Date: 11/10/10

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

Name: Mike Imbroand Address: 1/4/ Sherm	W1 53703
ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX	IN THIS COLUMN
	speak vish to speak to answer questions
	speak wish to speak to answer questions
Support Wish to Oppose Do not w	speak wish to speak to answer questions
	speak wish to speak to answer questions
Support Wish to Oppose Do not v	speak wish to speak to answer questions
	speak wish to speak to answer questions
Support Wish to Oppose Do not to	speak wish to speak to answer questions

REGISTRATION STATEMENT - PAGE 2 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? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) 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 (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 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.)

Signature

Print Name

Date

Date:	/16	/10	
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: 90	17 Black Bridge
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
३०६ ०२००५। Amendment No. <u>∏ ६ । ८</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 8	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representir (If you answered "no," STOP ; you the name of whom you represent a	ng an organization or a person other need not complete the rest of this fo and go on to the next question.)	than yourself: ⊠ Yes □ No orm. If you answered "yes," provide ↑

Na	me, ad	REGISTRATION STATEMENT - PAGE 2 dress and telephone number of each person or organization you are representing:
Are	you be	eing paid for your representation?
(If y	ou ans	ppearing as part of your other paid duties for this person or organization? Yes Nowered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to uestion.)
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Plea at Ri	ase go oom 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
)ate		Signature
		Print Name

Date:	11/	16/	16
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CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name: MED KESSEN	<u>T Cl/</u> Address:	2 e7/4 U RONA, WT 53593
	HECK ONE BOX IN THIS COLUMN	•
BUE OPERATION Amendment No. 1/4/7	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 8	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No/ O	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP; you no	an organization or a person other t	han yourself: ☑ Yes ☐ No rm. If you answered "yes," provide

the name of whom you represent and go on to the next question.)

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Date	Signature
	Print Name

Date: // 1/0 10

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY
Name:

Address:

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ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No/	☐ Support ☐ Suppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Print Name

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Date:	11	11.6	110	
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	·M	Box 257867 Idean ent 53.725
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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(Please go	Clerk for the remainder of the calendar year?
(Please go	Clerk for the remainder of the calendar year? to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Date:	1	16	20	10	
Date.					

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PLEASE PRINT CLEARLY Name: Tony Karwa	Address: (50)	Applegien Lane 1501, WI 53719
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 1 1 2 8 E	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
1000	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 8	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Are you ap (If you and the next q	ppearing as part of your other paid duties for this person or organization? Yes No swered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on t uestion.)
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Date	Signature
	Print Name

Date: 11/16/10

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name: Jerpmy Belangy	Address: 470	38 Maher Ave.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 11612	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

Nar	ne, add	REGISTRATION STATEMENT - PA dress and telephone number of each person or organizat	
Are	you be	ing paid for your representation?	☐ Yes ☐ No
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	2.	Your principal is not permitted to authorize you to lowith the City Clerk.	bby unless you are registered
	3.	If your principal spends or will owe more than \$1,00 reporting period (half year), the principal must file expected for the remainder of the calendar year?	
		to the City Clerk's website <u>www.cityofmadison.com/clerk</u> 3 of the City-County Building, Madison, for more informat	
Date		Signature	

Print Name

Date:	11/6/10	
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Shawn L. Boro	Address: 50	9 Aztalai Dr. ISDN, WI 63718
ENTER AMENDMENT NUMBER C	HECK ONE BOX IN THIS COLUMN	
Amendment No. 11 1 2 Presative	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Are you b	eing paid for your representation?	☐ Yes ☐ No
Are you and (If you and the next q	opearing as part of your other paid duties for this person of swered "no," STOP; you need not complete the rest of this uestion.)	r organization?
Are you a municipali	n elected official or employee who is appearing solely by or other governmental body?	on behalf of your office or for your Yes No
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Date:	_//	1.1.	4	<u> // () </u>	

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PLEASE PRINT CLEARLY Name: We, 5	Address:	2002 Elkalme*
		Madison
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COL	UMN & ONE BOX IN THIS COLUMN
Amendment No. Roe opraty	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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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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Date	Signature	
	Print Name	

Date:	

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OF THE PROPERTY		
PLEASE PRINT CLEARLY	Address: West	tminster Ct.
Name: Som Testolin	, , , , , , , , , , , , , , , , , , ,	
Sam	· · · · · · · · · · · · · · · · · · ·	
	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 1+12	✓ Support✓ Oppose✓ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 14 CAD,		☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Date	Signature
	Print Name

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Date: .	The state of the s	I W L	10

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PLEASE PRINT CLEARLY Name: A Control ENTER AMENDMENT NUMBER	Address: 4 Address: CHECK ONE BOX IN THIS COLUMN	8 DWISHADO 8 ONE BOX IN THIS COLUMN
Amendment No. 2000 Amendment No.	☑ Support ☑ Oppose ☑ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 23614	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
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(If you ansv you must si	wered "yes" to the question, STOP. You need not complete the rest of this form, except the gn this form. If you answered "no" to the question, go on to the next question.)
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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 t at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date	Le 10 Signature
V	Print Name + My Cerwin

Date:	/16/10	_
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Benjamin Ratliffe	MAD	SE Wilson SA. #415
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 1 3 / 2 (BOF)	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing:				
<u>.</u>				
Are	you be	ng paid for your representation?		
(If y	you ap ou ans next qu	pearing as part of your other paid duties for this person or organization? Yes Novered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on the estion.)		
Are mur	you ar nicipality	elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?		
(If y you	ou ans must si	vered "yes" to the question, STOP. You need not complete the rest of this form, except tha gn this form. If you answered "no" to the question, go on to the next question.)		
lf yo advi	ou are b sed tha	eing paid for your representation, or if your appearance is part of other paid duties, please be		
	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?		
(Plea at Ro	ase go t oom 10:	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office Is of the City-County Building, Madison, for more information.)		
Date		Signature		
		Print Name		

Date:	11/56/10
Date	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Kathleen Ridge	Address: 42	5 N. Baldwin
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No.	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 10,	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

Na	me, ado	lress and telephone	REGISTRATION STATEMENT number of each person or organ	- PAGE 2 lization you are representing:
Are	you be	ing paid for your repr	esentation?	☐ Yes ☐ No
(If y	ou ansı	pearing as part of yo wered "no," STOP; y estion.)	ur other paid duties for this pers ou need not complete the rest o	on or organization?
Are mur	you ar nicipality	n elected official or or other governmen	employee who is appearing so tal body?	olely on behalf of your office or for your Yes No
(If y you	ou ans must si	wered "yes" to the q gn this form. If you a	uestion, STOP. You need not on the need not on the state of the question, go	complete the rest of this form, except that o on to the next question.)
lf yo advi	u are b sed tha	eing paid for your re t:	presentation, or if your appeara	nce is part of other paid duties, please be
	1.	Before you engag authorization with	ge in lobbying as a lobbyist, y the City Clerk.	ou or your principal must file an
	2.	Your principal is r with the City Clerk	not permitted to authorize you t	o lobby unless you are registered
	3.	reporting period (h	pends or will owe more than \$ alf year), the principal must file nder of the calendar year?	1,000 for lobbying services in any expense statements with the City
Plea at Ro	ase go t oom 10:	o the City Clerk's we 3 of the City-County L	bsite <u>www.cityofmadison.com/c</u> Building, Madison, for more infor	lerk/index.html or go to the Clerk's Office mation.)
Date			Signature	
			Print Name	

Date: _	No. of the last of		14	10
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Joe Seife	Address: 32	1 Southing Grange tage Grove W1
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No	Support Doppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

REGISTRATION STATEMENT - PAGE 2 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? \(\simega\) 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.) 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 (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 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: _	-	16-	10
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Amanda John ENTER AMENDMENT NUMBER	Address: 122 Sun CHECK ONE BOX IN THIS COLUMN	Talon Place Practic ML 53590 8 ONE BOX IN THIS COLUMN
Amendment No. 11812	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 16	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☒ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(SEE BACK)

At this meeting are you representing an organization or a person other than yourself: X Yes

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

Name, add	REGISTRATION STATEMENT - PAGE 2 Iress and telephone number of each person or organization you are representing:
	Local 100
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Are you bei	ing paid for your representation?
Are you app (If you answ the next que	pearing as part of your other paid duties for this person or organization? Yes Nowered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are you an municipality	n elected official or employee who is appearing solely on behalf of your office or for you or other governmental body? ☐ Yes ☒️No
(If you ansv you must sig	vered "yes" to the question, STOP. You need not complete the rest of this form, except tha gn this form. If you answered "no" to the question, go on to the next question.)
lf you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be i:
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 at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office is of the City-County Building, Madison, for more information.)
Date <u>ll</u>	16-10 Signature Amanda Johnson
	Print Name Amanda Johnson.

