

Date: 5 3/10

WISH TO SPEAK FORM

Registration State	ement - Common C	ouncil
Please Print Agenda No. 45		EPRINT NAME CLEARLY ELIZABETH MYERS 2218 West brook LANK
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		·
Neither Support	Nor Oppose	
At this meeting are you represent (If you answered "no," STOP; y of who you represent and go on to Name, address and telephone nur	ou need not complete the rest to the next question.)	of this form. If you answered "yes," provide the name

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

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
If you are be that:	eing 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 the City-County Building, Madison, for more information)		
Date	Signature		
	Print Name		



Date: 412 3, 2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Co	ouncil
Please Print	PLEASE P	PRINT NAME CLEARLY
Agenda No5	Name Address	Mudron WI 53775
Please check one:	AND	Please check:
Support Oppose		Wish to Speak
Neither Support Nor O	ppose	
At this meeting are you representing an orgalized (If you answered "no," STOP; you need no f who you represent and go on to the next Name, address and telephone number of each	ot complete the rest of question)	of this form. If you answered "yes," provide the name
Are you being paid for your representation	?	☐ Yes ☑ No
Are you appearing as part of your other part (If you answered "no," STOP; you need n question)	id duties for this person ot complete the rest of	on or organization?
Information Hearin	mmon Council)5 r g3 r 3 r	minutes

•	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)				
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Date	Signature				
	Print Name				

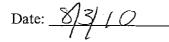


Date: 8-3-/0

WISH TO SPEAK FORM

Registration	Statement -	Common C	ouncil			
Please Print Agenda No.	5		PRINT NAI Alen 42 Hau Madis			(a)-
Please check one	:	AND		se check:		
Support		·	X	Wish to	Speak	
Oppose						
Neither Sup	pport Nor Oppo	ose				
At this meeting are you reference (If you answered "no," I of who you represent and Name, address and teleph	STOP; you need not cold go on to the next que	omplete the rest stion.)	of this form. I	If you answere		, No provide the name
ya Igreens						
8302 010	Sank Pd					77774
Malgreens 8302 Old Madisan, h	I 5)562		•			M-1914
Are you being paid for you		4 J		`	Yes	□ No
Are you appearing as par (If you answered "no," Squestion)				ration? If you answer	Yes ed "yes," į	☐ No go on to the next
In	ublic Hearing (Commonformation Hearing		3 minutes			

_		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)
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•	_	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date _	8-	3-10 Signature Den Welch
		Print Name Alen Welch





AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Co	uncil	
J		COMMITTEE		
		PLEASE P	RINT CLEARLY	
		Name C	Varens	heltan
Agenda No		Address	11316/1/	affin
			11/10-00-10	0
			11100000	· · · · · · · · · · · · · · · · · · ·
Please check	one:	AND	Please chec	k:
Support			Availab	le to answer
Support			questio	
Oppose	·		questio	m2
Neither	Support Nor Op	pose		
		-		·
	you representing an orga			Yes No
, 5	o," STOP; you need no it and go on to the next o		this form. If you answ	vered "yes," provide the name
•		· · ·	·	
Name, address and t	elephone number of eac	in person or organizat	ion you are representi	ng:
Walter	<i>V</i>			
·				
				
Are you being paid	for your representation?			Yes No
	s part of your other paid			Yes No
(If you answered "n question)	o," STOP; you need no	ot complete the rest of	this form. If you answ	vered "yes," go on to the next
Speaking Limits:	Public Hearing (Con	nmon Council)5 n	ninutes	
		3 n		
	OTHEL HEIHS		HHILLES	

Are you an el other governm	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, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)		
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Date	Signature		
	Print Name		



DO NOT WISH TO SPEAK FORM

Registrati	on Statement	COMMITTEE	ouncil
Please Print			
		PLEASE	PRINT NAME CLEARLY
11 = 11 =		Name	James molocules
Agenda No.		Address _	1215, Butter A
			mass w/ 3323
Please check of	1e:	AND	Please check:
Support			Do not wish to speak
Oppose			
Neither S	upport Nor Opp	oose	
(If you answered "no,	u representing an organ " STOP; you need not and go on to the next qu	complete the rest of	n other than yourself:
Name, address and tel	ephone number of each	person or organiza	ation you are representing:
INLA	DOT W	ed al	conol Qt Drea
SKM	γ		
Are you being paid for	your representation?		☐ Yes ☐ No
	oart of your other paid of STOP; you need not		on or organization?
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3.	minutes minutes minutes

