yo advi	u are b sed tha	peing paid for your representation, or if your appear at:	rance is part of other paid duties, please be
	<b>1</b> ,	Before you engage in lobbying as a lobbyist, authorization with the City Clerk.	you or your principal must file an
	2.	Your principal is not permitted to authorize you with the City Clerk.	to lobby unless you are registered
	3.	If your principal spends or will owe more than reporting period (half year), the principal must fi Clerk for the remainder of the calendar year?	\$1,000 for lobbying services in any le expense statements with the City
Plea at Ro	ase go oom 10	to the City Clerk's website <u>www.cityofmadison.com</u> 3 of the City-County Building, Madison, for more inf	<u>//clerk/index.html</u> or go to the Clerk's Office formation.)
Date		Signature	
	***************************************	Print Nama	
	•		

Date:	1(-16-10	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Man G	na Address: 120	S. 15+ S+
		lison 55704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 12	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes \sum No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

		DECICEDATION OTATEMENT. DAGE 6
Nar	ne ado	REGISTRATION STATEMENT - PAGE 2  Iress and telephone number of each person or organization you are representing:
	/	AFSEME Local 171
Are	you be	ing paid for your representation?
(If y	ou ansi	pearing as part of your other paid duties for this person or organization?
	-	n elected official or employee who is appearing solely on behalf of your office or for you y or other governmental body?
		wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
-	u are b sed tha	peing paid for your representation, or if your appearance is part of other paid duties, please be tt:
•	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.)

Signature /

Print Name

Date:	1/16/16	
	,	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Alexander Gierry	Address: 7 Z	44 W. Latebian DI.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	We ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes \(\Boxed{\text{No}}\) No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

•	lephone number of each person or organi	ization you are representing:
Student Labor	Action Coalition	· · · · · · · · · · · · · · · · · · ·
333 E. Campu	5 Mall	
Malison WI	53706	
Are you being paid for	your representation?	☐ Yes ☐ No
	part of your other paid duties for this person STOP; you need not complete the rest of	on or organization? ☐ Yes ☐ No f this form. If you answered "yes," go on to
Are you an elected of municipality or other go	· · · · · · · · · · · · · · · · · · ·	olely on behalf of your office or for your
	to the question, <b>STOP.</b> You need not on the control of the state of t	complete the rest of this form, except that on to the next question.)
If you are being paid for advised that:	or your representation, or if your appeara	nce is part of other paid duties, please be
	ou engage in lobbying as a lobbyist, y ition with the City Clerk.	ou or your principal must file an
	ncipal is not permitted to authorize you t City Clerk.	o lobby unless you are registered
reporting	rincipal spends or will owe more than \$ period (half year), the principal must file the remainder of the calendar year?	
	Clerk's website <u>www.cityofmadison.com/c</u> -County Building, Madison, for more info	clerk/index.html or go to the Clerk's Office rmation.)
Date	Signature	<u> </u>
	Print Name Alexande	ir J. Gierra

Date:		16-	(0	
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Brand Collin	۸ς Address: (	,45 E Johnson Apt. 1
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(SEE BACK)

At this meeting are you representing an organization or a person other than yourself: Ves

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

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

Nam	e, addr	ess and tel	ephone nu	mber of each pe	erson or organizatio	n you are represen	ting:
	21	rident	Labo	r Action	Coadition		·
		333	East	Campus M	Coudition	1	
				, wit 537			
Are y	ou beir	ng paid for	your repres	entation?		☐ Ye	s 🔽 No
(If yo		ered "no,"				organization? [] form. If you answe	
			ficial or en vernmenta		appearing solely	on behalf of your ☐ Yes	
						lete the rest of this o the next question	
	are be		r your repr	esentation, or if	your appearance i	s part of other paid	duties, please be
	1.			in lobbying as e City Clerk.	s a lobbyist, you c	or your principal m	ust file an
	2.	Your prin	•	t permitted to a	uthorize you to lob	oby unless you are	registered
	3.	reporting	period (hal		icipal must file exp	) for lobbying servi ense statements w	
(Pleas at Ro	se go to om 103	the City ( of the City	Clerk's web -County Bu	site <u>www.cityofi</u> iilding, Madison	madison.com/clerk/ , for more informati	i <u>ndex.html</u> or go to on.)	the Clerk's Office
Date	-	16-10		Signature		Calle	
				Print Name	Braudi Co	Con Section 1	

