



30663

Date: 7/16/13

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 18

Name ADAM PLOTKIN
Address 304 N. Pinckney St.
53703

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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 duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

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.)

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

Date _____

Signature _____

Print Name _____



Date: 7-16-13

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. #18

PLEASE PRINT NAME CLEARLY
Name Susan Schmitz
Address 210 Marinette Dr

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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:
DMI
122 W. Wash

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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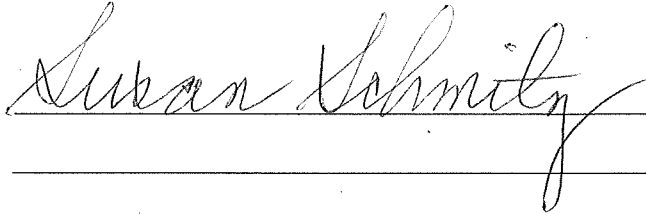
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Date 7-16-13

Signature



Print Name



Date: 16 July 2013

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 18

Name Gary Peterson
Address 210 Larnette Tr

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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

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REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 7-16-13

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 18

Name Deb Archer
Address 615 E. Washington

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

Available to answer questions

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:
Greater Madison Convention & Visitors Bureau
615 E. Wash
Madison

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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(SEE BACK)

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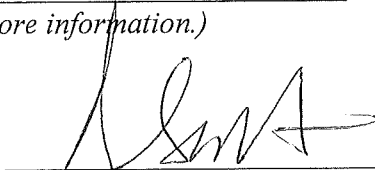
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Date 7/16/13

Signature 
Print Name Deborah T. Archer



Date: 7-16-13

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 18

Name Sue Pastor
Address 2502 Green Ridge

Please check one:

AND

Please check:

- Support RFP as *is keep municipal building a*
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

At this meeting are you representing an organization or a person other than yourself: Yes No
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