			REGISTRATION	STATEMENT - P	PAGE 2	
		ected official or emp nental body?	oloyee who is appeari	ing solely on bel	to a transfer to the first first and the contract of the contr	for your municipality or Yes \square No
			stion, STOP. You nee the question, go on t			xcept that you must sign
If you that:	ı are bei	ng paid for your re	presentation, or if yo	ur appearance is	s part of other paid d	uties, please be advised
	1.	Before you engage with the City Clerk		byist, you or you	ur principal must file	an authorization
	2	Your principal is City Clerk.	not permitted to auth	orize you to lob	by unless you are reg	gistered with the
	3.		, the principal must	医牙髓 医多种多类 化多性 医乳腺管 化二氯化物	for lobbying services tements with the Ci	
			website <u>www.cityofm</u> ding, Madison, for mo			o the Clerk's Office at
Date	3/2	, []	Signature <	Jamie	McCoule	
			Print Name	Jame	Mocus	lee

Date: 8/3/10



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrati	on Statement	Common COMMITTEE	Council		
Please Print		PLEAS	SE PRINT NAME (CLEARLY	
Agenda No.	5	Name Address	David 2218 W Modi		Ln
Please check o	ae:	AND	Please o	heck:	
☐ Support☑ Oppose	upport Nor Op		_ ∑ Do	not wish to	speak
(If you answered "no, of who you represent	u representing an organ organ organ organ organ organ organ or some of the next questions of each organ orga	complete the re uestion)	st of this form. If you	answered "yes,"	□ No ' provide the name
Are you being paid fo	r your representation?			☐ Yes	□ No
	part of your other paid " STOP; you need not	•		ta a sultina ta ta a ta	☐ No " go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		. 5 minutes 3 minutes 3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	83.10	
Date.	<u> </u>	_

Registration Statement -		ouncil		
	COMMITTEE			
Please Print	PLEASE	PRINT NAME	E CLEARLY	
Agenda No. 2 3 5	Name _ Address _		MUSHNSIJ Omeen	st.
Please check one:	AND	Please	check:	
Support		Z v	Wish to Speak	ζ
Oppose				
Neither Support Nor Opp	nose			
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each who you represent are good to the next quality of the state of the sta	complete the rest of uestion.)	of this form. If y	ou answered "yes,'	No provide the name
			P-1-1-00	
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)				☐ No ☐ No ☐ on to the next
Speaking Limits: Public Hearing (Com- Information Hearing) Other Items		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?
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	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 S	7.3.10 Signature De A
	Print Name RICK DINKEL



Date: 8/3/10

WISH TO SPEAK FORM

Registrati	on Statement	COMMITTEE	uncil		
Agenda No.	2,3,5 Igreen	PLEASE Name Address	PRINT NAI	ME CLEARLY THE LA BETTH ST MADILON	
Please check of	ne:	AND	Plea	se check:	
Support				Wish to Speak	
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent	ou representing an orga "STOP; you need not and go on to the next q dephone number of each	t complete the rest cuestion.)	of this form.	If you answered "yes," provide the nan	ne
					
Are you being paid fo	r your representation?			☐ Yes ☐ No	
	part of your other paid "STOP; you need not			zation?	xt
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		minutes		

-		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
		red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
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Date _		Signature
		Print Name



Date:	
2001	

CITY OF MADISON

Registration Statement -	Common C	Council	
Please Print	PLEASE	E PRINT NA	ME CLEARLY
Agenda No. 2, 3, 4, 45	Name Address		Gerlach isconsin Ave. #700 on
Please check one:	AND	Plea	ase check:
Support			Wish to Speak
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest uestion.)	of this form.	If you answered "yes," provide the name
			
