

## **CITY OF MADISON**

Registration Stateme	nt - Common C	Council		<del></del>
Please Print  Agenda No. 28		LINDA	MECLEARLY A BALDWA LAKELAND	~ <u>,</u>
Please check one:	AND	Pleas	orsal se check:	
Support  Oppose			Wish to Speal	•
Neither Support Nor	Oppose			
At this meeting are you representing as (If you answered "no," STOP; you need of who you represent and go on to the	ed not complete the rest	on other than yo of this form. If	ourself: XYes f you answered "yes,"	☐ No " provide the name
Name, address and telephone number of	of each person or organi	zation you are	representing:	
Are you being paid for your representa	ition?		☐ Yes	$\square_{\mathcal{M}^0}$
Are you appearing as part of your other (If you answered "no," STOP; you need question.)				No go on to the next
Information He	(Common Council)	3 minutes		

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



Date:	_ u \	3	ఫ	
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## **CITY OF MADISON**

Registration Stateme	ent - Common C	Council
Agenda No. 28	Name	EPRINT NAME CLEARLY  DOE SENSEWISREWMER  818 PROSPECT PL  MADISON
Please check one:  Support Sustain	AND ABC& RESOLUTION	Please check:  Wish to Speak
<ul><li> □ Oppose</li><li> □ Neither Support No</li></ul>	r Oppose	
At this meeting are you representing a (If you answered "no," STOP; you no f who you represent and go on to the Name, address and telephone number	eed not complete the rest e next question.)	t of this form. If you answered "yes," provide the name
Are you being paid for your represent Are you appearing as part of your oth (If you answered "no," STOP; you n question.)	er paid duties for this per	☐ Yes
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Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
, v v	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
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Date(	Signature  Print Name  SENSENBRENWER



Date:	 30-1	

Registration Statement -	COMMITTEE	Council
Please Print  Agenda No.	PLEASE Name Address	EPRINT NAME CLEARLY  LAUL RS 06611  121 Stannished  MSnut
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		/
□ Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest nuestion.)	t of this form. If you answered "yes," provide the name
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	MS	Nut
Are you being paid for your representation?	By	W Yes No.
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	, 	3 minutes

•		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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Date		Signature
		Print Name



### **CITY OF MADISON**

Registration Statement -	Common Council COMMITTEE
Please Print  Agenda No. # 25	PLEASE PRINT NAME CLEARLY  Name DIRDIZ GARTON  Address 350 S. HAMILTON St # 306  115N 52703
Please check one:	AND Please check:
Support	Wish to Speak
Oppose	
☐ Neither Support Nor Op	ppose
(If you answered "no," STOP; you need no of who you represent and go on to the next	anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the nam question.)  ch person or organization you are representing:
Are you being paid for your representation?	Yes X No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	Yes No  d duties for this person or organization? Yes No  ot complete the rest of this form. If you answered "yes," go on to the nex
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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Date 11	Print Name 11/30/10 DEURDRE WILLIAM GALLO



Date:	

### **CITY OF MADISON**

Registration Staten	nent - Common Co	ouncil
Please Print	1 1	PRINT NAME CLEARLY
Agenda No. 28	NameAddress	ROBERT KIMB YOUGH 3206 Gregory St
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose Neither Support No	or Oppose	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to the	need not complete the rest of	other than yourself: Yes Tho f this form. If you answered "yes," provide the name
Name, address and telephone number	er of each person or organiza	tion you are representing:
Are you being paid for your represe	ntation?	☐ Yes ☐ No
Are you appearing as part of your ot (If you answered "no," STOP; you question.)		n or organization?
Information	ng (Common Council)5 r Hearing3 r	minutes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

-		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes No
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
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	_	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date _	301	NOV'16 Signature Takent Zinsbrang
		Print Name 12 12 boot Kim branch