Date:	المستندين وونسودادوند. المستندن وونسودادور	/110	10	
		1		

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Tennifer Dor		S & Johnson Apt. 1 dison, WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes \sum No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Nam	ne, addı	ress and telephone number of each person or organization you are representing:
	St	ident labor Action Coalition
	33.	3. East Campus Mall
<u></u>		adison, W1 53706
Are y	you beii	ng paid for your representation?
(If yo	ou answ	pearing as part of your other paid duties for this person or organization? ☐ Yes D No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
		elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?
		vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except tha gn this form. If you answered "no" to the question, go on to the next question.)
	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be t:
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date		Signature Signature
	(	Print Name Tenyife Toncinge

Date:	11/16/2010	٠

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: Jishna Brielma	Address: 70	3 E Corham 43
	*	adison, W
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. 11-N 12  BOE OPERATING	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support  Oppose  Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☒ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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

Yes 

No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes □ No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next auestion.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes municipality or other governmental body? No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that vou must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: -Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2 with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Signature

Print Name

Date

Date:	11/16/10
Date.	

PLEASE PRINT CLEARLY Name: [ ] [ ] [ ] [ ] [ ]	Address: 50	301 Knightsboilge Ford
	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you represent (If you answered "no," STOP; you the name of whom you represent a	ng an organization or a person other to need not complete the rest of this fo and go on to the next question.)	han yourself: Yes No rm. If you answered "yes," provide

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

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

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

Signature

Print Name

Date

Date: _	ļ	1	/	/	6		
_		1	1			/	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Rente Abel	- Collinge Address: 50	Shady Wood
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No//	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

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

Date: Nov 1

### Early Public Comment Registration Statement - Common Council 2011 OPERATING BUDGET

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Anemarie	Banas Address: 93	38 Waban Hill adison, W1 53711
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

### Page 2 of 2

				• .		
Are	you be	eing paid for your rep	resentation?	-	☐ Yes ☐	No
(If y	ou ans	pearing as part of yowered "no," <b>STOP;</b> you stion.)	our other paid duties for our need not complete	or this person or c e the rest of this fo	rganization? ☐ Yes orm. If you answered "yes	☐ No s," go on to
		n elected official or y or other governmer		ppearing solely o	n behalf of your office	or for your No
(If yo you	ou ans must s	wered "yes" to the o	question, <b>STOP.</b> You answered "no" to the c	need not comple question, go on to	te the rest of this form, of the next question.)	except that
lf yo advi:	u are t sed tha	peing paid for your reat:	epresentation, or if yo	ur appearance is	part of other paid duties,	please be
	1.	Before you enga authorization with		lobbyist, you or	your principal must file	an
,	2.	Your principal is with the City Clerk	not permitted to auth	orize you to lobb	y unless you are registe	red
	3.	reporting period (		al must file exper	or lobbying services in a se statements with the 0	
Plea at Ro	ase go oom 10	to the City Clerk's w 3 of the City-County	ebsite <u>www.cityofmac</u> Building, Madison, fo	dison.com/clerk/in r more informatior	dex.html or go to the Cle	rk's Office
Date			Signature	·		· 
		,	Print Name		_*	

Date:	(1	1.16	12010	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: David Milles	Address:	1650 HOARD ST MADISON WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	-
Amendment No(	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you	ng an organization or a person other need not complete the rest of this fo	than yourself: ☐ Yes ☐ No orm. If you answered "yes," provide

(SEE BACK)

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

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

Date:	11	10	10	
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY  Name: KEN SEIFEIT		TRaveler LANE LISON WF 53718
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>∑ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: 
Yes Volume No. (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: . . . Are you being paid for your representation? Yes □No Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes l No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date Signature

Print Name

	1/10	lin.
Date:	11/10	//

PLEASE PRINT CLEARLY Name: Lick Myar	Address: N/68	26 ENGLISH SETTEMBUT RI
Name. Sign Private	- Ac	BANY, WI 63502
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No/ O	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	nan yourself: Yes No rm. If you answered "yes," provide

Name, add	REGISTRATION STATEMENT - PAGE 2 lress and telephone number of each person or organization you are representing:
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Are you bei	ing paid for your representation?
Are you app (If you answ the next que	pearing as part of your other paid duties for this person or organization? Yes Nowered "no," <b>STOP;</b> you need not complete the rest of this form. If you answered "yes," go on the estion.)
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?
(If you ansv you must si	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except tha gn this form. If you answered "no" to the question, go on to the next question.)
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(Please go t at Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date	16 10 Signature
	Print Name

Date: 11/16/10

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

	*	
PLEASE PRINT CLEARLY Name: David Wis	Address: 3	316 Ivy st. Edison, Wi. 53714
	•	· ·
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 11.112	⊠ Support □ Oppose □ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
		· · · · · · · · · · · · · · · · · · ·
At this meeting are you representing (If you answered "no," STOP; you rethe name of whom you represent are	need not complete the rest of this fo	than yourself: ☑ Yes ☐ No orm. If you answered "yes," provide AFSCME LOCAL 6