Are you being paid for your representation?			☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			
Speaking Limits: Public Hearing (Com- Information Hearing Other Items		3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	vered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	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:	
~~~~	 _

# **CITY OF MADISON**

Registra	ation Statement -	COMMITTEE	ouncil	
Please Print  Agenda No.	1-5	PLEASE Name Address	PRINT NAME CLEARLY Celia Jackson 3205 Quiney Are Moleson, Wi5	<u>-</u> 370
Please check	one:	AND	Please check:	,
Support	t		Wish to Speak	
<b>Oppose</b>				
Neither	Support Nor Op	pose		
(If you answered "n of who you represen	nt and go on to the next q	complete the rest o uestion.)	n other than yourself: Yes No of this form. If you answered "yes," provide the ration you are representing:	: name
Are you being paid	for your representation?		☐ Yes ☐ No	
Are you appearing a (If you answered "n question.)	s part of your other paid o," STOP; you need not	duties for this perso complete the rest o	on or organization? Yes No of this form. If you answered "yes," go on to th	e next
Speaking Limits:	Public Hearing (Communication Hearing Other Items		minutes	

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you ar this form	nswere If you	ed "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
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Date		Signature
		Print Name



Date:	

# **CITY OF MADISON**

Registration Statement -	COMMITTEE	Council	· · · · · · · · · · · · · · · · · · ·
Please Print  Agenda No. #2 CH 5	<b>PLEASE</b> Name Address	Man	MECLEARLY reen Busalaech; Gray FOXTT
Please check one:	AND	Plea	se check:
Support			Wish to Speak
Oppose			
Neither Support Nor O	ppose		
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest question.)	of this form. I	f you answered "yes," provide the name
Are you being paid for your representation	?	•	☐ Yes ☐ No
Are you appearing as part of your other pair (If you answered "no," STOP; you need n question.)			
Speaking Limits: Public Hearing (Con Information Hearing) Other Items	g		

-	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or 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.)				
If you are bei that:	ing paid for your representat	tion, or if you	ur appearance is part of	other paid duties, pl	ease be advised
1.	Before you engage in lobby with the City Clerk.	ying as a lob	byist, you or your princip	al must file an autho	orization
2.	Your principal is not perm City Clerk	nitted to autho	orize you to lobby unless	you are registered	with the
3.	If your principal spends or period (half year), the principal remainder of the calendar y	incipal must		•	_
, .	o the City Clerk's website the City-County Building, Ma			<u>tml</u> or go to the C	lerk's Office at
Date Au	1. 2	Signature	Maureen	n Musas	Paudi
	P	rint Name	vi aureen	1901501(1110	VU



Date: _	8-	<u>-3~</u>	10	

### **CITY OF MADISON**

Registra	tion Statement -	Common C	ouncil	<del></del>	
Agenda No. 2	3, 4.75 greens	PLEASE Name Address	EPRINT NAME CLE ROSEMBRY IN W WI): 53703	EARLY Le E	
Please check	one:	AND	Please che	eck:	
Support			Wish	ı to Speak	
<b>Oppose</b>					
Neither !	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orga o," STOP; you need not at and go on to the next quelephone number of each	t complete the rest ruestion.)	of this form. If you an	•	provide the name
Awa wan haina naid t	For your varyagentation?				
Are you appearing a	for your representation? s part of your other paid o," STOP; you need not			Yes Yes swered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date _		Signature
		Print Name



Date:	83	2010	

Registration Statement		Council		
Please Print Would like to s last an thes Agenda No. 2,3,4,5	PLEASE Name	Jenng	MECLEARLY  Yuan  Chicago St  anker, W1 53	-, Ste 410
Please check one:	AND	Plea	se check:	
<b>Support</b>			Wish to Speak	
Oppose				
Neither Support Nor Opp	pose			
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que.  Name, address and telephone number of each	complete the rest uestion.)	of this form. I	f you answered "yes," p	□ No provide the name
Walgreens		· <u>···</u> · · · · · · · · · · · · · · · · ·		
Are you being paid for your representation?			Yes	□No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)				No go on to the next
Speaking Limits: Public Hearing (Communication Hearing) Other Items		3 minutes		

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Date 8	3/2000 Signature Print Name  Signature  Fint Name			

Date:	8/3/10	



# AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common C	Council		
			PRINT CLEARLY		
Agenda No. 2	5	Name Address	Tim McMurtry 1749 N. Prosp	•	vaukee, wi
Please check of	one:	AND	Please chec	ck:	
Support			Availal	ble to ans	swer
Oppose			questic	ons	
Neither !	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orga o, "STOP; you need not t and go on to the next quelephone number of each	t complete the rest uestion)	of this form. If you ans	·	☐ No ' provide the name
Are you being paid	for your representation?			Yes	☐ No
	s part of your other paid o," STOP; you need no			Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	99 140 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

_	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or				
other go	vernme	nental body?			
		ed "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign on answered "no" to the question, go on to the next question.)			
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date	813	3/10 Signature Jamostin & Michigan, I			
	,	Print Name TMOthy L McMuty IT			