Date: 11-30-10

# **WISH TO SPEAK FORM**

Registration S	Statement -	Common C	Council		
Please Print		PLEASI	E PRINT NAI	ME CLEARLY	
00			No.	Cer McCalle	4
Agenda No. <u> </u>	A 44 SHARE THE THE T	Address		Shon UK	
			Verona	<u>, wl</u>	
Please check one:		AND	Plea	se check:	
X Support-am	and #7 to l	1em #28	$\searrow$	Wish to Speak	
M Oppose Iten	u 28			Item 28	
Neither Supp	ort Nor Op	pose			
At this meeting are you rep (If you answered "no," STo of who you represent and go	OP; you need not o on to the next q	t complete the resi nuestion.)	t of this form. L	If you answered "yes," <sub>[</sub>	☐ No provide the name
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8033 Excelsion		reiter	- And the state of		- 10/2
Doors Madis	$50n, \omega l$	53593	. Achillatel		
Are you being paid for you	r representation?			Ýes	☐ No
Are you appearing as part of (If you answered "no," ST question.)	of your other paid OP; you need no	duties for this per t complete the res	rson or organiz t of this form.	zation? Yes  If you answered "yes,"	☐ No go on to the next
Info	rmation Hearing	nmon Council)	3 minutes		

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



Date:	<u> 11130</u>	10

Registration Statement -	COMMITTEE	ouncil		
Please Print	PLEASE	PRINT NAME	E CLEARLY	
Agenda No	_		CARTO NOCOPIA CT ON 53710	
Please check one:	AND	Please	check:	
Support		Ø v	Wish to Speak	
Oppose				
☐ Neither Support Nor Op	pose			
At this meeting are you representing an orgalized (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest question.)	of this form. If y	ou answered "yes," p	☐ No provide the name
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Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this pers	on or organizati	☐ Yes	No No
Speaking Limits: Public Hearing (Con Information Hearing Other Items	ş3	minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name



Date: 11/30/10

# **WISH TO SPEAK FORM**

### **CITY OF MADISON**

Registration Statement -	COMMITTEE	ouncil
Agenda No. 28 (Oppose) Support Ruendment #7 Model		PRINT NAME CLEARLY
Please check one:	AND	Please check:
Support - Puplic Author Amendment # 7, Agen Oppose 38  Neither Support Nor Op		► X Wish to Speak
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest of uestion.)	of this form. If you answered "yes," provide the name
AFSCME LOCAL GO.	-	
Are you being paid for your representation?  Are you appearing as part of your other paid	duties for this person	☐ Yes No on or organization? ☐ Yes No
(If you answered "no," <b>STOP</b> ; you need not question.)	complete the rest of	of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3 n	minutes

-	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.)				
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Date 11/30/10 Signature Tim BivKley					



Date: 11 30 LD

# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Statement	COMMITTEE	Council	
Please Print	PLEASE	E PRINT NAME CLEARLY	
Agenda No. Overture #23	Name Address	Ken Golden 2901 Gegory MADISM, WI	
Please check one:	AND	Please check:	
Support with and offer a		Wish to Speak	
Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each and the state of th	t complete the rest uestion.)	st of this form. If you answered "yes," provide the na	.me
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this per t complete the res	☐ Yes ☐ No erson or organization? ☐ Yes ☐ No est of this form. If you answered "yes," go on to the n	
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
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Date	Signature
	Print Name

DATE:

**NOVEMBER 30, 2010** 

TO:

MEMBERS OF THE COMMON COUNCIL

FROM:

Ken Golden

RE:

**OVERTURE** 

I was glad to see you moved off of the idea ob buying Overture Center for a dollar. To do so without information about the future capital requirements would have been irresponsible and may have hurt the financial status of the city years from now. I want to lend my support to the current proposal and /or raise some additional ideas for your consideration:

- 1. Give Overture a commitment to provide the additional funding up to a net of 2million but make this contingent on their agreeing to the following:
  - Open meetings law compliance
  - Open record law compliance
  - With the collaboration and approval of city, an independent engineering study must be conducted to assess long term maintenance/ capital spending needs to the extent these can be predicted over next 30-40 years. The study shall also include how this issue played out at 3 or more other facilities. It shall identify which systems will need substantial investment in repair or replacement?
  - The \$500.000 PILOT payment shall be continued and adjusted annually and shall be contributed to Overture in addition to the \$2 Million.
  - A portion of the City's contribution shall be placed in a capital spending endowment fund.
- 2. Be cautious about relying on fund raising from the broader community. Early on promises were made to the Art's community (I was there!) that Overture would not compete with local arts organizations for private donations. Private fund raising should emphasize the original donors who were created the building and situation we now have.
- 3. Recognize that as a private entity, the Center will be a union shop- It must be to get Broadway shows. Stop relying so much on cuts in compensation by privatizing the current staff. Also, treat your staff with some respect for their help with Overture's missions. Be sensitive to staff nearing retirement when considering any change to the current staffing model.
- 4. In light of the city's donation of the civic center, its annual contribution to the operating budget and the increase proposed tonight, the Mayor should be able to appoint 20% of the members of the Overture board.



