

Date:	 <u> </u>	8	aprilla-	1	<u>5</u>	

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	Common Co	ouncil		
Please Print	COMMITTEE			
riease rriiit	PLEASE F	PRINT NAME CLEARLY		
Agenda No.	Name	PETER OSTREND		
Agenda No.	Address	533 Willam St Madison		
Please check one:	AND	Please check:		
Support		Wish to Speak		
Oppose				
Neither Support Nor Opp	oose	·		
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.)		on or organization? Yes No of this form. If you answered "yes," go on to the ne	ext	
Speaking Limits: Public Hearing (Communication Hearing	3 m			

REGISTRATION STATEMENT - PAGE 2

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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.			
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date	Signature			
	Print Name			



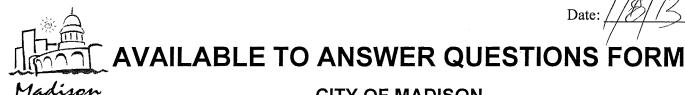
AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registra	tion Statement -		ouncil		
		COMMITTEE			
	1	PLEASE	PRINT CLEARLY	1	
		Name	Dott ta	uSt	
Agenda No	<u> </u>	Address	210 N. Ba	ssett St	····
<u> </u>		-	. Madison	WI	
Please check	one:	AND	Please che	ck:	
Support			X Availa	ble to answ	ver
Oppose			questi	ons	
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orgation," STOP; you need not at and go on to the next quelephone number of each	t complete the rest of uestion.)	of this form. If you ans		rovide the name
Are you being paid	for your representation?			Yes	Ď€No
	s part of your other paid o," STOP; you need not			☐ Yes swered "yes," g	No so on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

REGISTRATION STATEMENT - PAGE 2

	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 that:	being paid for your represe	entation, or if you	ar appearance is part of o	other paid duties, p	please be advised		
1.	Before you engage in l with the City Clerk.	obbying as a lobb	oyist, you or your princip	al must file an auth	norization		
2.	Your principal is not p City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.		Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.					
(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	9-13	Signature Print Name	Scott Faus Scott Faus	2			



CITY OF MADISON

Registra	tion Statement -	Common Col	uncil	
		COMMITTEE		
		PLEASE P	PRINT CLEARLY	
		Name	RANDY BRUE	
Agenda No	2	Address	TLAN UNIVERSITY AVE	
		Audi ess	M/1000 & ton) (1) 5	~~~~
			myster of the	20/
Please check	one:	AND	Please check:	
Support			Available to answer	
	,		questions	
Oppose			7 questions	
Neither	Support Nor Op	pose		
(If you answered "n of who you represer	nt and go on to the next q	t complete the rest of a question.) h person or organizati	ion you are representing:	the name
	00(1 1100)	(•	
Are you being paid	for your representation?		Yes No	
	s part of your other paid no. " STOP; you need no.		or organization? Yes No this form. If you answered "yes," go on to) the next
Speaking Limits:	Information Hearing.	nmon Council)5 m 3 m 3 m	ninutes	

REGISTRATION STATEMENT - PAGE 2

	n elected official or employee rnmental body?	e who is appea	aring solely on behalf of your office or for your municipality or Yes No	
	swered "yes" to the question, If you answered "no" to the q		need not complete the rest of this form, except that you must sign n to the next question.)	
If you are that:	being paid for your represen	ntation, or if y	your appearance is part of other paid duties, please be advised	
1.	Before you engage in lowith the City Clerk.	bbying as a lo	obbyist, you or your principal must file an authorization	
2.	Your principal is not pe City Clerk.	ermitted to au	thorize you to lobby unless you are registered with the	
3.	Your principal must fil calendar year regardless		atements with the City Clerk for the remainder of the nt spent on lobbying.	
(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	19/13	Signature Print Name	Hund Mr. RANGY BRUCE	