10 + 0817 Date: 2/5/08

# **CITY OF MADISON**

# Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print		PLEASE F	PRINT NAME CLEA	RLY	
Agenda No.		Name	Erik Minto 21 N Bu Madison	n Her S	<del>}.</del>
Please check the appr	ropriate box:		Please check the	appropriat	e box:
Support Oppose Neither Sup	pport Nor Oppose	AND	Wish to speal Do not wish t Available to a	o speak	iions
(If you answered "no, of who you represent a	u representing an organiza or stop; you need not contained go on to the next quest openione number of each pe	mplete the rest of tion)	this form If you answ	ered "yes," <sub>l</sub>	
	-				
				_ , ,	
Are you being paid for	your representation?			Yes	No No
	oart of your other paid dut			☐ Yes eered "yes,"	X No go on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing	3	minutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?			
107	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)			
If you are t that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised			
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk			
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?			
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information)			
Date	Signature			
	Print Name			

Date: 2 5 08

### **CITY OF MADISON**

Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY Name
Agenda No.	Address 2708 Lakeland fre
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Opp	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the ne	organization or a person other than yourself: LYes No I not complete the rest of this form. If you answered "yes," provide the name ext question)
Name, address and telephone number of	each person or organization you are representing:
Are you being paid for your representation	on?
Are you appearing as part of your other p (If you answered "no," STOP; you need question)	paid duties for this person or organization? Yes 4No I not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council) 5 minutes ring 3 minutes 3 minutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.
Date	Signature Williams
	Print Name Um t- White

Date: 02,05,080

#### CITY OF MADISON

Common Council

Registration Statement -

COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Name Agenda No. Address Please check the appropriate box: Please check the appropriate box: Wish to speak Support AND Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? 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.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

Other Items 3 minutes

Are you an elected off	ficial or employee who is appeari	ng solely on behalf of yo	our office or for your mu	unicipality or
other governmental bo			☐ Yes	No
(If you answered "yes this form If you answe	" to the question, <b>STOP.</b> You need "no" to the question, go on to	d not complete the rest o o the next question)	f this form, except that y	ou must sign
If you are being paid that:	for your representation, or if you	ar appearance is part of	other paid duties, pleas	e be advised
	you engage in lobbying as a loble City Clerk	oyist, you or your princip	oal must file an authoriz	ation
2 Your p City Cl	orincipal is not permitted to authorlerk	orize you to lobby unless	s you are registered wit	h the
period	principal spends or will owe mo (half year), the principal must der of the calendar year?			
(Please go to the Cit Room 103 of the City-C	ty Clerk's website <u>www.cityofm</u> County Building, Madison, for mo	adison.com/clerk/index.h ore information)	tml or go to the Cleri	t's Office at
	10			,
Date <u>12,65</u> ,	Signature Print Name	ANG FO	PER	<u> </u>
	-			

ID#0817 | Date: 2-1-68

# CITY OF MADISON

# Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print		PLEASE PR	INT NAME CLEA	ARLY	
Agenda No.		Name	Thuney J. 123 WAH 17 Loon	Gerer Work	n in fair
Please check the app	propriate box:	,	Please check the	e appropriato	e box:
Support Oppose Neither Su	ipport Nor Oppose	AND	Wish to spea Do not wish Available to		ions
(If you answered "no of who you represent	ou representing an organize, "STOP; you need not contain and go on to the next quest elephone number of each p	implete the rest of the stion.)	his form If you answ		□ No provide the name
Are you being paid for	or your representation?			Yes	☐ No
	s part of your other paid du o, " <b>STOP;</b> you need not co			☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Commo				

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	ed "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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 Room 103 of t	the City Clerk's website <u>www.citvofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature Print Name Thomas J. G.

Date: 7-5-08

### **CITY OF MADISON**

# Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print			RINT NAME CLEA		
Agenda No. 5		Name Address	ZIN BAR	Her	
Please check the appr	opriate box:		Please check the	e appropria	te box:
Support Oppose Neither Sup	oport Nor Oppose	AND	Wish to spea Do not wish Available to	to speak	itions
(If you answered "no, of who you represent a	u representing an organization of the company of the next question of the next question of each persential or the next question of each persent of each persen	plete the rest of on.)	this form. If you answ	vered "yes,"	No provide the name
	phone named of each per	on or organization			
				<u> </u>	
Are you being paid for	your representation?			Yes	
	part of your other paid dutie "STOP; you need not com			Yes wered "yes,"	_
Speaking Limits:	Public Hearing (Common Information Hearing	3 1	minutes		

tre you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?						
If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign his form If you answered "no" to the question, go on to the next question.)						
f you are being paid for your representation, or if your appearance is part of other paid duties, please be advised hat:						
Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk						
Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk						
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 Z-3-08 Signature Leave Socy						
Print Name / Leven D Bartley						

