

21803

Date: 3/29/2011

WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement	Common Co	ouncil	West Control of the C
Please Print Agenda No.	72	PLEASE Name Address	PRINT NAME OF Priel Hid 613 N. M Ladison	LEARLY EKIN FORG idvale #3), WI 53705
Please check	one:	AND	Please cl	neck:
Support Oppose Neither	Support Nor Opp	efe olution pose	⊠ Wi	sh to Speak
(If you answered "n of who you represen	you representing an organ o, "STOP; you need not t and go on to the next quelephone number of each	complete the rest o	f this form. If you o	inswered "yes," provide the name
	or your representation?	luties for this parso	n or organization?	☐ Yes ☐ No
				☐ Yes ☐ No inswered "yes," go on to the next
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items	3 1	ninutes	

(SEE BACK)

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
(If you answer this form. If yo	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 bei 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 $3/6$	29/00/1 Signature ariel Ford
	Print Name Aniel FORD



Date: 3/29/11

WISH TO SPEAK FORM

Registration	on Statement	Common C	ouncil			
Please Print Agenda No. 79		Name	FRINT NAI Joe G 2 Kr Madi	romac	ki er Gr	
Please check or	ie:	AND	Plea	se check	:	
Support				Wish to	Speak	
Oppose						
Neither S	upport Nor Op	pose				
At this meeting are yo (If you answered "no, of who you represent of Name, address and tele	" STOP; you need not and go on to the next q	complete the rest uestion.)	of this form. I	If you answer		□ No provide the name
						######################################
Are you being paid for	your representation?				Yes	☐ No
Are you appearing as a (If you answered "no, question.)					☐ Yes red "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 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



Date: 29 Mar of 201/

WISH TO SPEAK FORM

Registra	ition Statement -	Common (<u>Council</u>			
Please Print					. D. V	
		PLEASI	E PRINT NA	AME CLEA	ARLY	
€ (vacani	74	Name	LEN	Ko 6	<u>L's</u>	
Agenda No		Address	<u> 2805</u>	Oakr	ridge A	ve
			Madi	501, W	H 537	04
Please check		AND	Plea	ase chec	k:	
Support Support	MPSEA		X	Wish t	to Speak	
Oppose	Substit	tate				
Neither	Support Nor Op					
(If you answered "n of who you represen	you representing an organo, "STOP; you need no at and go on to the next of the	t complete the rest question.)	of this form.	If you answ	•	MNo provide the name
•						
Are you being paid	for your representation?				Yes	No
	s part of your other paid o," STOP; you need no				Yes pered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing) Other Items		3 minutes			

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:		
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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 29 March 201 (Signature Land		
Print Name Dan Rolfs		



Date:	

WISH TO SPEAK FORM

Registrat	ion Statement -	Common C	ouncil	
Please Print Agenda No.	(14) 103	PLEASE Name Address	PRINT NAME CLE African De 1401 Freison Marchison	es Jacdins
Please check o	ne:	AND	Please che	ck:
Support			Wish	to Speak
Oppose				
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	ou representing an organ," STOP; you need not and go on to the next qualephone number of each	complete the rest uestion.)	of this form. If you ans	Yes No wered "yes," provide the name ing:
Are you being paid fo	r your representation?			☐ Yes ☐ No
	part of your other paid "STOP; you need not			Yes No Wered "yes," go on to the next
Speaking Limits:	Public Hearing (Cominformation Hearing	3		

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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:	
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WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME (CLEARLY	
Agenda No.	4	Name Address	TERRI 1966 Madisa	GENIN Of Parkive On, WI	- <u>C</u> ,
Please check of	one:	AND	Please c	heck:	
Support			Wi	ish to Speak	ζ.
Oppose					
Neither S	Support Nor Op Surrec	pose TMPSER	A Alterns	true	
(If you answered "no	ou representing an organ o," STOP; you need not t and go on to the next qu	complete the rest			☐ No ' provide the name
Name, address and to	elephone number of each	n person or organiz	ation you are repre	senting:	
•					
Are you being paid for	or your representation?			☐ Yes	☐ No
	part of your other paid of," STOP; you need not				☐ No ' go on to the next
Speaking Limits:	Public Hearing (Coming Information Hearing	3			

(SEE BACK)

Are you an eleother governm	lected 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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	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 3/	29/11 Signature Junioner Jener Gewin