		1	*	
	Pi	H_{Z}	12010	
Date:	$\langle \langle \langle \rangle \rangle$	/. [<i>D</i>]	100	
Date				

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

•		
PLEASE PRINT CLEARLY Name:	Address: 2	150 HOARD ST
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

Are you be	ing paid for your representation?
Are you ap (If you ansi the next qu	pearing as part of your other paid duties for this person or organization? Yes Nowered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on the stion.)
Are you ar municipality	n elected official or employee who is appearing solely on behalf of your office or for you y or other governmental body?
(If you ans you must si	wered "yes" to the question, STOP. You need not complete the rest of this form, except the ign this form. If you answered "no" to the question, go on to the next question.)
lf you are b advised tha	eing paid for your representation, or if your appearance is part of other paid duties, please b t:
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 t at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date	Signature

Date:	11	16	110	
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

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PLEASE PRINT CLEARLY Name: KEN SEIFEIT	Address: 600	1 TRaveler LANE LISUN WF 53718
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No. 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☑ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak➢ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☒ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

Naı	me, add	lress and telephone r	REGISTRATION STATEMENT number of each person or organ		
					· · · · · · · · · · · · · · · · · · ·
Are	you be	ing paid for your repr	esentation?	☐ Yes ☐] No
(lf y	ou ans	pearing as part of you wered "no," STOP; yo estion.)	ur other paid duties for this person need not complete the rest of	on or organization?	☐ No es," go on to
Are mur	you ai	n elected official or of or other governmen	employee who is appearing s lal body?	olely on behalf of your office ☐ Yes ☐	or for your No
(If y you	ou ans must s	wered "yes" to the qu gn this form. If you ar	uestion, STOP. You need not on the swered "no" to the question, go	complete the rest of this form, o on to the next question.)	except that
lf yo advi	u are b sed tha	eing paid for your rep t:	presentation, or if your appeara	nce is part of other paid duties	, please be
	1.	Before you engag authorization with t	e in lobbying as a lobbyist, y he City Clerk.	you or your principal must file	e an
	2.	Your principal is n with the City Clerk.	ot permitted to authorize you	to lobby unless you are regist	ered
	3.	reporting period (h	ends or will owe more than \$ alf year), the principal must file nder of the calendar year?		
Plea at Ro	ase go oom 10	to the City Clerk's we 3 of the City-County E	bsite <u>www.cityofmadison.com/o</u> Building, Madison, for more info	clerk/index.html or go to the Clermation.)	erk's Office
Date			Signature		•
			Print Name		

Date:	Į.	ŧ		1	6	fi	\bigcirc	
Date.			+					

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

Name: RICL MARK	Address: N69	26 ENGLISH STOREMEN
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No.	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes \ \ \text{\text{\text{No}}} Yes \ \ \text{\text{\text{\text{orm}}} No} \ (If you answered "no," **STOP;** you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

UNPARO LOCAL GO

Nar	ne, add	REGISTRATION STATEMENT - PAGE 2 dress and telephone number of each person or organization you are representing	· .
	<u> </u>		
			·
Are	you bei	eing paid for your representation?	□No
(If ye	ou ansv	ppearing as part of your other paid duties for this person or organization? ☐ Yes swered "no," STOP; you need not complete the rest of this form. If you answered uestion.)	√No "yes," go on to
Are mun	you an icipality	an elected official or employee who is appearing solely on behalf of your officity or other governmental body?	e or for your
(If you	ou ansv must się	swered "yes" to the question, STOP. You need not complete the rest of this forn sign this form. If you answered "no" to the question, go on to the next question.)	n, except that
If you	u are bosed that	being paid for your representation, or if your appearance is part of other paid duti at:	es, please be
	1.	Before you engage in lobbying as a lobbyist, you or your principal must authorization with the City Clerk.	file an
·	2.	Your principal is not permitted to authorize you to lobby unless you are regi with the City Clerk.	stered
	3.	If your principal spends or will owe more than \$1,000 for lobbying services reporting period (half year), the principal must file expense statements with the Clerk for the remainder of the calendar year?	in any e City
(Plea at Ro	ise go t oom 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the 0 03 of the City-County Building, Madison, for more information.)	Clerk's Office
Date		16/10 Signature	
		Print Name	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: David Wis	Address: 3	316 Ivy 5t. dison, Wi. 53714
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 11.8.12	☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions ☐ Wish to speak
Amendment No.	Support Oppose Neither Support Nor Oppose	Do not wish to speak Available to answer questions
Amendment No. 8	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you represent (If you answered "no," STOP ; yo the name of whom you represent	ing an organization or a person other u need not complete the rest of this fo and go on to the next question.)	than yourself: ☑ Yes ☐ No orm. If you answered "yes," provide AFSCME LOCAL ©

	address and telephone number of each person or organization you are repre	
	ę.	
Are you b	being paid for your representation?	Yes No
(If you an	appearing as part of your other paid duties for this person or organization? Inswered "no," STOP; you need not complete the rest of this form. If you and question.)	☐ Yes ☐ No swered "yes," go on to
Are you a municipal	an elected official or employee who is appearing solely on behalf of y lity or other governmental body?	our office or for you Yes
(If you an you must	nswered "yes" to the question, STOP. You need not complete the rest of t sign this form. If you answered "no" to the question, go on to the next ques	this form, except tha
If you are advised th	e being paid for your representation, or if your appearance is part of other phat:	paid duties, please be
1.	Before you engage in lobbying as a lobbyist, you or your principa authorization with the City Clerk.	l must file an
2.	Your principal is not permitted to authorize you to lobby unless you with the City Clerk.	are registered
3.	If your principal spends or will owe more than \$1,000 for lobbying so reporting period (half year), the principal must file expense statements Clerk for the remainder of the calendar year?	ervices in any s with the City
(Please go at Room 1	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go 103 of the City-County Building, Madison, for more information.)	to the Clerk's Office
Date	Signature	·
	Drint Nama	

Date:	ľ	10	(10	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: 4860	Buckeye Rd Jison WI 53716
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 11 + 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes \sum No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Are you be	ing paid for your representation?
Are you ap (If you anso the next qu	pearing as part of your other paid duties for this person or organization? Yes Nered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on estion.)
Are you ar municipality	n elected official or employee who is appearing solely on behalf of your office or for yo v or other governmental body?
(If you ansv you must si	wered "yes" to the question, STOP. You need not complete the rest of this form, except th ign this form. If you answered "no" to the question, go on to the next question.)
If you are b advised tha	eing paid for your representation, or if your appearance is part of other paid duties, please t
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
1. 2.	
	authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered
2. 3. 'Please go t	authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 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

	11-11-10	
Date:	11-110-10	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Jeidi Conde	Address: 2/6	MCK Jr. Blud.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	dison, W/ 5370.3
Amendment No. 11.812	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No/ <i>O</i>	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representi (If you answered "no," STOP ; you the name of whom you represent	ng an organization or a person other t I need not complete the rest of this fo and go on to the next question.)	han yourself: ☑ Yes ☐ No orm. If you answered "yes," provide AFSOME