Date: 1/ /30/10

# **WISH TO SPEAK FORM**

Registration Statement -	COMMITTEE	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No.	Name Address	Robin Gee 2337 E Johnson St. Apt 2 Madison W/ 53704
Please check one:	AND	Please check:
Support 7-to 28		Wish to Speak
☑ Oppose ②		
Neither Support Nor Opp	pose	
of who you represent and go on to the next q	complete the rest uestion.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		rson or organization?
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	· · · · · · · · · · · · · · · · · · ·	3 minutes

-	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?  Yes No
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name



Date:	11/30/10	

Registration Statement	Common C	Council	
Agenda No. Public Anthonity Model	Name Address	SE PRINT NAME CLEARLY  Kai Fernandez  ss 514 E. Washington Are &  Madison, Wf 57703	2
Please check one:	AND	Please check:	
<b>Support</b>		Wish to Speak	
<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	pose		
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each IATSE boan 252	complete the resi uestion.)	est of this form. If you answered "yes," provide the	name
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this per	Yes 1No  person or organization? Yes 1No  rest of this form. If you answered "yes," go on to the	ne next
Speaking Limits: Public Hearing (Computer Information Hearing Other Items		3 minutes	

-		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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Date		Signature
		Print Name



Date: 11-30-10

# **WISH TO SPEAK FORM**

Registrati	on Statement	Common Cou	ncil		
Please Print	11.	PLEASE PR	RINT NAME CLE	ARLY	
Agenda No	<u>** 28</u>	Address	ZOGZ & Madisom	1KA LANG 53704	
Please check or		AND	Please chec	ek:	
<b>Support</b>	amend #7 +	o ifem 28	Wish	to Speak	
Oppose o	28				
Neither S	upport Nor Opp	pose			
(If you answered "no, of who you represent o	ou representing an organ " STOP; you need not and go on to the next queephone number of each	complete the rest of thuestion.)	his form. If you ansv	Yes  No veréd "yes," provide the ing:	name
Are you being paid for	r your representation?			☐ Yes ☐ No	
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Speaking Limits:	Information Hearing.	mon Council)5 mi 3 mi 3 mi	nutes		

	ected official or employee who is appearing solely on behalf of your office or for you nental body?	r municipality or No
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Date	Signature	
	Print Name	



Date: 11 - 36 - 6

# **WISH TO SPEAK FORM**

Registration S	tatement	Common C	ouncil		<del>_</del>
Please Print			PRINT NAME	CLEARLY	
Agenda No. Z8		Name Address		washington Au WF 537	14/RIL
Please check one:		AND	Please o	heck:	
Support			Ŭ w	ish to Speak	
Oppose			-		
Neither Supp	ort Nor Opp	ose			
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MADISON	WI S	3703			
Are you being paid for your	representation?			☐ Yes ☐ N	0
Are you appearing as part of (If you answered "no," STO question.)	f your other paid d <b>OP;</b> you need not c	uties for this per complete the rest	son or organization of this form. If you	? Yes No No answered "yes," go on t	o to the next
Info	ic Hearing (Comm mation Hearing r Items		3 minutes		

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Date _	1/-	3010 Signature Print Name SEAN COBBIAS
		Print Name SEAN (COBSIN)



Date: Nov 30, 2010

# **WISH TO SPEAK FORM**

Registration Statement -	Common C	Council	1		
PUBLIC ATTURITY Agenda NoMODER		PRINT NAME CLEA JEFF PORT 638 W. LAKE MADISON, I	SIDE ST		
Please check one:	AND	Please checl	<b>«:</b>		
Support		Wish t	o Speak		
Oppose					
☐ Neither Support Nor Op	pose				
At this meeting are you representing an organization or a person other than yourself:  Yes No  (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)  Name, address and telephone number of each person or organization you are representing:					
Are you being paid for your representation?  Are you appearing as part of your other paid	duties for this pe	rson or organization?	☐ Yes ☑ No		
(If you answered "no," STOP; you need no question.)	t complete the res	t of this form. If you answ	vered "yes," go on to the next		
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes			