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ☐ Yes ☐ No Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ີ Yes □ No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Signature

Print Name

Date

Date:	[ ]	10	(10	
	<del></del>		<u> </u>	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

Name: Robert Pohore	Address: 480	Buckeye Rd
	Wa	OBuckeye Rd Jison 10 15 53716
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 11 + 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(SEE BACK)

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

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

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

Trainio, ad	dress and telephone number of each person or organization you are representing:
Are you be	eing paid for your representation?
	ppearing as part of your other paid duties for this person or organization? Yes Nowered "no," <b>STOP;</b> you need not complete the rest of this form. If you answered "yes," go on to uestion.)
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(If you ans you must s	ewered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

PLEASE PRINT CLEARLY Name: 4 Pidi oncle	Address: 2/	5 MCK Jr. Blud.	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	idison, W1 53703	
Amendment No. 1/8/12	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No <i>\(\int\)</i>	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
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Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
At this meeting are you representing an organization or a person other than yourself:   Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)			

Nam	ne, add	ress and telephone	REGISTRATION ST number of each perso	ATEMENT - PAGE 2 on or organization yo	u are representin	g:
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	1					
Are y	you bei	ng paid for your re	presentation?		☐ Yes	☑ No
(If yo		vered "no," <b>STOP</b> ;	our other paid duties fo you need not complete			
		elected official o or other governme	r employee who is ap ental body?	pearing solely on b	ehalf of your of	fice or for your
			question, <b>STOP.</b> You answered "no" to the q			orm, except that
	are be		representation, or if you	ur appearance is par	t of other paid du	uties, please be
	1.	Before you eng authorization wit	age in lobbying as a h the City Clerk.	lobbyist, you or yo	ur principal mus	t file an
	2.	Your principal is with the City Cle	not permitted to authork.	orize you to lobby u	nless you are re	gistered
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			website <u>www.cityofmad</u> y Building, Madison, for		<u>a.html</u> or go to the	e Clerk's Office
Date		-16-10	Signature	Heide Con	ide	
			Print Name	Heidi Con	de	

Date: <u>// -/.6 -/.0</u>
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PLEASE PRINT CLEARLY		
Name: June Coglio	Go-LEO) Address: 94	14 E. Wayton St.
		14 E. Dayton St. rdison, WI 53703
	<u> </u>	$\frac{\alpha (1 \times 1)}{2} \times \frac{\alpha (1 \times 1)}{2} \times \alpha (1 \times 1$
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
		Mich to analy
Amendment No. 11312	Support Oppose	☐ Wish to speak ☑ Do not wish to speak
Amendment No. 11915	☐ Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak
Amendment No	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
	☐ Support	☐ Wish to speak
Amendment No	Oppose	🗵 Do not wish to speak
	□ Neither Support Nor Oppose	Available to answer questions
	Support	Wish to speak
Amendment No.	Oppose	Do not wish to speak Available to answer questions
	☐ Neither Support Nor Oppose	
	Support	
Amendment No	<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Available to answer questions
	Support	☐ Wish to speak
Amendment No.	Oppose	☐ Do not wish to speak
Amonamon to	☐ Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak
Amendment No	Oppose	Do not wish to speak
	□ Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing	ng an organization or a person other t	han vourself: ⊠Yes ☐ No
(If you answered "no." <b>STOP:</b> you	need not complete the rest of this to	rm. If you answered "yes," provide
the name of whom you represent a	and go on to the next question.)	AFSCME local 60
the name of whom you represent a	and go on to the next question.)	ATSCME local 60

#### REGISTRATION STATEMENT - PAGE 2

ivanie, auc	aress and telephone number of each person of organization you are representing.
· Lec	al 60° .
Are you be	eing paid for your representation?
	pearing as part of your other paid duties for this person or organization? Yes X No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to restion.)
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Date/	16/10 Signature Jene Leg Lin
,	Print Name / JUNE GOG 40

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Date:////3-/0	
Date:// 4/9 / /	
Bate.,	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

* •		
PLEASE PRINT CLEARLY Name: Karel O FIL	Address: 16	edison wis 374
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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(SEE BACK)