Nan	ne, add	ress and telephone		STATEMENT - PAGE 2 son or organization y		ıg:
						·
Are	you bei	ng paid for your rep	resentation?		☐ Yes	☑ No
(If yo	you app ou ansv next que	vered "no," STOP; y	our other paid duties you need not comple	for this person or orgete the rest of this for	ganization? ☐ Yom. If you answered	es 😡 No d "yes," go on to
Are mun	you an icipality	elected official or or other governme	employee who is ntal body?	appearing solely on	behalf of your of ☐ Yes	fice or for your
(If yo you i	ou ansv must sig	vered "yes" to the o gn this form. If you a	question, STOP. Yo answered "no" to the	u need not complete question, go on to th	the rest of this for the next question.)	orm, except that
lf you advis	u are bosed that	eing paid for your re ::	epresentation, or if y	our appearance is p	art of other paid d	uties, please be
	1.	Before you enga authorization with	ge in lobbying as the City Clerk.	a lobbyist, you or y	our principal mus	t file an
	2.	Your principal is with the City Clerk	not permitted to au	thorize you to lobby	unless you are re	gistered
	3.	reporting period (spends or will owe in half year), the princ ainder of the calenda	nore than \$1,000 fo pal must file expens r year?	r lobbying services e statements with	s in any the City
(Plea at Ro	se go t om 103	o the City Clerk's w 3 of the City-County	ebsite <u>www.cityofma</u> Building, Madison, i	adison.com/clerk/inde for more information.)	<u>∋x.html</u> or go to the	e Clerk's Office
Date		-16-10	Signature _	- Xeidi Ci	i Inde	
			Print Name	Heidi Co	ade	

Date:	_
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: June Coglio	Address: 94 Mac CHECK ONE BOX IN THIS COLUMN	4 E. Dayton St. dison, WI 53703
ENTER AMENDMENT NUMBER		
Amendment No. 11312	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 10	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 8	☐ Support☑ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: X Yes

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

Name	REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing:						
	ecal 60.						
					,		
			·				

Are you being paid for your representation?

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your

Ď No

☐ Yes

municipality or other governmental body?

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

you must sign this form. If you answered "no" to the question, go on to the next question.)

- 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	11/16/10	Signature	Hene	Laglie	
		Print Name	1 Jun	VE GOGLIO	

Mr. promes.	•
Date:///5-/0	
Date:// */ * / _/	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Kare A O FIL	:N44	SON WY 5374
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: \(\subseteq \text{Yes} \subseteq \subsete \text{No} \) (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Na	ıme, add	REGISTRATION STATEMENT - PAGE 2 dress and telephone number of each person or organization you are representing:
Are	you be	ing paid for your representation?
(n)	you ap ou ans next qu	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are mui	you ar nicipality	n elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If y you	ou ansı must si	vered "yes" to the question, STOP. You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)
lf yo advi	ou are b ised tha	eing paid for your representation, or if your appearance is part of other paid duties, please be
	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?
Plea at Ro	ase go t oom 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date:	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address:	38 8.M. Stin St.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. 11+12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☑ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 10	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ 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 whom you represent and go on to the next question.)

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-		
Are you b	being paid for your representation?	☐ Yes ☐ No
(it you an	appearing as part of your other paid duties for this person iswered "no," STOP; you need not complete the rest of a question.)	n or organization?
Are you municipal	an elected official or employee who is appearing sole lity or other governmental body?	ely on behalf of your office or for you ☐ Yes ☐ No
(If you an	nswered "yes" to the question, STOP. You need not co	mulate the rost of this form, expent the
you must	sign this form. If you answered "no" to the question, go o	on to the next question.)
<i>you must</i> If you are	sign this form. If you answered "no" to the question, go one being paid for your representation, or if your appearance	on to the next question.)
<i>you must</i> f you are	sign this form. If you answered "no" to the question, go one being paid for your representation, or if your appearance	on to the next question.) ce is part of other paid duties, please be
<i>you must</i> If you are advised th	sign this form. If you answered "no" to the question, go one being paid for your representation, or if your appearance hat: Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	on to the next question.) ce is part of other paid duties, please be u or your principal must file an
<i>you must</i> If you are advised th	sign this form. If you answered "no" to the question, go one being paid for your representation, or if your appearance hat: Before you engage in lobbying as a lobbyist, you authorization with the City Clerk. Your principal is not permitted to authorize you to	ce is part of other paid duties, please be u or your principal must file an lobby unless you are registered
you must If you are advised the second seco	being paid for your representation, or if your appearance being paid for your representation, or if your appearance hat: Before you engage in lobbying as a lobbyist, you authorization with the City Clerk. Your principal is not permitted to authorize you to with the City Clerk. If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file expends or will owe more than \$1,000 reporting period (half year), the principal must file expends or will owe more than \$1,000 reporting period (half year), the principal must file expends or will owe more than \$1,000 reporting period (half year), the principal must file expends or will owe more than \$1,000 reporting period (half year), the principal must file expends or will owe more than \$1,000 reporting period (half year), the principal must file expends or will owe more than \$1,000 reporting period (half year), the principal must file expends or will owe more than \$1,000 reporting period (half year), the principal must file expends or will owe more than \$1,000 reporting period (half year), the principal must file expends or will owe more than \$1,000 reporting period (half year), the principal must file expends or will owe more than \$1,000 reporting period (half year), the principal must file expenses the principa	ce is part of other paid duties, please be u or your principal must file an lobby unless you are registered 2000 for lobbying services in any expense statements with the City
you must If you are advised the second seco	being paid for your representation, or if your appearance that: Before you engage in lobbying as a lobbyist, you authorization with the City Clerk. Your principal is not permitted to authorize you to with the City Clerk. If your principal spends or will owe more than \$1,4 reporting period (half year), the principal must file enclerk for the remainder of the calendar year?	ce is part of other paid duties, please u or your principal must file an lobby unless you are registered 000 for lobbying services in any expense statements with the City

Date:	6		0
	 	1	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:		13 Doe Crossing Tr adison 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	☐ Support☑ Oppose☐ Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	Wish to speak □ Do not wish to speak □ Available to answer questions
Amendment No. 11 and 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(SEE BACK)

At this meeting are you representing an organization or a person other than yourself. Yes

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

Nai	me, ado	REGISTRATION STATEMENT - PAG dress and telephone number of each person or organization	
			:
	,		
Are	you be	ing paid for your representation?	☐ Yes ☒ No
(If y	ou ansı	pearing as part of your other paid duties for this person or wered "no," STOP; you need not complete the rest of this estion.)	organization?
Are mur	you ar nicipality	n elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your ☐ Yes ☐ No
(If y you	ou ansı must si	wered "yes" to the question, STOP. You need not comp ign this form. If you answered "no" to the question, go on t	lete the rest of this form, except that o the next question.)
lf yo advi	ou are b sed tha	eing paid for your representation, or if your appearance i t:	s part of other paid duties, please be
	1.	Before you engage in lobbying as a lobbyist, you cauthorization with the City Clerk.	or your principal must file an
	2.	Your principal is not permitted to authorize you to lob with the City Clerk.	by unless you are registered
	3.	If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file expendent for the remainder of the calendar year?	for lobbying services in any ense statements with the City
(Plea at Ro	ase go t oom 10:	to the City Clerk's website <u>www.cityofmadison.com/clerk/i</u> 3 of the City-County Building, Madison, for more informatio	ndex.html or go to the Clerk's Office on.)
Date	<i>p.</i>	Signature	
		Print Name	

Date:	11/16/10	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Courtland Manay	Address:(_o 70 7	2 Village Part Dr Son WE 5378
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 11 8 12	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No/D	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing	ng an organization or a person other th	han yourself: Yes

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

(Dical	ess and telephone number of each person of organization you are representing:
Porks	Sh Madison
`	
Are you bein	ng paid for your representation?
Are you appo (If you answe the next que	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If you answ you must sig	ered "yes" to the question, STOP. You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be
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 at Room 103	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name
•	

Date: 10/16/2010

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		1,00 HOADD ST
Name: JOHN ElliOTT	Address: A	402 HOARD ST. 4DI SON / WI. S3704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No(_)	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ 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 whom you represent and go on to the next question.)