Date: 2-5-08

# **CITY OF MADISON**

# Registration Statement - Common Council

Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No	5	i i	DANDKA 145 EAST MADISON	BANCE	Lucian
Please check the ap	propriate box:		Please check th	ie appropria	te box:
Support Oppose Neither S	upport Nor Oppose	AND	Do not wish  Available to	to speak	stions
(If you answered "no of who you represent Name, address and to	you representing an organizate, "STOP; you need not come and go on to the next questive elephone number of each per (20) E PLOPE,	aplete the rest ion.) son or organiz	of this form. If you answere the second seco		· .
Are you being paid	for your representation?			Yes	□No
Are you appearing a	as part of your other paid duti			Yes	□ No
Speaking Limits:	Public Hearing (Common Information Hearing Other Items		3 minutes		

	elected official or emp mental body?	loyee who is appeari	ng solely on behalf of	your office or for your municipality  Yes No	or
	ered "yes" to the ques you answered "no" to		<del>-</del> .	t of this form, except that you must sig	zп
If you are be that:	eing paid for your rep	resentation, or if yo	ur appearance is part	of other paid duties, please be advis-	∍d
1.	Before you engage with the City Clerk		byist, you or your prin	cipal must file an authorization	
2	Your principal is n City Clerk.	ot permitted to auth	orize you to lobby unl	less you are registered with the	
3.		the principal must		obying services in any reporting nts with the City Clerk for the	
	to the City Clerk's v the City-County Build			x.html or go to the Clerk's Office	at
Date 2	2-5-08	Signature	Dar	Olar	
		Print Name			

Date:	2	~ - O	<u>o</u>

### **CITY OF MADISON**

Registrat	tion Statement	Common Co	ouncil		
		COMMITTEE			
Please Print		PLEASE PI	RINT CLEARLY		
		Name	PHIL	HEES	
Agenda No	5	Address _	12 N,	BUTLER	, #607
			MEDIS	sou, wi	
Please check the app	propriate boxes:				
Support Oppose Neither S	upport Nor Oppose		Do n	n to speak ot wish to speak lable to answer que	estions
(If you answered "ne	you representing an organ o," <b>STOP;</b> you need not o t and go on to the next qu	complete the rest o	other than you of this form. If y	rself:	☒ No " provide the name
Name, address and t	elephone number of each	person or organiz	ation you are re	presenting:	
Are you being paid f	for your representation?			☐ Yes	<b>☑</b> No
Are you appearing a (If you answered "n question)	s part of your other paid of o," <b>STOP;</b> you need not o	duties for this pers complete the rest	on or organizat	ion?	☑ No " go on to the next
Speaking Limits:	Public Hearing (Comm				
	Information Hearing Other Items				

	elected official or emp. nmental body?	loyee who is appeari	ng solely on beh	alf of your office or for your municipality of	ľ
	vered "yes" to the ques fyou answered "no" to			he rest of this form, except that you must sigr on)	1
If you are that:	being paid for your rep	resentation, or if yo	ur appearance is	part of other paid duties, please be advised	l
1.	Before you engage with the City Clerk		byist, you or you	ur principal must file an authorization	
2.	Your principal is n City Clerk	ot permitted to auth	orize you to lobl	by unless you are registered with the	
3.		the principal must		for lobbying services in any reporting tements with the City Clerk for the	
	to the City Clerk's w of the City-County Build			k <u>/index.html</u> or go to the Clerk's Office a	t
Date	2-5-09	Signature	56		-
		Print Name	Phu	HEES	÷.,

Date: 7/5/08

# **CITY OF MADISON**

Registrati	on Statement	Common C	Council		
Please Print		COMMITTEE  PI FASE	E PRINT NAME CLE	ARI Y	
Agenda No.		Name	Erik Paulson GIG E Dyt. Madry		7
Please check the app	ropriate box:		·	ne appropriate box	<b>C:</b>
<ul><li></li></ul>	pport Nor Oppose	AND	☐ Wish to spe☐ Do not wish☐ Available to		
(If you answered "no,		complete the rest	on other than yourself: of this form. If you ans		No de the name
Name, address and tel	ephone number of each	n person or organi	zation you are represent	ing:	
Are you being paid for	your representation?			Yes Z	No
	part of your other paid "STOP; you need not		son or organization? tof this form. If you ans	Yes 🔀 1 wered "yes," go or	
Speaking Limits:	Public Hearing (Com- Information Hearing Other Items		3 minutes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?  Yes No
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name