Date: 3/29/2011

WISH TO SPEAK FORM

Registration	Statement - <u>Co</u>	mmon Cour	cil		
Please Print Agenda No. 74		PLEASE PRI Name Address 28	NT NAME CL My Rob 18 Unio	b	
Please check one:		AND	Please ch	eck:	
Support			Wis Wis	h to Speak	
Oppose					
Neither Supp	ort Nor Oppose				
At this meeting are you rep (If you answered "no," STO of who you represent and g Name, address and telephon	OP; you need not comple o on to the next question	lete the rest of thi 1.)	s form. If you ar	nswered "yes," p	☑ No provide the name
Are you being paid for your				☐ Yes	□ No
Are you appearing as part o (If you answered "no," STO question.)	-	•	_	☐ Yes nswered "yes," {	No go on to the next
Info	ic Hearing (Common Common Hearing	3 minu	tes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other 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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	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 3/20	9/11 Signature		
	Print Name Any Robb		



Date:	
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WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common Council	
•		COMMITTEE	
Please Print Agenda No.	7	Address <u>5729</u> E	D BUSS
Please check the ap	ppropriate box:	Please ch	eck the appropriate box:
Support		AND	ish to speak
Oppose			· · · · · · · · · · · · · · · · · · ·
Neither	Support Nor Op	pose	
(If you answered "n of who you represen	o," STOP; you need not tt and go on to the next q		ou answered "yes," provide the 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 person or organization duties for this person or organization duties for this form. If year, and the second duties for this form.	on? Yes No ou answered "yes," go on to the next
Speaking Limits:	Information Hearing.	nmon Council)5 minutes 3 minutes 3 minutes	

(SEE BACK)

Are you an ele other governm	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 ne City-County Building, Madison, for more information.)
Date <u>3/29</u>	3/11 Signature Full US
/ /	Print Name FICHAND BUSS



Date: 3 29 11

WISH TO SPEAK FORM

Registration Stat	ement - Common Co	uncil
Agenda No.	PLEASE I Name Address	PRINT NAME CLEARLY Lori Kief 4413 Doe Crossing T/ Madison 53704
Please check one:	AND	Please check:
Support		Wish to Speak
At this meeting are you represent (If you answered "no," STOP; yof who you represent and go on a Name, address and telephone numbers.	ting an organization or a person you need not complete the rest of to the next question.)	this form. If you answered "yes," provide the name
Are you being paid for your representations of your (If you answered "no," STOP; y	esentation? r other paid duties for this person	☐ Yes ⊠ No
Information	earing (Common Council)5 non Hearing3 nons3 n	ninutes

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	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: 3-29-11

WISH TO SPEAK FORM

Registration Statement -	Common (Council
Please Print	PLEAS	E PRINT NAME CLEARLY
Agenda No. #74		Lori Wenderf Globs W. Thurnupple Dr. Jonesville, WI 53548
Please check one:	AND	Please check:
☐ Support☐ Oppose		Wish to Speak
At this meeting are you representing an orga	mPSEA inization or a person to complete the rest	Alkrowlo resolution on other than yourself: Yes No t of this form. If you answered "yes," provide the name
Name, address and telephone number of each	-	ization you are representing:
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.)		rson or organization? Yes No t of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes

- · · · · J		ected official or employed nental body?	e wno is appea	aring solely on behalf of yo	Yes No
		red "yes" to the question, ou answered "no" to the o			f this form, except that you must sign
If you that:	are bei	ing paid for your represen	ntation, or if	your appearance is part of	other paid duties, please be advised
	1.	Before you engage in lowith the City Clerk.	obbying as a lo	obbyist, you or your princi	oal must file an authorization
	2.	Your principal is not perfectly Clerk.	ermitted to au	thorize you to lobby unles	s you are registered with the
	3.	<i>y x x x</i>	principal mus		ring services in any reporting with the City Clerk for the
		o the City Clerk's websi the City-County Building,			tml or go to the Clerk's Office at
Date _	3-	29-11	Signature	Law Me	erlas
			Drint Name	1 Welend	art X