1 4	TSE#251	
Are you b	eing paid for your representation?	
Are you a (If you and the next q	ppearing as part of your other paid duties for this person or organization? Yes Swered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on unestion.)	lo to
Are you a	an elected official or employee who is appearing solely on behalf of your office or for your office or your of	uı
(If you and you must s	swered "yes" to the question, STOP. You need not complete the rest of this form, except the sign this form. If you answered "no" to the question, go on to the next question.)	at
If you are advised that	being paid for your representation, or if your appearance is part of other paid duties, please lat:	рe
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 at Room 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Offic 03 of the City-County Building, Madison, for more information.)	:e
Date [0]	/16/2010 Signature Thuk William	

Print Name

Date:	1(-16-10
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Douglas Peterson	·MAL	E JOHNSON ST
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 10	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☒ Do not wish to speak☐ Available to answer questions
Amendment No. 11+12		☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
BOE Capital Amendment No. 14	Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes \sum \text{No} No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing: ocal 60 Are you being paid for your representation? Yes No. Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) 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. Your principal is not permitted to authorize you to lobby unless you are registered 2. 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 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.)

Print Name Douglas Poterson

Signature

Date 11-16-10

Date:	1	1	#·	1	6	^*	aleboar.	0	
Date.							-		

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Jeff Fisws	Address: 105	N. Thompson
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 10	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 11 4 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
	☐ Ineituet 2nbbott.troi Obboso	

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

At this meeting are you representing an organization or a person other than yourself: Yes

Na	me, ado	REGISTRATION STATEMENT - PAGE 2 dress and telephone number of each person or organization you are representing:
		Local 60
Are	you be	ing paid for your representation?
(If y	ou ansi	pearing as part of your other paid duties for this person or organization? Yes Nowered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on the testion.)
Are mur	you ar icipality	n elected official or employee who is appearing solely on behalf of your office or for you y or other governmental body? ☐ Yes ☑ No
(If y you	ou ansı must si	wered "yes" to the question, STOP. You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
lf yo advi:	u are b sed tha	eing paid for your representation, or if your appearance is part of other paid duties, please be t:
	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?
(Plea at Ro	ise go t oom 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date	11	-16-(U Signature 44/f
		Print Name Jeff Fisw)

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

		·
PLEASE PRINT CLEARLY Name: Eff Porter	Address: <u>638</u>	SW. LAKESIDE ST.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No.	☐ Support Coppose Coppose Coppose Coppose Coppose Coppose Coppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 11 \$ 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No. 4	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representi	ng an organization or a person other	than yourself: Yes No

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for you municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except to 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 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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Official Room 103 of the City-County Building, Madison, for more information.)	• :		
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Date	3.	reporting period (half year), the principal must file expense	lobbying services in any statements with the City
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0.9.14.6.10)ate	Signature	

	1/		
Date:	_//	 	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: AY YOUNG	Address: Occ	155 RAINS
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. APITAL 14	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. BOE 19012	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

	ldress and telephone number of each person or organization you are representing:
Are you be	eing paid for your representation?
Are you and (If you and the next q	opearing as part of your other paid duties for this person or organization? Yes No swered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on t uestion.)
Are you a municipalii	n elected official or employee who is appearing solely on behalf of your office or for you ty or other governmental body? ☐ Yes ☐ No
(If you ans you must s	swered "yes" to the question, STOP. You need not complete the rest of this form, except the sign this form. If you answered "no" to the question, go on to the next question.)
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(Please go at Room 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	an Address: 250	52 Duning dy Dr 1807, WI \$371
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	 ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. Ul & 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

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Name, add	REGISTRATION STATEMENT - PAGE 2 ress and telephone number of each person or organization you are representing:
Are you bei	ng paid for your representation?
Are you app (If you answ the next que	pearing as part of your other paid duties for this person or organization? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
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Please go to tt Room 103	o the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office of the City-County Building, Madison, for more information.) Signature

Print Name

	1///
Date:	1116

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Chris Gaullic		125 Pavis Hills M
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(SEE BACK)

At this meeting are you representing an organization or a person other than yourself:

Yes

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

Name,	. add	REGISTRATION STATEMENT - PAGE 2 dress and telephone number of each person or organization you are representing;	
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Are you	u bei	ing paid for your representation?	
(If you	ansv	pearing as part of your other paid duties for this person or organization? Yes Nowered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on the stion.)	o to
Are yo municip	u an cality	ո elected official or employee who is appearing solely on behalf of your office or for you y or other governmental body?	٦r
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lf you a advised	re be I that	eing paid for your representation, or if your appearance is part of other paid duties, please bett:	e
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Please at Room	go to 1103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.))
Date		Signature	
		Print Name	_

Date:	(0) 10	

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PLEASE PRINT CLEARLY Name:	<u> </u>	37 AZHANDE NOBON 533718
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	
Amendment No. 11.412	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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· .	ddress and telephone number of each person or organization you are representing:
Are you b	eing paid for your representation?
Are you a (If you and the next q	ppearing as part of your other paid duties for this person or organization? Yes No swered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to uestion.)
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Date	Signature
	Print Name

Date: 11 / 16 / 2010

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:R6E	SON Address: 208	S. FIRST ST #2 DISON, WISS FOY
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No. 11+12	Support□ Oppose□ Neither Support Nor Oppose	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No/O	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP; you the name of whom you represent a	g an organization or a person other the need not complete the rest of this found go on to the next question.)	nan yourself: Yes

Nar	ne, add	ess and telephone nu	REGISTRATION STATEME mber of each person or org		representing	j :
					:	
Are	you bei	ng paid for your repres	entation?		☐ Yes	□No
(If y	you app ou answ next que	rered "no," STOP; you	other paid duties for this peneed not complete the res	erson or organizat st of this form. If yo	ion? ☐ Ye ou answered	s
Are mun	you an iicipality	elected official or er or other governmenta	nployee who is appearing I body?	g solely on behalf	of your offi	ce or for your
(If y you	ou ansv must sig	vered "yes" to the que in this form. If you ans	estion, STOP. You need no wered "no" to the question,	ot complete the re , go on to the next	est of this for question.)	m, except that
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	1.	Before you engage authorization with the	in lobbying as a lobbyis e City Clerk.	t, you or your pri	incipal must	file an
	2.	Your principal is not with the City Clerk.	permitted to authorize yo	ou to lobby unless	you are reg	istered
	3.	reporting period (hal	nds or will owe more thar f year), the principal must ler of the calendar year?			•
(Plea at Ro	ase go to oom 103	o the City Clerk's web of the City-County Bu	site <u>www.cityofmadison.co</u> ilding, Madison, for more ii	m/clerk/index.html nformation.)	or go to the	Clerk's Office
Date			Signature			
			Print Name			

Date:	11	16	0/11)
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PLEASE PRINT CLEARLY		- 1 10
Name: Cristing Lor	Address: 420	N. Park St Room 1103
	Ma	dison, WI 53706
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing: ompus Are you being paid for your representation? ☐ Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," the next question.) 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

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at Room 103 of the City-County Building, Madison, for more information.)					
Date _	11/16/10	Signature	and		
	[· · · · · · · · · · · · · · · · · · ·	Print Name	VERISTINA	LOOL	

Date:	((1.0	6	/	
Date.					

