

Date: 30 Oct 14

WISH TO SPEAK FORM

Registration Statement	Common C	Council
-	COMMITTEE	• •
Please Print		
	PLEASE	E PRINT NAME CLEARLY
Agenda No. 48230	Name Address	HO Perinter
Please check one:	AND	Please check:
Support		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 quality Name, address and telephone number of each	complete the rest uestion.)	t 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.)	duties for this per complete the rest	rson or organization?
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items		3 minutes

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?
	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.)
If you are bein that:	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?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	

WISH TO SPEAK FORM

Registration Statement -		Council			
	COMMITTEE		٠.		
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Agenda No	Name Address	Micha One S Madi	al Grandh Bon W	een Pincky	VY
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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 q	t complete the rest uestion.)	of this form.	If you answe		☐ No provide the name
Name, address and telephone number of each		zation you are	representin	g:	
22 Foot Diffir Str	company, l	~LC			
Mahison, WI 5	3703				
Are you being paid for your representation?				Yes Yes	☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this per complete the rest	son or organiz of this form.	ation? If you answe	Yes ered "yes," ;	No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing.					

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Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 10	- 30 - 12 Signature
	Print Name Michael Green



Date:	
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WISH TO SPEAK FORM

Registra	tion Statement -	Common C	Council			•
Please Print	•	DI EASE	PRINT NAME	CI FARI V		
Agenda No(Name Address	ard Sh 282 Ch	pino Mei	1000 (c 3575	<u>~</u>
Please check of	one:	AND	Please	check:		
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Oppose			/			
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Are you being paid f	or your representation?			Yes	No	
Are you appearing as (If you answered "no question.)	part of your other paid o, "STOP; you need no	duties for this pers t complete the rest	son or organization of this form. If yo	n?	No go on to th	e next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes			

•		ected official or employe ental body?	ee who is appear	ring solely on behalf of your o	ffice or for you	ur municipality or
		ed "yes" to the question au answered "no" to the		ed not complete the rest of this to the next question.)	s form, except t	hat you must sign
If you that:	are bein	ng paid for your represe	entation, or if yo	our appearance is part of other	r paid duties, j	please be advised
	1.	Before you engage in le with the City Clerk.	obbying as a lol	obyist, you or your principal m	nust file an autl	horization
	2.	Your principal is not p City Clerk.	ermitted to auth	norize you to lobby unless you	ı are registered	l with the
	3.		principal must	ore than \$1,000 for lobbying s file expense statements with	•	
•		the City Clerk's websi ne City-County Building,		nadison.com/clerk/index.html o ore information.)	or go to the (Clerk's Office at
Date	1/2-3	(O-17)	Signature	Mark		
			Print Name	Carolosci	haeffel	



Date:		
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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	Council		<u> </u>
_	COMMITTEE			
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	PLEASE	PRINT NA	ME CLEARLY	Ede (1
10	Name	JUDI	KAROL	
Agenda No	Address	317	N PINCKA	JE 5T
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	ANTO	DI.		
Please check one:	AND	Plea	se check:	
		A	Wish to Speal	k
Oppose				
Neither Support Nor Op	nosa			
Neither Support Not 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 q Name, address and telephone number of each	complete the rest uestion.)	of this form. I	f you answered "yes,"	No 'No '' provide the name
	Control (Marie Marie)			
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.)	duties for this person complete the rest	son or organiz of this form.	ation? Yes If you answered "yes,	No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes		

(SEE BACK)

Are you an ele other governme	cted 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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Date	Signature
	Print Name





AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Cour	ncil	
		COMMITTEE		
		PLEASE PRI	INT CLEARLY	
		Name /	Am Supple	
Agenda No	10	Address 7	108 SAWY (ROIX	Conde
			enona UII	- Crecio
			30014 001	
Please check of	one:	AND	Please check:	
Support		•	Available to answ	ver
Oppose			questions	
Neither S	Support Nor Op	pose		
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(If you answered "no	ou representing an organ o," STOP; you need not t and go on to the next q	complete the rest of thi	er than yourself: Yes is form. If you answered "yes," pr	☐ No rovide the name
Name, address and to	elephone number of each	n person or organization	you are representing:	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Are you being paid for	or your representation?		Yes	□ No
	s part of your other paid o, "STOP; you need not		r organization? Yes is form. If you answered "yes," g	☐ No o on to the next
Speaking Limits:		mon Council)5 mini	utes	

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.)			
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Date	30-12	Signature	
		Print Name	My Jupple