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

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

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

- 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
- 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
- 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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

Date 11/30/10

Signature

Print Name

Date:	11-30-1	0



## CITY OF MADISON

Registration	Statement	Common Co	uncil		
Please Print			PRINT NAME		
Agenda No.		Name Address	Mino 1013	Amato Winding Wa Lisan, Wil.	iy 53562
Please check one		AND	Please	check:	
Support			Ø w	Vish to Speak	
Oppose			ŕ		
Neither Sup	port Nor Opp	oose			
At this meeting are you re (If you answered "no," So of who you represent and Name, address and teleph	TOP; you need not go on to the next qu	complete the rest of uestion.)	this form. If yo	u answered "yes," p	No rovide the name
Are you being paid for you appearing as par (If you answered "no," S question.)	t of your other paid	duties for this perso complete the rest o	n or organizatio f this form. If yo	☐ Yes on? ☐ Yes ou answered "yes," g	No No No go on to the next
In	ublic Hearing (Comi formation Hearing ther Items	3 1	minutes		

_		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
	3,	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date _	/1-	30.10 Signature In Amato



Date:	,
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## CITY OF MADISON

Registration Statement -	Common Co	uncil
Agenda No. OKKOKE	PLEASE I Name Address	PRINT NAME CLEARLY  AY  OUNG
Please check one:	AND	Please check:
<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	ppose	Wish to Speak
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest o question.)	f this form. If you answered "yes," provide the name
question.)  Speaking Limits: Public Hearing (Con	d duties for this perso	f this form. If you answered "yes," go on to the next minutes

Are you an other gover	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
(If you answ this form, If	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go i Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
	수 있는 것은 사람들은 경기 사용 및 가장 있다. 그 전 100 전 공항하다. 그 100 전 100 전 200 전 100 전 1
Date	Signature
	Print Name
	선물보다 현대 전환을 열심하는 경우는 경우는 기반으로 하는 것이 되었다. 현실보는 지원 선물보는 열심 전 전 기반으로 하는 것이 되었다.
	경영 발표를 통해 경영 발표를 하는 것이다. 경영 경영 발표를 통해 경영 발표를 하는 것이다.
	클립스트 전문 전문 전문 전문 전문 전문 전문 전문 전문 보고 있다. 그는 사람들이 되었다. 전문 전문 전
	경영(현대) 경영(현대) 현대 등 전 1일 등 전 1일 등 1일 등 1일 등 1일 등 1일 등 1일
	호텔 등 전로 발표를 통해 보고 있다. 그는 사람들은 보고 있는 것이다. 물건 사람들은 사람들은 사람들은 사람들은 사람들이 되었다. 그 것이다.
	4분분의 발생한 200일 발표하는 1일 다른 전문 10년 10년 10년 12년 12년 12년 12년 12년 12년 12년 12년 12년 12
	대통령을 보고 있는 경험을 보고 있는 것을 받는 것이다. 그런 그는 사람들이 되었다. 그는 사람들이 되었다면 되었다. 그는 사람들이 되었다. 그는 사람들이 되었다면 되었다. 그는 사람들이 되었다
	경영화를 하는 것이 되었다. 그런 그는 그는 그는 그는 그는 그는 그를 보고 있다. 경화화를 하는 것이 되었다. 그는
	ṇ음이 마음이 마음이 마음이 마음이 마음이 아니는 것이 되었다. 문화가 마음이 마음이 마음이 마음이 다른 것이 되었다. 문화가 마음이 마음이 마음이 마음이 다른 것이 되었다.
	A BANGER AND
	프로프로 프로그램 (1982년 - 1982년 - 198 프로프로 프로그램 - 1982년 - 1