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PLEASE PRINT CLEARLY		action of Da
Name: JENVIER 1	Address: (8)	OS. Thorupson Pr
	Ha	di Son W1 537
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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(SEE BACK)

the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

Nam	ne, addr	ress and telephone number of each person or organization you are representing:	
	3/10	lent (abor Achin Coalinon	
	132	33 E. Campus Mall	
•	Mc	idism M 53708	
Are y	ou beir	ng paid for your representation?	
(If yo	ou app u answ ext que	earing as part of your other paid duties for this person or organization? Yes Notered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on estion.)	
Are y	you an cipality	elected official or employee who is appearing solely on behalf of your office or for your other governmental body?	ur
(If yo you n	u answ nust sig	vered "yes" to the question, STOP. You need not complete the rest of this form, except the in this form. If you answered "no" to the question, go on to the next question.)	at
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Pleas at Roc	se go to om 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clefk's Office of the City-County Building, Madison, for more information.)	9
Date _		Signature Signature	
	***	Print Name JZNNIFER LE	

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PLEASE PRINT CLEARLY Name: 2 ym		1 Mont 3}
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	✓ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: MYes

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2

Nai	me, add	dress and telephone number of each person or organization you are representing:
	5/2	ent Labor Action Contition 233 E Gars
M	Μ,	Malson, 43 5306 33706
Are	you be	ing paid for your representation?
(If y	ou ansv	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are mun	you ar nicipality	n elected official or employee who is appearing solely on behalf of your office or for your y or other governmental body?
(If y you	ou ansv must si	wered "yes" to the question, STOP. You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
If yo advi	u are b sed tha	eing paid for your representation, or if your appearance is part of other paid duties, please be it:
•	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?
(Plea at Ro	ase go t oom 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date		Signature Signature
		Print Name /// Somh Zon

Date:	الموان وي وسنندون. فالمساسسوراس، ي	/16	10	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: Robert Henn	Address: 31	2 Spaight St #1 dison, WI 53703.
	· Ma	dison, WI 53 to3.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. and 12/80E	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP; you	ng an organization or a person other to need not complete the rest of this fo	han yourself: ☑ Yes □ No rm. If you answered "yes," provide

(SEE BACK)

the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing: Hssociation Are you being paid for your representation? ☐ No Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) 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 (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

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Signature

Print Name

Date

Date:	- Constitution of the Cons	16.	10
Daw.		 	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address:)≾	54 W. Gilman St.
J(W. 1707 1.7.		Modison 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No.	SupportOpposeNeither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP ; you the name of whom you represent a	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	nan yourself: ☑ Yes ☐ No m. If you answered "yes," provide TAA LOCAC 3220

REGISTRATION STATEMENT - PAGE 2

	ss and telephone number o			are representing:	
TAA	AFT LOCAL	3220			
20	suw. gilman	SA.		1	
· /	AFT LOCAL : 54 W. gilman Madison Wi S	3703	}		
	paid for your representation			☐ Yes No	
Are you appe (If you answe the next ques	aring as part of your other pred "no," STOP; you need tion.)	paid duties not compl	s for this person or organizete the rest of this form. It	zation? ☐ Yes ☑ No f you answered "yes," go on to	
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 answe you must sign	red "yes" to the question, this form. If you answered	STOP. Yo "no" to the	ou need not complete the e question, go on to the no	e rest of this form, except that ext question.)	
If you are beir advised that:	ng paid for your representa	ition, or if	your appearance is part c	of other paid duties, please be	
	Before you engage in lob authorization with the City (a lobbyist, you or your	principal must file an	
	 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 a at Room 103 o	the City Clerk's website <u>wv</u> f the City-County Building,	vw.cityofm Madison,	adison.com/clerk/index.h	tml or go to the Clerk's Office	
Date [[-]	<u></u> <u>⟨</u> √ ○ Sigr	nature _	Claiborn thi		
		t Name	CLARBURNE	the	

	11.2 10	
Date:	11/0/10	.

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

•		
PLEASE PRINT CLEARLY		- Programme
Name: AUUE HABE	Address: 120	SOUTH FIRST STRE
	•	DISOR
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 308	Support☐ Oppose☐ Neither Support Nor Oppose☒ Support	☐, Wish to speak☐ Do not wish to speak☐ Available to answer questions☐ Wish to speak
Amendment No. Bos	☐ Oppose ☐ Neither Support Nor Oppose	☐ Do not wish to speak☐ Available to answer questions
Amendment No.	□ Support □ Oppose □ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP; you the name of whom you represent a	ng an organization or a person other need not complete the rest of this fo and go on to the next question.)	than yourself: ☑Yes □ No orm. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2

Nar	ne, ado	dress and telephone number of each person or organization you are representing:
D	<u>rsct</u>	18171
Are	you be	ing paid for your representation?
(If yo	ou ansı	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are mun	you ar icipality	n elected official or employee who is appearing solely on behalf of your office or for your yor other governmental body?
(If yo	ou ans must si	wered "yes" to the question, STOP. You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
lf you advis	u are b sed tha	peing paid for your representation, or if your appearance is part of other paid duties, please be it:
	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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Plea at Ro	se go i om 10:	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name
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Date: _	1	e	· Committee	6	e den	-	Ö		_
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Mank Tho.	Mac	0 S. 15t St lison 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

At this meeting are you representing an organization or a person other than yourself: 💢 Yes

Name add	REGISTRATION STATEMENT - PAGE 2 dress and telephone number of each person or organization you are representing:
	4FSEME Local (7)
Are you be	ing paid for your representation?
Are you ap (If you ans the next qu	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are you ar municipality	n elected official or employee who is appearing solely on behalf of your office or for your y or other governmental body?
(If you ans you must si	wered "yes" to the question, STOP. You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
lf you are b advised tha	peing paid for your representation, or if your appearance is part of other paid duties, please be it:
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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 at Room 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
)ate	-16-10 Signature M

Print Name Male Thomas

D-1	11	61	1 /	•
Date:	 / <u>i·</u>	<u>~ ~ / </u>		

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Alexander Gieryn	Address: 4 2	44 W. Lakelania Dl. Dison, W1 53703.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(SEE BACK)

At this meeting are you representing an organization or a person other than yourself. 🔀 Yes

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2

Nan	ne, add	ress and telephone	number of each person or org	janization you are repres	enting:
51	udent	- Labor Actio	n Coalition	· .	
33	3 E	. Campus Ma	((
1	odisc	n WI 53	•		
Are	you bei	ng paid for your rep	resentation?	□ Y	es 🖺 No
(If yo	you app ou ansv next que	vered "no," STOP; <u>y</u>	our other paid duties for this per you need not complete the res	erson or organization? [t of this form. If you answ	☐ Yes ☐ No vered "yes," go on to
Are mun	you an icipality	elected official or or other governme	employee who is appearing ntal body?	solely on behalf of you	
(If you	ou ansv must się	vered "yes" to the o gn this form. If you a	question, STOP. You need no enswered "no" to the question,	ot complete the rest of the go on to the next question	nis form, except that
lf you advis	u are bosed that	eing paid for your re :	epresentation, or if your appea	arance is part of other pa	id duties, please be
•	1.	Before you enga authorization with	ge in lobbying as a lobbyist the City Clerk.	, you or your principal	must file an
	2.	Your principal is with the City Clerk	not permitted to authorize yo	u to lobby unless you a	re registered
	3.	reporting period (I	pends or will owe more than nalf year), the principal must inder of the calendar year?		
(Plea at Ro	se go t om 103	o the City Clerk's w 3 of the City-County	ebsite <u>www.cityofmadison.cor</u> Building, Madison, for more in	<u>m/clerk/index.html</u> or go t nformation.)	to the Clerk's Office
Date	11/	16/10	Signature	4n	
		· · · · · · · · · · · · · · · · · · ·	Print Name Alexan	der J. Gieran	