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

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Print Name

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PLEASE PRINT CLEARLY Name:	Address: 20	38 E.M. Stin St.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No. /O	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: \( \subseteq \text{Yes} \subseteq \subsete \text{No} \) (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Are you be	eing paid for your representation?
Are you ap	opearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "ves." go on to
Are you a municipalit	n elected official or employee who is appearing solely on behalf of your office or for you y or other governmental body?
(If you ans you must s	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
If you are badvised that	peing paid for your representation, or if your appearance is part of other paid duties, please be at:
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	dationzation with the only Glerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
<ul><li>2.</li><li>3.</li></ul>	Your principal is not permitted to authorize you to lobby unless you are registered
3. (Please go	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
3. ′Please go	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?  to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Date:	The state of the s	16	~/	0	
			ţ		

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address:	13 Doe Crossing Tr adjson 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 10	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☑ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 11 and 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself; Yes \sum No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Nar	ne, add	ress and telephone r	REGISTRATION STATEMI number of each person or o		representing	60
					:	
Are	you bei	ng paid for your repr	esentation?		☐ Yes	No
(If y		vered "no," <b>STOP;</b> ye	ur other paid duties for this ou need not complete the re			
	•	elected official or or other governmen	employee who is appearir tal body?	ng solely on behalf	f of your offic ☐ Yes	ce or for your ☐ No
			uestion, <b>STOP.</b> You need in the swered "no" to the question			m, except that
	u are b		presentation, or if your app	earance is part of c	other paid dut	ies, please be
	1.	Before you engag	ge in lobbying as a lobby the City Clerk.	ist, you or your pr	incipal must	file an
	2.	Your principal is r with the City Clerk	not permitted to authorize y	you to lobby unless	s you are reg	istered
	3.	reporting period (h	pends or will owe more the palf year), the principal must ender of the calendar year?			
			ebsite <u>www.cityofmadison.c</u> Building, Madison, for more		or go to the	Clerk's Office
Date			Signature			
			Print Name		·	

	1 de	
Date:	11/16/10	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

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

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

#### **REGISTRATION STATEMENT - PAGE 2**

wame, a	ddress and telephone number of each person or organization you are representing:
(ocal	$\mathcal{L}_{\mathcal{L}}$
Porl	Sh Madison
Are you b	peing paid for your representation?
Are you a (If you an the next o	ppearing as part of your other paid duties for this person or organization? Yes No swered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to question.)
Are you municipal	an elected official or employee who is appearing solely on behalf of your office or for your ity or other governmental body?
(If you an you must	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)
lf you are advised th	being paid for your representation, or if your appearance is part of other paid duties, please be nat:
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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 at Room 1	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: 50HW Elliott		+02 HOARD ST.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No/ O	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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

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

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

#### **REGISTRATION STATEMENT - PAGE 2**

Name, ad	Idress and telephone number of each person or organization you are representing:
Are you be	eing paid for your representation?
Are you ap (If you ans the next qu	ppearing as part of your other paid duties for this person or organization? Yes No swered "no," <b>STOP;</b> you need not complete the rest of this form. If you answered "yes," go on uestion.)
Are you a municipalit	an elected official or employee who is appearing solely on behalf of your office or for you ty or other governmental body?
(If you ans you must s	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except the sign this form. If you answered "no" to the question, go on to the next question.)
If you are to advised that	being paid for your representation, or if your appearance is part of other paid duties, please b at:
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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 at Room 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)
Date <u>[</u>	11/2010 Signature Johnshaffen
ř	Print Name John R. Ellian

Date:	1(-16:10	_
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Douglas Peterson	Address: 6197	= JOHNSON ST
	·	TSON WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
BOE Operating Amendment No. 11+12	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
BOE Capital Amendment No. 14	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>  Wish to speak</li><li>  Do not wish to speak</li><li>  Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representir	ng an organization or a person other th	nan yourself: ☑ Yes     No

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

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

#### **REGISTRATION STATEMENT - PAGE 2**

Nar	ne, add	•	mber of each p	person or organiz	ation you are represent	ing:
-		Local 60	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
	,		·			
Are	you bei	ing paid for your repres	entation?		☐ Yes	No
(If y	ou ansv				n or organization?   this form. If you answer	
	-	n elected official or en or other governmenta	• •	is appearing sole	ely on behalf of your Yes	
					mplete the rest of this on to the next question.	
	u are b sed tha		esentation, or	if your appearance	ce is part of other paid	duties, please be
	1.	Before you engage authorization with the		as a lobbyist, yo	u or your principal m	ust file an
	2.	Your principal is not with the City Clerk.	t permitted to	authorize you to	lobby unless you are	registered
	3.		f year), the pr	incipal must file e	000 for lobbying servicexpense statements with	
		to the City Clerk's web 3 of the City-County Bu			e <u>rk/index.html</u> or go to nation.)	the Clerk's Office
Date		16. 10	Signature	Dauglas Peter	561	
			Print Name	Douglas Pete	561 1504	· .
				·		