Date: 30 Nov 10

# **WISH TO SPEAK FORM**

Registratio	on Statement	Common C	Council	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		oran delay Mania da Amerika
Please Print		PLEASI	E PRINT NA	ME CLEARLY	Y	
Agenda No	28	Name Address	12 EVE 645 Madiso	Sky Vrev	va p S3	1,#10
Please check on	<b>e:</b>	AND	Plea	se check:		
Support A	mend. 7 to li	ten 28, +	93/	Wish to S	peak	
<b>Oppose</b>	28					
Neither Su	ipport Nor Opj	pose				
At this meeting are you (If you answered "no," of who you represent at Name, address and tele	STOP; you need not nd go on to the next q	complete the rest uestion.) n person or organi	of this form. I	f you answered representing:	1	) /
Are you being paid for	your representation?				] Yes	√No
Are you appearing as pa (If you answered "no," question.)					] Yes I "yes,"	☐ No go on to the next
	Public Hearing (Com Information Hearing. Other Items	**********************	3 minutes			

Are you an other govern	elected official or employee who mental body?	is appearing solely on behalf of your office or for your municipality or Yes No
(If you answ this form. If	wered "yes" to the question, <b>STO</b> fyou answered "no" to the questi	P. You need not complete the rest of this form, except that you must sign on, go on to the next question.)
If you are b that:	being paid for your representation	n, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbyin with the City Clerk.	g as a lobbyist, you or your principal must file an authorization
2.	Your principal is not permitte City Clerk.	ed to authorize you to lobby unless you are registered with the
3.	If your principal spends or wi period (half year), the princi remainder of the calendar year	Il owe more than \$1,000 for lobbying services in any reporting pal must file expense statements with the City Clerk for the?
Please go 1 Room 103 of	to the City Clerk's website <u>ww</u> f the City-County Building, Madis	w.cityofmadison.com/clerk/index.html or go to the Clerk's Office at on, for more information.)
Date	Signa	ature
	Print	Name



Date:	11/30/2010	
		-

## **WISH TO SPEAK FORM**

Registration Stateme	ent - Common C	Council		
Please Print	PLEASI	E PRINT NAME CLEARLY		
Agenda No. 26		Chris Gurthill 2175 Davis Hills Dr Verong, his 53593		
Please check one:	AND	Please check:		
<b>Support</b>		Wish to Speak		
<b>Oppose</b>		·		
Neither Support No	r Oppose			
At this meeting are you representing a (If you answered "no," STOP; you no f who you represent and go on to the Name, address and telephone number	eed not complete the resi e next question.)	st of this form. If you answered "yes," provide the name		
IAISE 251				
Madison WT S	4224			
Madison WT S	3715			
Are you being paid for your representation?				
Are you appearing as part of your oth (If you answered "no," STOP; you n question.)	er paid duties for this per need not complete the res	erson or organization?		
Information H	g (Common Council) learing	3 minutes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)		
If you are bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
<b>***</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?		
(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 Chris Garthico		
	Print Name Mrs Gasthill		



Date: 1/-30-10

## **WISH TO SPEAK FORM**

Registration Statement -	COMMITTEE	Council
Please Print  Agenda No. 28	PLEASE Name Address	EPRINT NAME CLEARLY  Lori Kief  4413 Doe Crossing T/  Madison WI 53704
Please check one:	AND	Please check:
Support amond 7 to	1/em#28	Wish to Speak
Dppose 28		
☐ Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organi Zblic M	zation you are representing: OCAL 6  Authority  10 del
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this per t complete the rest	rson or organization?
Speaking Limits: Public Hearing (Com Information Hearing) Other Items		3 minutes

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



Date:	
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## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Statement -	COMMITTEE	Council	
Please Print  Agenda No.	PLEASE Name	EPRINT NAME CLEARLY  Becky Steinhoff  2134 Linden Aug  Modron, all	
Please check one:	AND	Please check:	
Support  Oppose		Wish to Speak	
Neither Support Nor O	ppose		
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest of question.)	t of this form. If you answered "yes," provide the na	me 
Are you being paid for your representation  Are you appearing as part of your other pa  (If you answered "no," STOP; you need re  question.)	id duties for this pers	☐ Yes ☐ No rson or organization? ☐ Yes ☐ No t of this form. If you answered "yes," go on to the n	ext
Information Hearin	ommon Council)5 g3	.3 minutes	