Date:		alar-) Manager, o	6	100,000	į.	0	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Braind Collin	Address: 6	45 E Johnson Apt 1
ENTER AMENDMENT NUMBER		ME ONE BOX IN THIS COLUMN
Amendment No.	Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: \square Yes \square No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone nu	imber of each p	erson or organization you are r	epresenting:
Student Lab	or Action	Coudition	
333 East	Campus A	rall	****
333 East Madicon	, WI 537	86	
Are you being paid for your repre	sentation?		☐ Yes ☑ No
Are you appearing as part of your (If you answered "no," STOP; you the next question.)			
Are you an elected official or e municipality or other governmenta		s appearing solely on behalf	of your office or for your ☐ Yes ☐ No
(If you answered "yes" to the que you must sign this form. If you an			
If you are being paid for your rep advised that:	resentation, or i	f your appearance is part of ot	her paid duties, please be
Before you engage authorization with the		s a lobbyist, you or your prir	ıcipal must file an
Your principal is no with the City Clerk.	ot permitted to	authorize you to lobby unless	you are registered
	ılf year), the pri	e more than \$1,000 for lobbyi ncipal must file expense staten dar year?	•
(Please go to the City Clerk's wel at Room 103 of the City-County B			or go to the Clerk's Office
Date 11 - 16 - 10	Signature	The Calles	
	Print Name	Brandi Callins	

Date:	المنظر ومستند	/11/2/	0	
		' b		

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Tennifer Dor	names: wis	E Johnson APt. 1 lison, WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	1 & ONE BOX IN THIS COLUMN
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: A Yes \ \tag{No} \ \(\text{No} \) (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

RE Name, address and telephone numbe	GISTRATION STATEMENT - PAG r of each person or organizatio	
and the second s	r Action Coalit	
_333 East Camp	us Mall	
Madison, wi		
Are you being paid for your representa	tion?	☐ Yes ☐ No
Are you appearing as part of your othe (If you answered "no," STOP ; you neet the next question.)	r paid duties for this person or d not complete the rest of this	organization? Yes No form. If you answered "yes," go on to
Are you an elected official or employ municipality or other governmental bod	vee who is appearing solely y?	on behalf of your office or for you ☐ Yes ☐No
(If you answered "yes" to the question you must sign this form. If you answere	, STOP. You need not complet of "no" to the question, go on to	lete the rest of this form, except that the next question.)
If you are being paid for your represen advised that:	tation, or if your appearance is	s part of other paid duties, please be
Before you engage in lead to be authorization with the City	obbying as a lobbyist, you o v Clerk.	r your principal must file an
Your principal is not per with the City Clerk.	nitted to authorize you to lob	by unless you are registered
 If your principal spends of reporting period (half year Clerk for the remainder of the remainde	or will owe more than \$1,000 r), the principal must file expethe the calendar year?	for lobbying services in any ense statements with the City
(Please go to the City Clerk's website <u>v</u> at Room 103 of the City-County Building	www.cityofmadison.com/clerk/ii n, Madison, for more informatio	ndex.html or go to the Clerk's Office on.)
Date Si	gnature	
Pr	int Name Jenyafek T	Jonahoe.

Date:	П	/1	6	/	2	<u>07</u>	0	
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: Joshna Brielma	Address: 703	B E Gotham #3
		dison, W
Amendment No. 11-N 12 B o E Operating	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP ; you rethe name of whom you represent are	g an organization or a person other the need not complete the rest of this for not go on to the next question.)	an yourself: ☐ Yes ☐ No m. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2 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? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) 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 (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 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		
	The state of the s			
	·	Drint Nama	•	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: ARRAN ARRANGE	Address: 390 M1	LE LARKSPUR CF DLETON WI 58510
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No. 1 & 12 (BOE)	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing	ng an organization or a person other t	han yourself: Yes No

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

the name of whom you represent and go on to the next question.)

Name, ad	REGISTRATION STATEMENT - PAGE 2 dress and telephone number of each person or organization you are representing:
Are you be	eing paid for your representation?
Are you ap (If you ans the next qu	ppearing as part of your other paid duties for this person or organization? Yes Nowered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on the stion.)
Are you a	n elected official or employee who is appearing solely on behalf of your office or for you y or other governmental body?
(If you ans you must s	wered "yes" to the question, STOP. You need not complete the rest of this form, except the ign this form. If you answered "no" to the question, go on to the next question.)
If you are badvised that	peing paid for your representation, or if your appearance is part of other paid duties, please but:
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 at Room 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date ((16/10 Signature Themones
	Print Name @/Offorthit Kenne Ken

Date:				
	· t	1 /		

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: //d - Jack Son	Address: 2	66 Hawkinson Road
ENTER AMENDMENT NUMBER	HECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
		The second secon

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Nar	ne, add	ress and telephone nເ	REGISTRATION STATEM Imber of each person or		representing:	
-						
Are	you bei	ng paid for your repre	sentation?		☐ Yes ↓	No
(If ye		vered "no," STOP; yοι	other paid duties for this need not complete the			□No es," go on to
		elected official or el or other governmenta	mployee who is appeari	ing solely on behal	f of your office	or for your No
			estion, STOP. You need swered "no" to the question			except that
lf yo advis	u are b	eing paid for your repr :	esentation, or if your ap	pearance is part of o	other paid duties	, please be
•	1.	Before you engage authorization with th	in lobbying as a lobby e City Clerk.	yist, you or your pr	rincipal must file	e an
	2.	Your principal is no with the City Clerk.	t permitted to authorize	you to lobby unless	s you are regist	ered
	3.	reporting period (ha	ends or will owe more the lf year), the principal mu der of the calendar year?	st file expense state		
(Plea at Ro	ise go t oom 103	o the City Clerk's web 3 of the City-County Bu	site <u>www.cityofmadison.</u> ıilding, Madison, for more	com/clerk/index.htm e information.)	<u>l</u> or go to the Cl	erk's Office
Date			Signature			
			Print Name		•	

Date:	/1-	16	10	•
Date.				

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

·		
PLEASE PRINT CLEARLY	•	
Name: Ken Zakanasen	Address: 190	6 Steven St.
	Sc. Sc	of Steven St. In Pragrie, WI 53590
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	••
Amendment No. II and 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(SEE BACK)

At this meeting are you representing an organization or a person other than yourself:

Yes

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

Nar	ne, ado	- REGISTRATION STATEMENT dress and telephone number of each person or organi	
Are	you be	eing paid for your representation?	☐ Yes ☐ No
(If y	ou ans	ppearing as part of your other paid duties for this persowered "no," STOP; you need not complete the rest of uestion.)	on or organization?
Are mun	you ai	n elected official or employee who is appearing so y or other governmental body?	lely on behalf of your office or for your
(If ye you	ou ans must s	wered "yes" to the question, STOP. You need not c ign this form. If you answered "no" to the question, go	omplete the rest of this form, except that on to the next question.)
lf yo advi:	u are b sed tha	peing paid for your representation, or if your appearar at:	nce is part of other paid duties, please be
	1.	Before you engage in lobbying as a lobbyist, y authorization with the City Clerk.	ou or your principal must file an
	2.	Your principal is not permitted to authorize you to with the City Clerk.	o lobby unless you are registered
	3.	If your principal spends or will owe more than \$1 reporting period (half year), the principal must file Clerk for the remainder of the calendar year?	,000 for lobbying services in any expense statements with the City
Plea at Ro	ise go oom 10	to the City Clerk's website <u>www.cityofmadison.com/c</u> 3 of the City-County Building, Madison, for more infor	lerk/index.html or go to the Clerk's Office mation.)
Date		Signature	

Print Name

Date: _	Ŋ	11/	16/11	<u> </u>
_		3	ř	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

· ·		*
PLEASE PRINT CLEARLY Name: Mathew Det	horne Address: 2	Madison, WI 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	· · · · · · · · · · · · · · · · · · ·
Amendment No. 11917 amendne	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you represent	other states and other	er than yourself: ☐ Yes ☐ No s form. If you answered "yes," provide

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

the name of whom you represent and go on to the next question.)

Name, add	REGISTRATION STATEMENT - PAGE 2 Iress and telephone number of each person or organization you are representing:
Are you be	ing paid for your representation?
Are you app (If you answ the next qu	pearing as part of your other paid duties for this person or organization? Yes Nowered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are you ar municipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If you answ you must si	vered "yes" to the question, STOP. You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)
if you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be
. 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 at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)
Date/	16/10 Signature MM O.MA
,	Print Name Matthew Delhorne

Date: __////6///

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:		6 E. BUCKENE RO NISON WI 5 3716
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. BOE	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 30t 14	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ✓ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ 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 whom you represent and go on to the next question.)