Date:	į	- 1	6	- maga	$\bigcirc$	
Date.				_		_

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: Jeff Fisws	Address: 105	N. Thompson
<u> </u>		115m, wi 53714
		,
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
		J.
	Support	Wish to speak
Amendment No.	Oppose     Neither Support Nor Oppose      Oppose	Do not wish to speak  Available to answer questions
	Support	☐ Wish to speak
Amendment No.	Oppose /	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
Amanda 11 et 12	〗 Support 〗 Oppose	☐ Wish to speak ☐ Do not wish to speak
Amendment No. 11 + 12	Neither Support Nor Oppose	Available to answer questions
	Support	Wish to speak
Amendment No.	Oppose Neither Support Nor Oppose	☐ Do not wish to speak ☐ Available to answer questions
	Support	☐ Wish to speak
Amendment No.	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
L	Support Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li></ul>
Amendment No	Neither Support Nor Oppose	Available to answer questions
	Support	Wish to speak
Amendment No.	Oppose Neither Support Nor Oppose	☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing	an organization or a nerson other th	nan vourself: 🍽 Yes 🔲 No
(If you answered "no," STOP; you no	eed not complete the rest of this for	m. If you answered "yes," provide

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

Name, add	REGISTRATION STATEMENT - PAGE 2 ress and telephone number of each person or organization you are representing:
	Local 60
Are you bei	ng paid for your representation?
Are you app (If you answ the next que	pearing as part of your other paid duties for this person or organization? Yes Novered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on the estion.)
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?
(If you ansv you must się	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except the gn this form. If you answered "no" to the question, go on to the next question.)
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be
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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 at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date	-16-(U Signature 4/14

Print Name Jeff Fiswi

Date: 11/16/10

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

		•
PLEASE PRINT CLEARLY Name: FFF PORTER	Address: 1039	SW. LAKESIDE ST. ISON, WI 53715
Val Jokies	MAAA	1001 1011 52215
	<u> </u>	1300 WI 3311)
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	1 & ONE BOX IN THIS COLUMN
8	☐ Support	☐ Wish to speak
Amendment No.	Oppose  Neither Support Nor Oppose	Do not wish to speak  Available to answer questions
BOE OPERAN		Wish to speak
Amendment No. 11 \$ 12	Oppose	Do not wish to speak
American No.	Neither Support Nor Oppose	Available to answer questions
	☐ Support	☐ Wish to speak
Amendment No	Oppose	Do not wish to speak  Available to answer questions
D	Neither Support Nor Oppose	Wish to speak
BUE CAPITUL	Support Oppose	Do not wish to speak
Amendment No	☐ Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak
Amendment No	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
	Support	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li></ul>
Amendment No.	<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Available to answer questions
	Support	☐ Wish to speak
Amendment No.	Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer questions
	·	
At this meeting are you representing	g an organization or a person other the	nan yourself: 🗌 Yes 💢 🔲 No
/If you answered "no " STOP: VOU .	need not complete the rest of this for	m. If you answered "yes," provide
the name of whom you represent a	nd go on to the next question.)	ı

### REGISTRATION STATEMENT - PAGE 2

·:	dress and telephone number of each person or organization	r you are representing.
		,
Are you be	eing paid for your representation?	☐ Yes ☐ No
	opearing as part of your other paid duties for this person or owered "no," <b>STOP;</b> you need not complete the rest of this fuestion.)	
	n elected official or employee who is appearing solely o y or other governmental body?	on behalf of your office or for you
(If you ans	wered "yes" to the question, <b>STOP.</b> You need not comple ign this form. If you answered "no" to the question, go on to	te the rest of this form, except that the next question.)
If you are be advised that	peing paid for your representation, or if your appearance is at:	part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, you or authorization with the City Clerk.	your principal must file an
2.	Your principal is not permitted to authorize you to lobb with the City Clerk.	y unless you are registered
3.	If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file exper Clerk for the remainder of the calendar year?	
	to the City Clerk's website <u>www.cityofmadison.com/clerk/in</u> 3 of the City-County Building, Madison, for more information	
Date	Signature	
	Print Name	

Date:	_//		 _

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: AY YOUNG	Address: Oct	ISS RAINS
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	<u>'</u>
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. APITAL 14	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. BOE 1912	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No/്	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: . Are you being paid for your representation? ☐ Yes □ No Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No (If you answered "yes" to the guestion, 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

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

Clerk for the remainder of the calendar year?