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



Date: 11/30/10

## **WISH TO SPEAK FORM**

Registration Statement -	Common C	Council
Please Print	PLEASI	SE PRINT NAME CLEARLY
Agenda No.	Name Address	Mike Typordano s 1141 Sherman Ave #2 Madison 53703
Please check one:	AND	Please check:
Support Amulo 7 to 6	X SAMMA	Wish to Speak
Oppose#28		
Neither Support Nor Op	pose	
At this meeting are you representing an organized (If you answered "no," STOP; you need not of who you represent and go on to the next of the next of the standard st	of complete the res question.)	est of this form. If you answered yes, provide the hun
Are you being paid for your representation?	?	☐ Yes No person or organization? ☐ Yes No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this pe ot complete the res	person or organization? Yes No rest of this form. If you answered "yes," go on to the ne
Speaking Limits: Public Hearing (Con Information Hearing Other Items	5	3 minutes
	(SEE BA	ACK) he did not

	rnmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign f you answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	11	130	/10	
Date.		/		

## **WISH TO SPEAK FORM**

Registration Sta	ement - Common Council	
Please Print  Agenda No. 28 ( Amer	PLEASE PRINT NAME CLEARLY  Name Benjamin Ratliffe  Address 1115 E Wilson St  Madison WI	
Please check one:  Support An Oppose Hem	AND Please check:  mendment 7 to 28 Wish to Speak	
Neither Suppor		ame
of who you represent and go of Name, address and telephone r	to the next question.)  Imber of each person or organization you are representing:	
Are you being paid for your re  Are you appearing as part of you  (If you answered "no," STOP  question.)	resentation? Yes No ur other paid duties for this person or organization? Yes No you need not complete the rest of this form. If you answered "yes," go on to the	—— next
Inform	fearing (Common Council)5 minutes tion Hearing3 minutes tems3 minutes	

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



Date:	11/30	/10	
		*	

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration	on Statement	Common (	Council	
Please Print  Agenda No. 28		PLEASI Name Address	EPRINT NAME CLEAR June Gogl 944 E. Day	RLY io (Go-LEO) fon St
$\Delta m^{\sigma}$	ie: Imendment	AND 7 to iten	Please check	: o Speak
Oppose  Neither St	apport Nor Opj	nose		
of who you represent a	" STOP; you need not and go on to the next qu	complete the resi uestion.)	t of this form. If you answe	Yes □ No   Yes," provide the name   SCME loca (6)   g:
			- Lorent	
Are you being paid for	your representation?			☐ Yes ☐ No
Are you appearing as p (If you answered "no, question.)				Yes No ered "yes," go on to the next
Speaking Limits:	Public Hearing (Cominformation Hearing Other Items		3 minutes	

		ted official or employee who is appearing solely on behalf of your office or for your municipality or natal body?  Yes No		
		I "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)		
If you are that:	e being	paid for your representation, or if your appearance is part of other paid duties, please be advised		
1.		Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2.		Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	p	f 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 emainder of the calendar year?		
		he City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)		
Date		Signature		
		Print Name		



Date: 30/10

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration State	ement - Common C	Council
Please Print	PLEAS	E PRINT NAME CLEARLY
Agenda No. 28	Name Address	12 XIIS JURNER 3533 RICHIZ ROAD VERONA (2)
Please check one:	AND	Please check:
Support 28*	# amend me	Wish to Speak
Depose 28	except #70	ionend ment
Neither Support	Nor Oppose	
At this meeting are you represent (If you answered "no," STOP; y of who you represent and go on to Name, address and telephone nur	ou need not complete the rest o the next question.)	t of this form. If you answered "yes," provide the name
Are you being paid for your representations as part of your (If you answered "no," STOP: you	r other paid duties for this per	Yes No  Son or organization? Yes No  t of this form. If you answered "yes," go on to the next
question.)		
Information	aring (Common Council) on Hearing ns	3 minutes

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



Date: 11 30/10

## **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registration Statement -	Common C	Council		
Please Print Public Author  Model  Agenda No. 28	PLEASE Name Address	PRINT NAM ALOXI 353	ECLEARLY  S Tuner  3 RICHIE	z ROAT
Please check one:	AND	Please	e check:	
<b>Support</b>			Wish to Speak	-
Oppose				
☐ Neither Support Nor Op	pose			
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)  Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?			Yes	☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)				No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing) Other Items		3 minutes		