Date:	,	

DO NOT WISH TO SPEAK FORM

Registrati	tion Statement - <u>Common Council</u>	
Please Print	PLEASE PRINT NAME CLEA	ZRI Y
Agenda No	Name DON MAC Address 2926 SNOC	r×
Please check or	one: AND Please chec	k:
Support	Do not	wish to speak
Oppose		
At this meeting are yo (If you answered "no, of who you represent of	Support Nor Oppose H Which where I very which was a construction of a person other than yourself: by "STOP; you need not complete the rest of this form. If you answer and go on to the next question.) elephone number of each person or organization you are representing the support of the person or organization.	vered "yes," provide the name
Are you appearing as p	or your representation? s part of your other paid duties for this person or organization? o, "STOP; you need not complete the rest of this form. If you answ	Yes No Yes No vered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Council)5 minutes Information Hearing	

•	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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Date	Signature
	Print Name



DO	NOT	WISH	TO	SPEAK	FORM

Date: _

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 74	Name DENNIS CAWLEY Address 913 DARIEN DR MADISON, WI 53717
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Op	ppose
I support the	AMENOMENT
	ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of ea	ch person or organization you are representing:
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 no question.)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

Are you an eleother government	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:	

DO NOT WISH TO SPEAK FORM

Registration	on Statement -	Common Co	ouncil	
Please Print Agenda No.	4	PLEASE Name Address	PRINT NAME C LACA	ELEARLY Noch
Please check on	e:	AND	Please cl	heck:
☐ Support☐ Oppose			Do i	not wish to speak
Neither Su	ipport Nor Op	rrate		250/ut, 01 21803
At this meeting are you (If you answered "no," of who you represent a	' STOP; you need not	t complete the rest o		f: Yes No answered "yes," provide the nam
Name, address and tele	phone number of each	h person or organiza	tion you are repres	senting:
Are you being paid for	your representation?			☐ Yes ☐ No
Are you appearing as p (If you answered "no," question.)				☐ Yes ☐ No answered "yes," go on to the nex
	Public Hearing (Com Information Hearing. Other Items	3 1	ninutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
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Date	Signature
	Print Name



Date: $\frac{3/29/1/}{}$

DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Cou	ncil	
Please Print			INT NAME CLEARLY	
Agenda No.		Name Address	1/1019 MOSS 518 Brynwoo nadison, WI	S3716
Please check on	e:	AND	Please check:	
Support	_		Do not wish to sp	peak
Oppose				
At this meeting are you	representing an organ STOP; you need not	nization or a person other complete the rest of the	ner than yourself: Yes nis form. If you answered "yes," p	∑ No
Name, address and tele	phone number of each	n person or organizatio	n you are representing:	
Are you being paid for	your representation?		☐ Yes	□No
Are you appearing as p (If you answered "no," question.)			or organization?	☐ No go on to the next
Speaking Limits:	Information Hearing.	mon Council)5 mi 	nutes	

Are you an e other governi	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name



Date:	3/29/2

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Co	uncil	······································	
Please Print			PRINT NAME CLE	EARLY	
Agenda No. 74		Name Address	Porie 1426) Vadise.	Olsen Rakiea n, Wi	nol (1 5370
Please check o	ne:	AND	Please che	ck:	
Support			Do no	t wish to spe	eak
Oppose					
At this meeting are you (If you answered "no	ou representing an organism of the next of and go on to the next of	anization or a person of complete the rest of	other than yourself:	☐ Yes	No
Name, address and te	lephone number of eac	ch person or organiza	tion you are represen	ting:	
	or your representation?		n or organization?	☐ Yes ☐	No □ No
	," STOP; you need no	-			
Speaking Limits:		nmon Council)5 1 3 1	ninutes		

•	elected official or em mental body?	ployee who is appea	ring solely on behalf of your off	ice or for yo	ur municipality or No
			eed not complete the rest of this j i to the next question.)	form, except	that you must sign
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2.	Your principal is City Clerk.	not permitted to aut	horize you to lobby unless you	are registere	d with the
3.		, the principal mus	nore than \$1,000 for lobbying set file expense statements with		
	to the City Clerk's the City-County Bui		madison.com/clerk/index.html or nore information.)	go to the	Clerk's Office at
Date <u>3/</u>	3 9/11	Signature	Strutte J.	<u> </u>	Xlv-
ř		Print Name	LOROHA	2. (1500



Date:	3/29/11	

DO NOT WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil
Please Print		
	PLEASE	PRINT NAME CLEARLY
Agenda No.		SZZI KAIGHTSBRIDGE RO
		map 501, WI 53714
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor Op	pose	
Supposer MPSE	in the second second	
At this meeting are you representing an orga	anization or a person t complete the rest of	
Name, address and telephone number of eac	h person or organiza	tion you are representing:
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.)		n or organization?
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3 r	ninutes