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

Signature

Print Name

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	an Address: 250	52 Duning ody Dr 1807 WI \$371
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 11 & 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	ng an organization or a person other t	than yourself: Yes  No

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

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

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ☐ Yes 🎢 No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? l Yes ∦No. (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

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

Signature

	1///	
Date:	11/6	

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PLEASE PRINT CLEARLY Name: his bauthing	Address: 2/	25 Pavis Hills W
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>✓ Support</li><li>✓ Oppose</li><li>✓ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you the name of whom you represent a	ng an organization or a person other to need not complete the rest of this for and go on to the next question.)	han yourself: Yes

**REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing; Are you being paid for your representation? □Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: -1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Signature

Print Name

Date

Date:	- Sample and	$I(\rho)$	10	
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PLEASE PRINT CLEARLY  Name:	√ Address:	37 AZHALANDR	
	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN		
Amendment No. 1412	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)			

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: . Are you being paid for your representation? Yes No Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

- 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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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 <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	Market and a second
	Print Name	

Date: 11 / 16 / 2010

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

PLEASE PRINT CLEARLY Name: WILLIAM ROE	SON Address: 208	ADISON, WISSTOY
ENTER AMENDMENT NUMBER		
Amendment No. 11+12	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No/O	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you the name of whom you represent a	ng an organization or a person other to need not complete the rest of this for and go on to the next question.)	than yourself: Yes  No Norm. If you answered "yes," provide

#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ☐ Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date Signature

Print Name

Date: 11/14/10

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: MIKE TANGOO	10 Address: 1/41 Ma	d.son WI 55703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No. 1 + 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. BOECA	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

#### REGISTRATION STATEMENT - PAGE 2

Are you being paid for your representation?	Name, add	dress and telephone number of each person or organization you are representing:
Are you appearing as part of your other paid duties for this person or organization?   Yes   New (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on the next question.)  Are you an elected official or employee who is appearing solely on behalf of your office or for you municipality or other governmental body?   (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except the you must sign this form. If you answered "no" to the question, go on to the next question.)  If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:  1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.  2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.  3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?  (Please go to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)		
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municipality or other governmental body?  (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except the you must sign this form. If you answered "no" to the question, go on to the next question.)  If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:  1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.  2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.  3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?  (Please go to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)	(If you ans	swered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on
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<ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> <li>If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?</li> </ol> (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	(If you ans you must s	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except the sign this form. If you answered "no" to the question, go on to the next question.)
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reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?  (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date	2.	
at Room 103 of the City-County Building, Madison, for more information.)  Date Signature	3.	reporting period (half year), the principal must file expense statements with the City
Drink Name		
Print Name	Date	Signature
		Print Name

	1	1	
Date:	116	110	
<b>–</b> 4.0.	 <del>/</del>	<del>/</del>	

PLEASE PRINT CLEARLY Name:	Address: 9	147 Black Bridge Juesville
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. <u>ロもい</u>	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 8	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you the name of whom you represent a	ng an organization or a person other need not complete the rest of this f and go on to the next question.)	than yourself: ⊠ Yes □ No form. If you answered "yes," provide

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

(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.)

Clerk for the remainder of the calendar year?

reporting period (half year), the principal must file expense statements with the City

Date	Signature	· ·
	Print Name	

Date:	11/16/16	
	( '	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: NED KESSEN	ICH Address: 93	2 07/14
ENTER AMENDMENT NUMBER		RONA, WT 5359.  N & ONE BOX IN THIS COLUMN
BUE OPERATION Amendment No. 1607	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you no	eed not complete the rest of this fol	nan yourself: Yes
the name of whom you represent and	d go on to the next question.)	ECCINE LOUAKE CO.

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

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

Clerk for the remainder of the calendar year?

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

Signature

Print Name

Date: // 1/6 10

Wish to speak

Do not wish to speak

Available to answer questions

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on. PLEASE PRINT CLEARLY Address: Name: CHECK ONE BOX IN THIS CÓLUMN & ONE BOX IN THIS COLUM ENTER AMENDMENT NUMBER Wish to speak Support Do not wish to speak Amendment No. Oppose Available to answer questions Neither Support Nor Oppose 111160 Wish to speak Support Do not wish to speak Oppose Amendment No. Available to answer questions Neither Support Nor Oppose Wish to speak Support Do not wish to speak Oppose Amendment No. Neither Support Nor Oppose Available to answer questions Wish to speak Support Do not wish to speak Oppose Amendment No. Available to answer questions Neither Support Nor Oppose Wish to speak Support Do not wish to speak Oppose Amendment No. Available to answer questions Neither Support Nor Oppose Wish to speak Support Do not wish to speak Oppose Amendment No. \_\_\_\_ Available to answer questions 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 whom you represent and go on to the next question.)