•	n elected official or emploernmental body?	yee who is appearing solely on behalf of your	office or for your municipality or Yes No
	, ,	on, <b>STOP.</b> You need not complete the rest of the he question, go on to the next question.)	is form, except that you must sign
If you are that:	being paid for your repre	esentation, or if your appearance is part of oth	er paid duties, please be advised
1.	Before you engage in with the City Clerk.	n lobbying as a lobbyist, you or your principal i	must file an authorization
2.	Your principal is not City Clerk.	t permitted to authorize you to lobby unless you	ou are registered with the
3.		nds or will owe more than \$1,000 for lobbying he principal must file expense statements wit endar year?	
		bsite <u>www.cityofmadison.com/clerk/index.html</u> ng, Madison, for more information.)	or go to the Clerk's Office at
Date		Signature	
		Print Name	



Date:	1/30/10
	<i>i i</i>

## **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registration Statement -	Common C	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No	Name Address	Margaret Lewis 1922 Leniv. Ave Madison, W153726
Please check one:	AND	Please check:
Support Fecus Mode		Wish to Speak
Oppose		V
☐ Neither Support Nor Op	pose	
of who you represent and go on to the next q	complete the rest uestion.)	of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organiz	end tuns a non-profit
Are you being paid for your representation?  Are you appearing as part of your other paid	we this is hard ward with the second duties for this person	the nant way to preserve re generations: the us the device resident organization in Academy of Yes Ino wes, Arts Lottes
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	3 minutes

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



Date: 11/30/10

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Statement	- Common C	Council		
Please Print	PLEASE	E PRINT NA	ME CLEARLY	
Agenda No		120 SC	LHABEL OUTH FLRST ON 53704-3	53872 5167
Please check one:	AND	Plea	nse check:	
Supportmendation 7	dem 28		Wish to Speak	
<b>Oppose</b>				
Neither Support Nor O	ppose			
At this meeting are you representing an or (If you answered "no," STOP; you need to of who you represent and go on to the next Name, address and telephone number of e	not complete the rest et question.)	of this form.	If you answered "yes," pro	] No ovide the name
Are you being paid for your representation  Are you appearing as part of your other pa (If you answered "no," STOP; you need to question.)	aid duties for this per			No No no to the next
Information Hearin	ommon Council)	3 minutes		

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



Date:	
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## **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registration Statement -	Common C	Council			
Please Print	PLEASE I	E PRINT NAME CLE	ARLY		
Agenda No.	Name Address	Stophy F 227 Sta	Leisdyn Le Shreet		
Please check one:	AND	Please che	ck:		
Support		<b>U</b> Wish	to Speak		
<ul><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>					
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next	ot complete the rest		Ves wered "yes,"	☐ No provide the name	
Name, address and telephone number of each	ch person or organi	zation you are represen	ting: 		
				-	
Are you being paid for your representation?	,		Yes	☐ No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this per ot complete the rest	son or organization? of this form. If you and	Ves wered "yes,"	☐ No go on to the next	
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	<u> </u>	3 minutes			

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



Date:	
Daw.	

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration		Common C	ouncil		
Agenda No.	3	PLEASE Name Address	PRINT NAM	DAyelo SAKCT	
Please check one:		AND	Pleas	se check:	
Support				Wish to Speal	ĸ
Oppose					
Neither Sup	port Nor Oppo	ose			
At this meeting are you regular (If you answered "no," ST of who you represent and when the same, address and telephone.	TOP; you need not cogo on to the next ques	omplete the rest of stion.)	of this form. If	you answered "yes,'	No No name
A					
Are you being paid for you Are you appearing as part (If you answered "no," ST question.)	of your other paid du				No No go on to the next
Inf	blic Hearing (Commo ormation Hearing her Items	3	minutes		

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



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Registra	tion Statement -	Common C	ouncil		
		PLEASE	PRINT CLEARLY		
Agenda No.	18	Name Address	Samartha 2702 Ker		re.
			M	?n	
Please check	one:	AND	Please che	ck:	
Support			Availa	ble to ansv	ver
Oppose			questi	ons	
Neither	Support Nor Op	pose			
(If you answered "n of who you represen Name, address and t	you representing an organo," STOP; you need not t and go on to the next quelephone number of each	complete the rest uestion.) n person or organiz	of this form. If you ans	swered "yes," p	☐ No provide the name
Minimum to the second s				·	
Are you appearing a	For your representation?  Is part of your other paid to," STOP; you need not			☐ Yes ☐ Yes swered "yes," g	UNo UNo go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		