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



Date:	3-	29-	/	

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statemer	nt - Common Co	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No	NameAddress	Juliet Sanders 1109 Saybrook Rd Madison, WI 53711
Please check one:	AND	Please check:
SupportOppose		Do not wish to speak
Neither Support Nor	Oppose	
Support	MPSEA	alternate resolution
At this meeting are you representing an (If you answered "no," STOP ; you need of who you represent and go on to the n	d not complete the rest o	other than yourself: Yes No No this form. If you answered "yes," provide the name
Name, address and telephone number of	f each person or organiza	tion you are representing:
Are you being paid for your representati	on?	☐ Yes ☐ No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)		n or organization? Yes No Yes No this form. If you answered "yes," go on to the next
Information Hear	Common Council)5 r ring3 r	ninutes

(SEE BACK)

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 ques this form. If you answered "no" to		2 0	orm, except t	hat you must sign	
If you are being paid for your rephat:	resentation, or if you	r appearance is part of other p	oaid duties, j	please be advised	
1. Before you engage with the City Clerk	• •	yist, you or your principal mus	st file an autl	horization	
 Your principal is n City Clerk. 	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 3/29/11 Signature Talet Anders					
	Print Name	Juliet Sano	lers_		



Date: 3/29/2011

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CL	EARLY	
Agenda No.		Name _ Address _	Eric M. 11 Anniver Madison,	Kestin Sany Ct DI 537	<i>D</i> -1
Please check or	ne:	AND	Please che	eck:	
☐ Support☐ Oppose			Do no	ot wish to sp	peak
At this meeting are yo (If you answered "no, of who you represent of	upport Nor Opp u representing an organi "STOP; you need not come and go on to the next que	ization or a person complete the rest of estion.)	other than yourself: f this form. If you an	☐ Yes swered "yes," p	No Povide the name
Are you being paid for Are you appearing as p	your representation? part of your other paid d "STOP; you need not c	uties for this perso	n or organization?	☐ Yes	□ No □ No
question.) Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	non Council)5	minutes minutes	swereu yes, g	o on to the next

		ected official or employee who is appearing solely on behalf of your office or for your municipality or lental 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 that:	are bei	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 _	3	29 2011 Signature 9 4 4 5 6 5 tip			

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Madison

Date: _	37.29	3/11	

DO NOT WISH TO SPEAK FORM

Registration S	Statement - Co	ommon Co	uncil		
Please Print		PI FASE P	PRINT NAME CLE	ΆΡΙ Υ	
Agenda No.		NameAddress	Lisa Veldira 5738 ikron Madison	oke ba	·
Please check one:		AND	Please che	ck:	
☐ Support☐ Oppose☑ Neither Supp	ort Nor Oppose		Do not	t wish to s	peak
At this meeting are you represent and go of who you represent and go Name, address and telephone	OP; you need not comploon to the next question	lete the rest of 1.)	this form. If you answ		No Provide the name
Are you being paid for your	representation?			Yes	☐ No
Are you appearing as part of (If you answered "no," STO question.)				☐ Yes wered "yes," g	☐ No go on to the next
Infor	c Hearing (Common Comation Hearingr Items	3 m	inutes		

Are you an e	lected 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 be that:	ing 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?		
	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		
	Print Name		



Date:	3/201	

Registration	on Statement	COMMITTEE	ouncil		
<u>Please Print</u>		PLEASE	PRINT NAME CL	-EARLY	
Agenda No		Name _ Address _	HEIDE EI HIOR M MHOISO	ATEL 1	AVE 53716
Please check on	ie:	AND	Please ch	eck:	
орробе 	MPSED YES		Do n	ot wish to s	peak
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	' STOP; you need not nd go on to the next qu	complete the rest o uestion.)	f this form. If you a	nswered "yes," p	□ No provide the name
Are you being paid for Are you appearing as p (If you answered "no," question.)	art of your other paid			☐ Yes ☐ Yes nswered "yes," g	☐ No ☐ No go on to the next
	Public Hearing (Comr Information Hearing Other Items	3 1	ninutes		

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 answer this form. If yo	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 bei that:	ing 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	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			
	Print Name			



Date:

Registrati	on Statement -	- Common Co	uncil
Please Print Agenda No.		Name	PRINT NAME CLEARLY TOS STSPNIC 5022 LA GOSSS LA MADISON
Oppose	Dugues	OOP FROM	Please check: Do not wish to speak
(If you answered "no, of who you represent of	" STOP; you need nand go on to the next	ot complete the rest of question.)	other than yourself: Yes No f this form. If you answered "yes," provide the name tion you are representing:
Are you being paid for Are you appearing as (If you answered "no, question.)	part of your other pai	id duties for this perso	☐ Yes ☐ No n or organization? ☐ Yes ☐ No f this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearin	mmon Council)5 g3	minutes

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)			
If you are 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: 29 MAR 2011



DO NOT WISH TO SPEAK FORM

Registration	Statement - <u>Common</u>	Council
Please Print	·	SE PRINT NAME CLEARLY
Agenda No.	Name Addres	DAUL O'LEARY SS 113 4 E. M. FFLIN ST MADISON 53703
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
At this meeting are you rep		rson other than yourself: \(\bigcap\) Yes \(\bigcap\) No est of this form. If you answered "yes," provide the name
Name, address and telephor	ne number of each person or orga	nization you are representing:
Are you being paid for your	representation?	Yes No
	f your other paid duties for this poor; you need not complete the re	erson or organization? Yes No est of this form. If you answered "yes," go on to the next
Info	ic Hearing (Common Council) rmation Hearing r Items	3 minutes

	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 an this form.	iswere If you	d "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.)			
If you are that:	e beinş	g 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.	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 ¿ Room 10.	go to 3 of the	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)			
Date		Signature			
		Print Name			





Date: _____

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council		
Please Print Agenda No	PLEASE Name Address	E PRINT NA 	MECLEARLY INC. Lafave. Winslow Ln 53711	
Please check one:	AND	Plea	ase check:	
Support			Wish to Speak	
□ Oppose□ Neither Support Nor Oppose				
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	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.)	
If you are b 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 fithe City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



Registration Statement - <u>Common Council</u>	
Please Print PLEASE PRINT NAME CLEARLY	
Agenda No. 74 Address 3105 Ontribe A	£ .
Please check one: Support Amended Do not wish to speak Oppose Neither Support Nor Oppose	5~
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 of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:	e name
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 t question.)	he next
Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing	

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other 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.)				
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised				
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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 the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				



Date: 3-29-11

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	uncil	
Please Print			RINT NAME CLEA	ARLY
Agenda No.		Name Address	SEMARY L WWISON	JEE
Please check of Support Oppose	ne:	AND	Please chec Do not	ek: wish to speak
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 ephone number of eac	t complete the rest of nuestion.)	this form. If you answ	Yes No No vered "yes," provide the name
Are you being paid fo	r your representation?			☐ Yes ☐ No
	part of your other paid "STOP; you need no			☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 m 3 m 3 m	ninutes	

	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 that:	ing 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?
	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
	Print Name



Date: $\frac{3}{29}/11$

DO NOT WISH TO SPEAK FORM

Registration	on Statement	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 74 to	pport amendment #21803	Name Address	Evic Olson 6002 Eagle (McFarland, L	Cave Dr WI 535	58
Please check on	ie:	AND	Please che	ck:	
Support Oppose	_		Do no	t wish to s	peak
Neither Su	ipport Nor Opp	oose			
(If you answered "no," of who you represent a	nd go on to the next qu	complete the rest vestion.)	on other than yourself: of this form. If you ans zation you are represent		□ No provide the name
Are you being paid for	•			Yes	□ No
Are you appearing as p (If you answered "no," question.)			son or organization? of this form. If you ans	Yes swered "yes,"	∐ No go on to the next
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items		3 minutes		

•	lected 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?
	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
	Print Name



Date:	
-------	--

CITY OF MADISON

Registrati	on Statement -	Common Co	uncil		
Please Print			PRINT NAME CLEA		
Agenda No		NameAddress	HANEY, AM 601 SONFrel	VN C d, Mnd. 537	04
Please check or	ie:	AND	Please chec	k:	
Support			Do not	wish to speak	
Oppose					
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of Name, address and tele	" STOP; you need not and go on to the next q	t complete the rest of uestion.)	this form. If you answ	Yes No vered "yes," provide the ng:	name
Are you being paid for	your representation?			Yes No	
Are you appearing as partial (If you answered "no, question.)				Yes No wered "yes," go on to the	next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 r	ninutes		

(SEE BACK)

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
1 0 0	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.)
If you are b 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.
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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?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name