Neither Support Nor Oppose

Support

Oppose

Amendment No.

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: . Are you being paid for your representation? Yes ∏No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: -1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.

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

.

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

Clerk for the remainder of the calendar year?

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

Signature

Print Name

3.

Date: 11 /1.4 /10

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

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

(SEE BACK)

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

#### **REGISTRATION STATEMENT - PAGE 2**

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Tony Karwa	Address: (50)	Applegien Lane
	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 11 8 12 80 E	∑ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

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

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Signature

Print Name

Date

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Jereny Belongh ENTER AMENDMENT NUMBER	Address: 476°  Mad:  CHECK ONE BOX IN THIS COLUMN	Maher Ave. Sen 537/6 & ONE BOX IN THIS COLUMN
		J.
Amendment No. 116 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	en e	

(SEE BACK)

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

Yes

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

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

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ☐ Yes ∏No Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: -1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

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Signature

Print Name

Date: 11/16/16

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Shawn L. Boro	Address: 50	9 Aztalail Dr
	Mad	ISON, WI 637/8
ENTER AMENDMENT NUMBER C	HECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 1 + 2	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	] Support ] Oppose ] Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing a (If you answered "no," STOP; you ne	an organization or a person other the	nan yourself. \(\square\) Yes \(\square\) No m. If you answered "yes," provide

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

#### REGISTRATION STATEMENT - PAGE 2

Nar	ne, add	dress and telephone number of each person or organization you are representing:
Are	you be	ing paid for your representation?
(If y	ou ansi	pearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP;</b> you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are mun	you ar	n elected official or employee who is appearing solely on behalf of your office or for your y or other governmental body?
(If yo you .	ou ans must si	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
lf yo advi:	u are b sed tha	peing paid for your representation, or if your appearance is part of other paid duties, please be it:
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(Plea at Ro	ise go oom 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name
		·

Deter	11	1,	1	$f_{\mathcal{H}}$	
Date:	- 4.7	1 1.	4	11.5	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: John Me, 5	Address:	2002 Elkalane
W /W /OXL 3	t .	Madison.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	JMN & ONE BOX IN THIS COLUMN
Amendment No. Boe operating [	<ul><li></li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. Bue Cup. two	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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At this meeting are you representing	an organization or a person othe	er than yourself: ☐ Yes   ☐ No
(If you answered "no," STOP; you not the name of whom you represent and	ed not complete the rest of this	form. If you answered "yes," provide

#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ☐ Yes ☐ No Are you appearing as part of your other paid duties for this person or organization? \(\simega\) Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? 7 Yes No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2 · Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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Signature

Print Name

Date

<b>-</b>	
Date:	
Duto.	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

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PLEASE PRINT CLEARLY	1.1.	
Name: Som estolir	Address: Wes	stminster Ct.
Sam	*	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
BOK OPER,		Wish to speak
BOE OPE,	Support	Do not wish to speak
Amendment No. 11+11	<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Available to answer questions
DOE CAR		☐ Wish to speak
Amendment No. 14 CAP,	⊠ Support ☐ Oppose	Do not wish to speak
Amendment No.	☐ Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak
Amendment No	Oppose	Do not wish to speak
American not	Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak
Amendment No.	Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak ☐ Do not wish to speak
Amendment No	Oppose	Available to answer questions
	Neither Support Nor Oppose	Wish to speak
	Support	☐ Do not wish to speak
Amendment No	<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Available to answer questions
	Support	☐ Wish to speak
Amendment No.	Oppose	Do not wish to speak
Amendment No.	Neither Support Nor Oppose	Available to answer questions
		than yourself 🖾 Yes 💢 No
At this meeting are you representing	g an organization or a person other	than yoursell. ∠r tes ☐ No
(If you answered "no," STOP; you the name of whom you represent a	need not complete the rest of this is not do on to the next duestion )	form. If you answered "yes," provide
the name of whom you represent a	nd go on to the host quotion)	LOCAL 60.
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#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ☐ Yes □ No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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Signature

Print Name

Date

	-			ITA
Date: _		1. [	4	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Amy Cart	<u> </u>	18 DWIGHTDY adison, WEZIC
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 10 Converging	☑ Support ☑ Oppose ☑ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. Poel 4	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐. Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you	g an organization or a person other need not complete the rest of this fo	than yourself:  Yes No orm. If you answered "yes," provide

(SEE BACK)

