

Date: 10/19/10

# **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registrati	on Statement -	COMMITTEE	Council		
Please Print	0225	PLEASE	E PRINT NAMI	E CLEARLY	
_	A Comment	Name	Chris	Thunker	
Agenda No. 282	25 1	Address	2430 E	- MIFFLIA	
			Madison	WI 537	04
Please check or	ie:	AND	Please	check:	
Support			X	Wish to Speal	k
Oppose			,		
Neither S	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent of Name, address and tele	" STOP; you need not and go on to the next q	t complete the rest uestion.)	of this form. If y	ou answered "yes,'	No "provide the name
Are you being paid for	your representation?			☐ Yes	No
Are you appearing as p (If you answered "no, question.)					No go 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 other governmental body?	office or for you	ır,municipality o
other governmental body?	Yes	No
onioi go tormanari occiti		<u> </u>

(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 /0/19/10

Signature

Print Name



Date: 10//9//0

# **WISH TO SPEAK FORM**

### **CITY OF MADISON**

Registration	n Statement	COMMITTEE	Council		
Please Print	20225	PLEASE	E PRINT NAME O		
Agenda No.		Name Address	17 MERR	PICKELL LILL CREST N. WI 53	DR ? 705
Please check one	:	AND	Please cl	heck:	
Support			Wi	sh to Speak	
Oppose			/		
Neither Sup	port Nor Opp	pose		·	
At this meeting are you in (If you answered "no," If you answered "no," If you answered and you represent and Name, address and telephone.	STOP; you need not a go on to the next que none number of each	complete the rest uestion.) person or organiz	of this form. If you o	answered "yes," provid	
			OCAL 25	/	
			•		
Are you being paid for yo	our representation?			☐ Yes ☐	No
Are you appearing as par (If you answered "no," S question.)					No to the next
In	ablic Hearing (Comr formation Hearing ther Items	3	minutes		

(SEE BACK)



Date:	0/18

# **WISH TO SPEAK FORM**

### **CITY OF MADISON**

Registration Statement -	COMMITTEE	Council
Please Print  20225  Agenda No.	PLEASE Name Address	Chris Cauthip  2125 Davistills Dr  Verang, at
Please check one:	AND	Please check:
Support Oppose		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 q  Name, address and telephone number of each	complete the rest uestion.)	st of this form. If you answered "yes," provide the nan
1602 5, Park 51 HZZ	4	
Madison, WI 53	7/5	
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.)		erson or organization?
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items		3 minutes



Date: 10/19/10

# DO NOT WISH TO SPEAK FORM

### **CITY OF MADISON**

Registrati	on Statement -	COMMITTEE	ouncil	
Please Print	20225		PRINT NAME CLEARLY	
Agenda No.		Name Address	Daniel Di 111 W Wils Madison	ton on
Please check the app	ropriate box:		Please check the approp	priate box:
Support Oppose		AND	Do not wisl	h to speak
Neither S	upport Nor Op	pose		
	" STOP; you need no	ot complete the rest	n other than yourself: Vooi of this form. If you answered "yo	
·	_		zation you are representing:	
AFSCME	LOCAL L	<i>70</i>	•	
Are you being paid for	r your representation?	)	☐ Ye	es No
Are you appearing as (If you answered "no, question.)			son or organization?	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	<u> </u>	3 minutes	

Date:	
Date.	 <u> </u>



# Date: \_\_\_\_\_\_ AVAILABLE TO ANSWER QUESTIONS FORM Madison

Registration Stateme	nt - Common Council
Please Print 20225  Agenda No. 9	PLEASE PRINT NAME CLEARLY  Name JAY YOUNG  Address 4294 OBSERVATORY
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor	AND Available to answer questions  Oppose
(If you answered "no," STOP; you not of who you represent and go on to the	n organization or a person other than yourself: Yes No red not complete the rest of this form. If you answered "yes," provide the name next question.)  of each person or organization you are representing:
Are you being paid for your represent	ation? Yes No
Are you appearing as part of your othe (If you answered "no," STOP; you no question.)	er paid duties for this person or organization? Yes No red not complete the rest of this form. If you answered "yes," go on to the next
Information H	(Common Council)5 minutes earing

(SEE BACK)