Nai	me, add	lress and telephone i	REGISTRATION STATEMENT number of each person or organ	
	-			
Are	you bei	ing paid for your repr	esentation?	☐ Yes ☐ No
(If y	you app ou ansv next que	vered "no," STOP; yo	ur other paid duties for this pers ou need not complete the rest o	on or organization?
Are mur	you an iicipality	elected official or or other governmen	employee who is appearing setal body?	olely on behalf of your office or for you
(If y you	ou ansv must si	vered "yes" to the qu gn this form. If you ai	uestion, STOP. You need not on swered "no" to the question, go	complete the rest of this form, except that o on to the next question.)
lf yo advi	u are bosed that	eing paid for your re _l ::	presentation, or if your appeara	nce is part of other paid duties, please be
	1.	Before you engage authorization with	e in lobbying as a lobbyist, y he City Clerk.	ou or your principal must file an
	2.	Your principal is n with the City Clerk.	ot permitted to authorize you t	o lobby unless you are registered
	3.	reporting period (h	ends or will owe more than \$ alf year), the principal must file nder of the calendar year?	1,000 for lobbying services in any expense statements with the City
Plea at Ro	ase go t oom 103	o the City Clerk's we B of the City-County E	bsite <u>www.cityofmadison.com/c</u> Building, Madison, for _, more infol	<u>clerk∕index.html</u> or go to the Clerk's Office (mation.)
Date	14/	6/10	Signature	
			Print Name	RAN EBEL

Date:	11-110-10	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Rob Larson	Address://-8	Brian Crest St MADISM WE 53704
ENTER AMENDMENT NUMBER	·	
Amendment No. 1806	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ 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 whom you represent and go on to the next question.)

· · ·				
Are	you bei	ing paid for your representation?	☐ Yes No	
(If y	ou ansv	pearing as part of your other paid duties for this persor wered "no," STOP; you need not complete the rest of the estion.)		No 1 to
		n elected official or employee who is appearing sole of or other governmental body?	ely on behalf of your office or for your office or your	our
		wered "yes" to the question, STOP. You need not conign this form. If you answered "no" to the question, go to		hat
	u are b sed tha	eing paid for your representation, or if your appearand t:	ce is part of other paid duties, please	be
	1.	Before you engage in lobbying as a lobbyist, yo authorization with the City Clerk.	u or your principal must file an	
÷	2.	Your principal is not permitted to authorize you to with the City Clerk.	lobby unless you are registered	
	3.	If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file exclerk for the remainder of the calendar year?		
		to the City Clerk's website <u>www.cityofmadison.com/cle</u> 3 of the City-County Building, Madison, for more inform		ce

Print Name

Date: _____

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

		•
PLEASE PRINT CLEARLY Name:	Address: 73L	HS Century Pl Weton, WE 53562
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	<i>(</i>
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you represent (If you answered "no," STOP ; yo the name of whom you represent	ing an organization or a person other uneed not complete the rest of this for and go on to the next question.)	than yourself: ☐ Yes ☐ No orm. If you answered "yes," provide FSCM ← LOCA+ GO

Name, add	REGISTRATION STATEMENT - PAGE 2 ress and telephone number of each person or organization you are representing:
•	
Are you bei	ng paid for your representation?
Are you app (If you answ the next que	pearing as part of your other paid duties for this person or organization? Yes No vered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?
(If you answ you must siç	vered "yes" to the question, STOP. You need not complete the rest of this form, except tha gn this form. If you answered "no" to the question, go on to the next question.)
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be
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(Please go to at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)
Date \\	6 10 Signature Col Red
(Print Name Cody Reitzi

Date: _	11.	16.	10
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Andy Kieslin	Address: 110	Jison WI 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. /2	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Are you b	eing paid for your representation?	☐ Yes ☐ No	
Are you a (If you and the next q	ppearing as part of your other paid duties for this swered "no," STOP; you need not complete the ruestion.)	person or organization?	
Are you a municipali	an elected official or employee who is appearir ity or other governmental body?	ng solely on behalf of your office or for you ☐ Yes ☐ No	
(If you and you must s	swered "yes" to the question, STOP. You need sign this form. If you answered "no" to the question	not complete the rest of this form, except tha n, go on to the next question.)	
lf you are advised th	being paid for your representation, or if your app at:	earance is part of other paid duties, please be	
1.	Before you engage in lobbying as a lobby authorization with the City Clerk.	ist, you or your principal must file an	
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 at Room 10	to the City Clerk's website <u>www.cityofmadison.c</u> 03 of the City-County Building, Madison, for more	om/clerk/index.html or go to the Clerk's Office information.)	
Date	Signature		

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

•		
PLEASE PRINT CLEARLY		al mail a la st
Name: Susan Thomp	S/M Address: 3)	01 Milwaukee St
JUSAN (MOIN)	· · · · · · · · · · · · · · · · · · ·	Indismo II)
•		1441361 607
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM!	N & ONE BOX IN THIS COLUMN
	Support	☐ Wish to speak
Amendment No.	Oppose	🔯 Do not wish to speak
Amendment No.	Neither Support Nor Oppose	Available to answer questions
(BAE) 12 A	☑ Support	☐ Wish to speak
Amendment No.	Oppose	Do not wish to speak Available to answer questions
	□ Neither Support Nor Oppose	
	Support	☐ Wish to speak ☐ Do not wish to speak
Amendment No	☐ Oppose☐ Neither Support Nor Oppose	Available to answer questions
		☐ Wish to speak
A and an out No	Support Oppose	Do not wish to speak
Amendment No.	Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak
Amendment No.	Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer questions
	Support	☐ Wish to speak☐ Do not wish to speak
Amendment No	☐ Oppose☐ Neither Support Nor Oppose	Available to answer questions
		☐ Wish to speak
A	Support Oppose	Do not wish to speak
Amendment No.	Neither Support Nor Oppose	Available to answer questions
	the are person other	than yourself Ves No
At this meeting are you representing	g an organization or a person other need not complete the rest of this fo	orm. If you answered "yes," provide
(If you answered "no," STOP; you the name of whom you represent a	need not complete and reet of and re-	X TO A MATE
the name of whom you represent a		AFOCINE
		/ · · ·

Nan	ne, ado	REGISTRATION STATEMENT - PAGE 2 dress and telephone number of each person or organization you are representing:
Are :	you be	ing paid for your representation?
(If yo	ou ansi	pearing as part of your other paid duties for this person or organization? Yes Nowered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on the testion.)
Are muni	you ar icipality	n elected official or employee who is appearing solely on behalf of your office or for you y or other governmental body? ΠΥΕΝΕΙ Νο
(If yo you r	ou ans must si	wered "yes" to the question, STOP. You need not complete the rest of this form, except the grant ign this form. If you answered "no" to the question, go on to the next question.)
lf yοι advis	u are b sed tha	eing paid for your representation, or if your appearance is part of other paid duties, please bett:
	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?
(Plea: at Ro	se go i om 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
)ata		11-110 Signature State Thomas Od 40

Print Name

Date:	1.	16	. /	0
Duio.				