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

Name, add	REGISTRATION STATEME ress and telephone number of each person or or		
			-
Are you bei	ng paid for your representation?	☐ Yes ☐ No	
Are you app (If you answ the next que	pearing as part of your other paid duties for this powered "no," STOP; you need not complete the reseastion.)	erson or organization?	] No on to
Are you an municipality	elected official or employee who is appearing or other governmental body?	g solely on behalf of your office or for Yes No	you
(If you answ you must sig	vered "yes" to the question, <b>STOP.</b> You need no	ot complete the rest of this form, except , go on to the next question.)	tha:
If you are be advised that	eing paid for your representation, or if your appe	arance is part of other paid duties, pleas	e be
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(Please go to at Room 103	o the City Clerk's website <u>www.cityofmadison.co</u> 3 of the City-County Building, Madison, for more i	m/clerk/index.html or go to the Clerk's On information.)	ffice

Signature

Print Name

Date:		/11	2 / <u>I</u>	6	
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

	•	
PLEASE PRINT CLEARLY	<b>A.1.1</b> 116	a control of the
Name: Benjamin Ratliffe	Address: //	S E Wilson St. #415
/	Mai	DISON WI 53703
	•	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	MIN & ONE BOX IN THIS GOESHING
	Support	☐ Wish to speak
Amendment No. // 3 / 2 (BOE)	Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak ☐ Do not wish to speak
Amendment No	<ul><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	Available to answer questions
	Support	☐ Wish to speak
Amendment No. (8)	Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer questions
10	Support	☐ Wish to speak ☑ Do not wish to speak
Amendment No/0	<ul><li></li></ul>	Available to answer questions
	Support	☐ Wish to speak
Amendment No.	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
	Support	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li></ul>
Amendment No.	<ul><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	Available to answer questions
	Support	☐ Wish to speak
Amendment No	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions

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Date	Signature
	Print Name

Date:	11/36/10
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Kathleen Ridge	Address:	425 N. Baldwin
1 Contract Cours		madion
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS CO	LUMN & ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppos</li></ul>	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 12	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppos</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>E ☐ Available to answer questions</li></ul>
Amendment No. 10,	Support Oppose Neither Support Nor Oppos	☐ Wish to speak ☐ Do not wish to speak Se ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppos	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>Be ☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppos	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>Ge ☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>Se ☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you	g an organization or a person o need not complete the rest of the	ther than yourself: ☐ Yes ☐ No his form. If you answered "yes," provide

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

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

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Signature

Print Name

Date:	St. Lines and St	()	14	
	t			

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Joe Seifer	Cot	1 Southing Grange tage Grove WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Yes No Are you appearing as part of your other paid duties for this person or organization? \( \subseteq \text{Yes} \) (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ີ Yes No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: -1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2.

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

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

with the City Clerk.

Clerk for the remainder of the calendar year?

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

Signature

Print Name

3.

Date

Date:	11-16-10	_
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Amanda John	SAM Address: 122	Talon Place Prairie, WI 53590
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 1 5 1,2	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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At this meeting are you representing (If you answered "no," STOP; you	ng an organization or a person other to need not complete the rest of this fo	han yourself: AYes ☐ No rm. If you answered "yes," provide

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

#### **REGISTRATION STATEMENT - PAGE 2**

Nar	ne, add	ress and telephone	number of each person or organiz	zation you are representir	ng:	
			Local (0)			
Are	you bei	ng paid for your rep	presentation?	☐ Yes	⊠ No	
(If y	you apı ou ansv next qu	vered "no," <b>STOP;</b>	our other paid duties for this perso you need not complete the rest of	n or organization? ☐ Y this form. If you answere	es No d "yes," go on to	
Are mun	you an	elected official or or other governme	employee who is appearing so ntal body?	lely on behalf of your of ☐ Yes		
(If ye you	ou ansv must si	vered "yes" to the ogn this form. If you a	question, <b>STOP.</b> You need not co answered "no" to the question, go	omplete the rest of this for on to the next question.)	orm, except that	
lf yo advi:	u are b	eing paid for your re l:	epresentation, or if your appearan	ce is part of other paid d	uties, please be	
	<b>1.</b>	Before you enga authorization with	age in lobbying as a lobbyist, yo the City Clerk.	ou or your principal mus	st file an	
	<ol> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> </ol>					
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
(Plea at Ro	ase go t oom 103	o the City Clerk's w 3 of the City-County	rebsite <u>www.cityofmadison.com/cl</u> Building, Madison, for more inforr	erk/index.html or go to th mation.)	e Clerk's Office	
Date	11-	16-10	Signature Amana Print Name Amana	da Johnson	)	
			Print Name Amano	la Stohnson		