

Date: 10/13

WISH TO SPEAK FORM

Registration Statement	- Common C	Council	
Please Print Agenda No.	PLEASE Name Address	SE PRINT NAME CLEARLY ADAM PLOTKIN 304 N. Pinckney St. 53703	
Please check one:	AND	Please check:	
Support Oppose Neither Support Nor Op	ppose	Wish to Speak	
At this meeting are you representing an orgalized (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest question.)	st of this form. If you answered "yes," provide the r	name
Traine, address and tereprosite normes at all	P		·
Are you being paid for your representation	?	☐ Yes ☐ No	
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this per ot complete the rest	erson or organization?	next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g		

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. 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



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Date:	/-	[]	_/_	ク	
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WISH TO SPEAK FORM

Registration	n Statement	Common C	ouncil		·
Ü		COMMITTEE			
Please Print		PLEASE	PRINT NAME	CLEARLY	• []
Agenda No. #/8		Name Address	Xuxan 210 Ma	<u>Xohmi</u> renelli	the fire
Please check one	::	AND	Please o	check:	
Support			W	ish to Speal	K
Oppose					
Neither Su	pport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent an	STOP; you need not	t complete the rest	on other than yourse of this form. If you	elf: Yes u answered "yes,"	☐ No " provide the name
Name, address and telep	hone number of each	h person or organi	zation you are repr	esenting:	
122	W. Was	11			
Are you being paid for y	our representation?			Yes	☐ No
Are you appearing as pa (If you answered "no," question.)	rt of your other paid STOP; you need not	duties for this per t complete the res	son or organization of this form. If you	1? Yes u answered "yes,	☐ No " go on to the next
I	Public Hearing (Com information Hearing.		3 minutes		

	n elected official or emplo rnmental body?	yee who is appe	earing solely on behalf of your office or for your municipality or Yes Yo
	wered "yes" to the question If you answered "no" to the		need not complete the rest of this form, except that you must sign on to the next question.)
If you are that:	being paid for your repre	esentation, or if	your appearance is part of other paid duties, please be advised
1.	Before you engage in with the City Clerk.	n lobbying as a l	obbyist, you or your principal must file an authorization
2.	Your principal is not City Clerk.	permitted to au	thorize you to lobby unless you are registered with the
3.	Your principal must calendar year regardle		atements with the City Clerk for the remainder of the at spent on lobbying.
(Please go Room 103 d	to the City Clerk's wel of the City-County Buildin	bsite <u>www.cityoj</u> g, Madison, for	fmadison.com/clerk/index.html or go to the Clerk's Office at more information.)
Date	-16-13	Signature	Suban Somita
,		Print Name	



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Date:	Vuly	9017
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WISH TO SPEAK FORM

Registration Stateme	nt - Common Co	ouncil	
Ü	COMMITTEE		
Please Print	PLEASE F	PRINT NAME CLEARLY	
Agenda No. 18	Name Address	gary Jotevson (1)	7
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor	· Oppose		
At this meeting are you representing a (If you answered "no," STOP; you ne of who you represent and go on to the	eed not complete the rest of	other than yourself: Yes No f this form. If you answered "yes," provide the nan	ne
Name, address and telephone number	of each person or organizat	tion you are representing:	
		-	
		•	
Are you being paid for your representa	ation?	☐ Yes ☐ No	
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	er paid duties for this personed not complete the rest of	on or organization?	xt
Information He	g (Common Council) 5 1 earing 3 1	minutes	

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "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 be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	o 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: 7-16-13



AVAILABLE TO ANSWER QUESTIONS FORM

Registrati	on Statement -	Common Co	ouncil	
Agenda No		PLEASE Name Address	PRINT CLEARLY Deb Ac (615 (2)	her Washington
Please check or	ne:	AND	Please che	ck:
☐ Support☐ Oppose			Availal questic	ble to answer
	upport Nor Op	pose		
At this meeting are yo (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 of uestion.) n person or organiza	f this form. If you ans	Yes No wered "yes," provide the name ing:
Greater (015	E. Wash	Converti	a Usito	J BURAK
Madi	św			
Are you being paid for	your representation?			Des No
Are you appearing as page (If you answered "no, question.)	oart of your other paid "STOP; you need not	duties for this perso complete the rest o	n or organization? f this form. If you ans	Yes No No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 1	ninutes	

		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, 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 that:	ı are beii	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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	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.
(Pleas Room	se go to 103 of th	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 Signature
		Print Name





DO NOT WISH TO SPEAK FORM

Registration Statem	ent - Common Cou	uncil
Please Print	PLFASE P	RINT NAME CLEARLY
Agenda No.	Name	Sue Pastor 2502 green Ridge
Please check one:	AND	Please check:
Support RFP as Oppose Support RFP as See	p municipal Building a	Do not wish to speak
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	eed not complete the rest of t	ther than yourself: Yes No this form. If you answered "yes," provide the name
Name, address and telephone number	of each person or organization	on you are representing:
Are you being paid for your represent	tation?	☐ Yes ☐ No
Are you appearing as part of your oth (If you answered "no," STOP; you n question.)	ner paid duties for this person need not complete the rest of t	or organization? Yes No Yes No this form. If you answered "yes," go on to the next
Information H	g (Common Council)5 m learing3 m 3 m	inutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If ;	ered "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 both	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name