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Robert Stick	Address: 23 Ma	352 Superior St. dison 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 11 + 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 14	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(SEE BACK)

At this meeting are you representing an organization or a person other than yourself: XYes

the name of whom you represent and go on to the next question.)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

Na	me, ado	dress and telepho	ne numbe	r of each p	erson or	organizatio	- - n you are	representir	ng:
_	Lex	al Cic.					,		
				•				:	
Are	you be	ing paid for your	representa	tion?				☐ Yes	No
(IT y	ou ansi	pearing as part o wered "no," STOI estion.)	f your othe P; you need	r paid duti d not com	es for this	person or or erest of this t	organizat form. If ye	ion?	es 🗵 No d "yes," go on to
Are mur	you ar nicipality	n elected official / or other governr	or employ nental bod	vee who is y?	s appear	ing solely o	on behall	of your of	fice or for your
(If y you	ou ansv must si	wered "yes" to th ign this form. If yo	e question ou answere	, STOP. \ d "no" to ti	You need he questi	not comple on, go on to	ete the re the next	est of this fo question.)	orm, except that
lf yo advi	u are b sed tha	eing paid for you t:	r represent	tation, or i	f your ap _l	pearance is	part of c	ther paid du	uties, please be
	1.	Before you er authorization w	ngage in lo	obbying as / Clerk.	s a lobby	∕ist, you or	your pr	incipal mus	t file an
	2.	Your principal with the City Ci	is not perr lerk.	nitted to a	authorize	you to lobb	y unless	you are re	gistered
	3.	If your principa reporting period Clerk for the re	d (half yea	r), the prir	icipal mu	st file exper	for lobby ารe state	ing services ments with	s in any the City
(Plea at Ro	ase go t oom 103	o the City Clerk's of the City-Cour	s website <u>w</u> nty Building	<u>/ww.cityofi</u> 1, Madison	madison.c , for more	com/clerk/in information	dex.html n.)	or go to the	Clerk's Office
Date	11.	16.10	Sig	gnature	1		•		
			Pri	nt Name	K	Joert S	Fick	vey.	
	·								

		1(TP)	
Date:	11	16/10	•
Date.			

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

mmatos, regular		•
PLEASE PRINT CLEARLY Name: Tony Karwal	Address: 650	Appleglen Lu adison, WI 53719
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 11 4 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ 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 whom you represent and go on to the next question.)

Name, add	REGISTRATION STATEMENT - PAGE 2 dress and telephone number of each person or organization you are representing:	
Are you bei	eing paid for your representation?	
Are you app (If you answ the next qu	swered "no," STOP; you need not complete the rest of this form. If you answered "ves," go (No On to
Are you an municipality	n elected official or employee who is appearing solely on behalf of your office or for your office or for your office or for Yes No	you
(If you ansv you must si	swered "yes" to the question, STOP. You need not complete the rest of this form, except ign this form. If you answered "no" to the question, go on to the next question.)	thai
If you are be advised that	peing paid for your representation, or if your appearance is part of other paid duties, please at:	e be
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 at Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Oft 3 of the City-County Building, Madison, for more information.)	fice
Date /	1610 Signature Harw	
	Print Name Tony Karwal	

Date: 16 November 2010

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Michael A. Chi	Iders Address: 50	9 N. Lake St. Apt 506 Lison, WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 11 BOE)	✓ Support✓ Oppose✓ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 12 (BOE)	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP; you the name of whom you represent a	ng an organization or a person other need not complete the rest of this fo and go on to the next question.)	than yourself: ☐ Yes ☐ No orm. If you answered "yes," provide

Name, address and telephone nun		. ^	ng:
Ith Teachi	ng Assistants	1 HSSOCIATION	
254 (N. Gilman St		
(608)	256-4375		
Are you being paid for your represe		☐Yes	⊠ No
Are you appearing as part of your of (If you answered "no," STOP; you the next question.)	other paid duties for this p need not complete the res	erson or organization? ☐ Y st of this form. If you answere	
Are you an elected official or em municipality or other governmental	ployee who is appearing body?	g solely on behalf of your o	
(If you answered "yes" to the quest you must sign this form. If you answered	stion, STOP. You need nevered "no" to the question	ot complete the rest of this for , go on to the next question.)	orm, except that
If you are being paid for your repre advised that:	sentation, or if your appe	arance is part of other paid d	uties, please be
Before you engage authorization with the		t, you or your principal mus	st file an
2. Your principal is not with the City Clerk.	permitted to authorize yo	ou to lobby unless you are re	egistered
reporting period (half		n \$1,000 for lobbying service file expense statements with	
(Please go to the City Clerk's websi at Room 103 of the City-County Buil	ite <u>www.cityofmadison.co</u> Iding, Madison, for more ii	<u>m/clerk/index.html</u> or go to th nformation.)	e Clerk's Office
Date Makeyn Maga	Signature		
	Print Name		

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Mathew Syema	Ma	Elen Drive Room (05 dison, WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	⊠ Support□ Oppose□ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes \sum \line No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Na	me, add	dress and telephon	e number of each p	erson or organizat	ion you are representing:	
	Styc	lent Labor	Action Co	palition		
	~	333 £ C	ampus Ma			
		Madiso,	WE E	3706		
Are	you be	ing paid for your re	presentation?		☐ Yes ☑ No	
(If y	ou ansi	pearing as part of y wered "no," STOP; estion.)	our other paid duti you need not com	es for this person on the color of the color	or organization? ☐ Yes ☐ N s form. If you answered "yes," go on	o to
Are mur	you ar nicipality	n elected official o or other governme	r employee who is ental body?	s appearing solely	on behalf of your office or for yo ☐ Yes ☑ No	ur
(If y you	ou ans must si	wered "yes" to the gn this form. If you	question, STOP. Yanswered "no" to the	You need not com he question, go on	plete the rest of this form, except th to the next question.)	at
lf yo advi	ou are b sed tha	eing paid for your t:	representation, or i	f your appearance	is part of other paid duties, please b	· e
-	1.	Before you eng authorization wit	age in lobbying a h the City Clerk.	s a lobbyist, you	or your principal must file an	
	2.	Your principal is with the City Cle	not permitted to a	authorize you to lo	bby unless you are registered	
	3.	reporting period	spends or will owe (half year), the prir ainder of the calend	ncipal must file exp	0 for lobbying services in any pense statements with the City	
Plea at Ro	ase go t oom 103	o the City Clerk's v 3 of the City-County	vebsite <u>www.cityofi</u> / Building, Madison	madison.com/clerk , for more informat	<u>findex.html</u> or go to the Clerk's Officion.)	e
Date	11/16	3/10	Signature	Mother	Sureminal +	
	******	į.	Print Name	Matthew	Suemicht	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: A CA B SSEA		M Jahnsan 1017A ME ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Name, add	ress and telephone number of each person or o	rganization you are representing:
Stude	at Labor Action	Coalton
	. 333 E Campus Me	al Q
	Madyon Wit s	3700
Are you bei	ng paid for your representation?	☐ Yes No
Are you app (If you answ the next que	pearing as part of your other paid duties for this vered "no," STOP; you need not complete the resestion.)	person or organization?
Are you an municipality	elected official or employee who is appearing or other governmental body?	ng solely on behalf of your office or for your ☐ Yes ☐ No
(If you ansv you must sig	vered "yes" to the question, STOP. You need a gn this form. If you answered "no" to the question	not complete the rest of this form, except that n, go on to the next question.)
If you are be advised that	eing paid for your representation, or if your appo	earance is part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyi authorization with the City Clerk.	st, you or your principal must file an
2.	Your principal is not permitted to authorize y with the City Clerk.	ou to lobby unless you are registered
3.	If your principal spends or will owe more that reporting period (half year), the principal mus Clerk for the remainder of the calendar year?	in \$1,000 for lobbying services in any t file expense statements with the City
(Please go to	o the City Clerk's website <u>www.cityofmadison.co</u> 3 of the City-County Building, Madison, for more	om/clerk/index.html or go to the Clerk's Office
Date ///	Signature Signature	illiomaton.)
· ·	Print Name K-OY O	n RISSON

Date: _	all to my classification of		
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PLEASE PRINT CLEARLY Name:		as Ruthday St.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. Bo T	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions ☐ Wish to speak
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Do not wish to speak ☐ Available to answer questions ☐ Wish to speak
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Do not wish to speak ☐ Available to answer questions
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REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing:			
Are you bein	g paid for your representation?		
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
Are you an municipality o	elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?		
(If you answe you must sigr	ered "yes" to the question, STOP. You need not complete the rest of this form, except that In this form. If you answered "no" to the question, go on to the next question.)		
lf you are bei advised that:	ng paid for your representation, or if your appearance is part of other paid duties, please be		
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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•	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 at Room 103 o	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		