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



## **AVAILABLE TO ANSWER QUESTIONS FORM**

Registra	tion Statement	COMMITTEE	ouncil		<del></del>
		PLEASE	PRINT CLEARLY		
Agenda No.	28	Name	JAMES UN 1432 BAW PHILADER		
Please check	one:	AND	Please chec	•	<u> </u>
Support			Availal	ble to answe	er
Oppose			questio		
<u> </u>	Support Nor Opp	oose			
(If you answered "n of who you represen Name, address and t	you representing an organo, "STOP; you need not t and go on to the next quelephone number of each	complete the rest of the complete the rest of the complete the rest of the complete	of this form. If you ansv	wered "yes," pro	] No wide the name
Are you appearing a	for your representation?  s part of your other paid on, "STOP; you need not	duties for this perso	on or organization? of this form. If you ans	Yes [ Yes [ wered "yes," go	No No no to the next
question.) Speaking Limits:	Public Hearing (Communication Information Hearing	mon Council)5	minutes		

•		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes  No
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you that:	are beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date _	11-	30./0 Signature (1.000)
		Print Name JAWIES WODERCOFVER

Date:	



# AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Cou	uncil
Agenda No	28	PLEASE Pl Name Address	RINT CLEARLY Betty Harris Custer 14 Pinchurst Circle
Please check	one:	AND	Please check:
Support Oppose			Available to answer questions
	Support Nor Op	pose	
(If you answered "n	you representing an orga o," STOP; you need now t and go on to the next q	t complete the rest of t	other than yourself: Yes No this form. If you answered "yes," provide the name
•	elephone number of eac teBand — (		ion you are representing:
Are you being paid	for your representation?		□ Yes ¬√ No
Are you appearing a	s part of your other paid	duties for this person t complete the rest of t	
Speaking Limits:		nmon Council)5 m 3 m	

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

Date: ///30·/0	
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## **AVAILABLE TO ANSWER QUESTIONS FORM**

## **CITY OF MADISON**

Registration Statement -	Common Council COMMITTEE
	PLEASE PRINT CLEARLY
Agenda No. <u>26 + Omlust</u>	Name <u>MimBumman Agard</u> Address 133 S. Bri Hingham Pl Mdsn 53715
Please check one:	AND Please check:
<ul><li>☐ Support</li><li>☐ Oppose</li></ul>	Available to answer questions
Neither Support Nor Op	pose
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?	☐ Yes     X No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization?  Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	emon Council)5 minutes 
presently under contract	to ain of madison

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





## **AVAILABLE TO ANSWER QUESTIONS FORM**

Registration St	atement - Common C	Council
Agenda No.	PLEASE Name Address	Angela Brzowski Lo El. Doty St. Stes Madison, WL 5370
Please check one:	AND	Please check:
Support		Available to answer
Oppose		questions
Neither Suppo	rt Nor Oppose	
(If you answered "no," <b>STO</b> ! of who you represent and go o		of this form. If you answered "yes," provide the nan
Mov+cvsov 608 - 4	Construction (41-555)	zation you are representing.
Are you being paid for your re	epresentation?	Yes No
Are you appearing as part of y (If you answered "no," STOP question.)	our other paid duties for this perse; you need not complete the rest	son or organization? Yes No Yes No of this form. If you answered 'yes," go on to the nex
	Hearing (Common Council)	

Are you an elected official or employee who is appearing solely	y on behalf of your office or for your i	nunicipality or
other governmental body?	yes [	∐ No Î
•		

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

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

- 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
- 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
- 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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

Date 36/2010 Signature Augela Angela Brzowski

Date: 11/30//D

## **CITY OF MADISON**

## Early Public Comment Registration Statement - Common Council

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

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 28	Name Kyle Szarzynski Address 290 W Lakelawa Pl
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppo	AND  Wish to speak  Do not wish to speak  Available to answer questions
	ganization or a person other than yourself: Yes 'No not complete the rest of this form. If you answered "yes," provide the name t question.)
Name, address and telephone number of ea	ach person or organization you are representing:
,	
Are you being paid for your representation	? Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need n question.)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	mmon Council)5 minutes g

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)		
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
		the City Clerk's website <u>www.cityofinadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date _	11/	Signature Myle Szarzyński		