

Date: 10/19/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common (Council
Please Print 19986 Agenda No	PLEASI Name Address	Brenda Konkel 30 W Hzuncoch St Mach Sm
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	t complete the rest uestion.)	st 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.)		☐ Yes ☐ No rson or organization? ☐ Yes ☐ No st of this form. If you answered "yes," 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 office or for your municipality or other governmental body?				
(If you answered "yes" to the this form. If you answered "r	e question, STOP. You need not complete the rest of this form, except that you must sign to the question, go on to the next question.)			
If you are being paid for yo that:	ur 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. 			
 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 IDIQII	Signature Poula Whall			
	Print Name BRENDA K- LOWKEL			

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TIMOTH
Madison

Date:	10-19-10	

WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement - ַ	Common C	Council	
Please Print Agenda No.	9986 Budget	PLEASE Name Address	E PRINT NAME CLEARLY George Hagen wer 5 Odener Ct Machiner 53719	
Please check o	ne:	AND	Please check:	
Support :	with suggest	ting	Wish to Speak	
Oppose				
Neither S	upport Nor Opp	pose		
(If you answered "no, of who you represent	and go on to the next qu	complete the rest of uestion.)	on other than yourself: Yes No of this form. If you answered "yes," provide zation you are representing:	
4-0	50do	un Ct	-fax.	
	Madisor	We S	53719	
	part of your other paid	auties for this perso	of this form. If you answered "yes," go on t	
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	3 minutes	

REGISTRATION STATEMENT - PAGE 2

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Are you an eleother governm	lected official or employee who is appearing solely on behalf of your office or for your municipality mental body?	or or		
(If you answer this form. If yo	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must s you answered "no" to the question, go on to the next question.)	ign		
If you are bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advis	sed		
1.	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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Please go to Room 103 of ti	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office the City-County Building, Madison, for more information.)	at		
Date	Print Name George Hasham			



Date: 10/19/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	- Common C	Council
Please Print 19986 Agenda No. BOE Budget Operating budget		Jannifer Hilgendorf 5949 Montic-ello Way
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	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 question.)	st 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 no question.)	d duties for this pers	☐ Yes ☐ No rson or organization? ☐ Yes ☐ No at of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	5 2	.3 minutes



Date: 10 19 10

WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement -	COMMITTEE	Council	
Please Print	19986	PLEASE	PRINT NAME CLE	ARLY
Agenda No.	Budget E Hrg.	Name Address	1/00g/la 6223 Se	Yen Pines Ave.
Please check o	ne:	AND	Please che	ck:
Support			Wish	to Speak
Oppose			,	
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	and go on to the next q	t complete the rest question.)	on other than yourself: of this form. If you ans zation you are represent	☐ Yes ☑ No swered "yes," provide the nam ting:
Are you being paid fo	or your representation?			Yes No
Are you appearing as (If you answered "no question.)	part of your other paid," STOP; you need no.	duties for this perst complete the rest	son or organization? of this form. If you ans	Yes No Swered "yes," go on to the nex
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes	