

| Date: | 8 | 31 | 10 |
|-------|---|----|----|
| | | 1 | |

| Registration Statement - | Common C | Council |
|--|------------------------------------|--|
| Please Print Agenda No. | PLEASE Name | EPRINT NAME CLEARLY ELIZABETH MYERS |
| | Address | Madison W |
| Please check one: | AND | Please check: |
| Support | · | Wish to Speak |
| Oppose | | |
| Neither Support Nor Op | opose | |
| 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 ea | ot complete the rest 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 paid (If you answered "no," STOP; you need no question.) | | son or organization? Yes No of this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Cor 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: | ring 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: 8/3/2010

WISH TO SPEAK FORM

| Registration | Statement | Common C | Council | | | <u></u> |
|--|--|-------------------------------|-----------------------------------|---------------|--------------------------|-----------------------------------|
| Please Print Agenda No | | PLEASE Name Address | EPRINT NA Grego 6065 Mad | ME CLEAR | Hove ren h | 2 10m 37/1 |
| Please check one: | | AND | Plea | se check | : | |
| Support | · | | | Wish to | Speak | |
| Oppose | | | , , | | | |
| Neither Supp | ort Nor Opp | ose | | | | |
| At this meeting are you rep (If you answered "no," ST of who you represent and g Name, address and telepho | OP; you need not co | complete the rest estion.) | of this form. I | If you answei | , | □ No provide the name |
| Are you being paid for you Are you appearing as part of (If you answered "no," ST question) | of your other paid d | | | | Yes Yes red "yes," | ☐ No ☐ No go on to the next |
| Speaking Limits: Pub | lic Hearing (Comm rmation Hearing er Items | | 3 minutes | | | |

| | | | • · · · · · · · · · · · · · · · · · · · | | | |
|--------------------------------|---|-------------------------|---|------------------|-------------|-------------------|
| Are you an eleother government | ected official or employed ental body? | e who is appear | ing solely on behalf | | or for you | r municipality or |
| 10/ | red "yes" to the question ou answered "no" to the | | ~ | , | ı, except t | hat you must sign |
| If you are bei that: | ng paid for your represo | entation, or if yo | our appearance is par | rt of other paid | d duties, p | blease be advised |
| 1 | Before you engage in l with the City Clerk. | obbying as a lob | byist, you or your p | rincipal must f | ile an autl | norization |
| 2. | Your principal is not p City Clerk | permitted to auth | orize you to lobby a | inless you are | registered | l with the |
| 3 | If your principal spend period (half year), the remainder of the calend | principal must | - | | _ | |
| , – | the City Clerk's webs he City-County Building | | | dex.html or go | to the | Clerk's Office at |
| Date $\underline{\mathcal{C}}$ | ?3-2010 | Signature Print Name | Allnin | mp/ | for E | |



Date: <u>Aug 3, 2010</u>

WISH TO SPEAK FORM

| Registration Statement | | ouncil | |
|---|---|--|--------------------------------------|
| | COMMITTEE | | |
| Please Print | PLEASE | PRINT NAME CLEARL | .Y |
| 7 | Name | Nina Encuror | ~ <u> </u> |
| Agenda No. | – Address | Maduan WI | udam hau |
| Please check one: | AND | Please check: | 75 005 |
| Support | | Wish to S | Speak |
| Oppose | | 1 | |
| Neither Support Nor (| Oppose | | |
| At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the need. Name, address and telephone number of | not complete the rest ext question.) | of this form. If you answered | Yes No No d' 'yes," provide the name |
| | | | |
| Are you being paid for your representation | on? | | Yes No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question) | paid duties for this person not complete the rest | on or organization? of this form. If you answered | Yes No d "yes," go on to the next |
| Information Hear | Common Council)5 ing | minutes | |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? | | | | |
|-------------------------------|--|--|--|--|--|
| (If you answ this form. If | 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 | 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? | | | | |
| (Please go Room 103 o | 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 | | | | |

Date: \$73/10



AVAILABLE TO ANSWER QUESTIONS FORM

| Registratio | n Statement | Common Cou | ncil | |
|--|----------------------|-------------------------|---|--|
| • | | COMMITTEE | | |
| | | PLEASE PR | RINT CLEARLY | |
| Agenda No. 3 | | Name Address 4 | Joseph Shet | tel L |
| Please check on | e: | AND | / Please check: | |
| Support | | | Available to | answer |
| Oppose | | | questions | |
| Neither Su | pport Nor Opp | pose | | |
| At this meeting are you (If you answered "no," of who you represent ar | STOP; you need not | complete the rest of th | her than yourself: his form If you answered | Yes |
| Name, address and telep | phone number of each | n person or organizatio | on you are representing: | |
| Waliseen | ٥ | | | 14 - 200 - 2 - 200 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| 2 | | | | |
| *************************************** | | | | |
| Are you being paid for | your representation? | | | Yes No |
| Are you appearing as pa (If you answered "no," question.) | | | or organization? his form. If you answered | Yes No No week," go on to the next |
| | | mon Council) 5 mi | | |

| • | n elected official or employee who is appearing solely on rnmental body? | behalf of your office or for your municipality or Yes No |
|--------------------|---|--|
| | wered "yes" to the question, STOP . You need not comple If you answered "no" to the question, go on to the next qu | |
| If you are b that: | being paid for your representation, or if your appearance | e is part of other paid duties, please be advised |
| 1 | Before you engage in lobbying as a lobbyist, you or with the City Clerk. | your principal must file an authorization |
| 2 | Your principal is not permitted to authorize you to City Clerk. | lobby unless you are registered with the |
| 3. | If your principal spends or will owe more than \$1,00 period (half year), the principal must file expense remainder of the calendar year? | , , , , |
| | o to the City Clerk's website <u>www.cityofmadison.com/c</u> of the City-County Building, Madison, for more informati | |
| Date | Signature | |
| | Print Name | |



Date: 3/3/10 DO NOT WISH TO SPEAK FORM

| Registra | Registration Statement - Common Council | | | | |
|---------------------|---|----------------------|---|--------------------------|--|
| Please Print | | | | | |
| | | PLEASE | PRINT NAME CLEARLY | | |
| | | Name | Jame McCorde | | |
| Agenda No. | | Address | 1213 Bester | 5 t # 3 | |
| | | | modesin w | 5350 | |
| Please check | one: | AND | Please check: | | |
| Support | | | Do not wish to sp | eak | |
| Oppose | | | | | |
| Neither | Support Nor Opp | ose | | | |
| (If you answered "n | you representing an organ to," STOP; you need not to and go on to the next qu | complete the rest of | other than yourself: Yes Jof this form. If you answered "yes," pr | No ovide the name | |
| Name, address and t | telephone number of each | person or organiza | ation you are representing: | | |
| We do | not ARDE | 2 alcono | 1 at Drug St | 200 | |
| | | | | | |
| | | | | | |
| Are you being paid | for your representation? | | ☐ Yes [| □No | |
| | s part of your other paid o," STOP; you need not | | on or organization? | ☐ No o on to the next | |
| Speaking Limits: | Public Hearing (Comi Information Hearing Other Items | | 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 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 the City-County Building, Madison, for more information.) | | | | |
| Date 8/3 | 10 Signature Jame McCoule | | | | |
| | Print Name Jame Coryd C | | | | |



| | 0 | 1 | | | |
|------------------|----|----|----|---|--|
| Date: | Δ, | /3 | // | ク | |
| And the State of | | | | | |

DO NOT WISH TO SPEAK FORM

| Registra | tion Statement - | Common COMMITTEE | Council | | |
|---|--|--------------------------|---|------------------------------------|------------------------------|
| Please Print | | | | | |
| | | PLEA | SE PRINT NAME | E CLEARLY | |
| | 7 | Name | David | | |
| Agenda No. | | Addres | is <u>22/8</u> | Westbrode | < 41 |
| | | | Mudis | on 53 | 21/ |
| Please check | one: | AND | Please | check: | |
| ☐ Support | | | D | o not wish to | speak |
| Oppose | | | | | |
| Neither | Support Nor Op | naca | | | |
| (If you answered "n of who you represen | you representing an orgato," STOP; you need not to and go on to the next quelephone number of each | complete the reusestion) | est of this form. If ye | ou answered "yes," | ⊠ No ' provide the name |
| Are you appearing as (If you answered "no | or your representation? s part of your other paid o, "STOP; you need not | duties for this p | erson or organizations of this form. If you | ☐ Yes on? ☐ Yes ou answered "yes,' | □ No □ No 'go on to the next |
| question) | | | | | |
| Speaking Limits: | Public Hearing (Com- Information Hearing Other Items | | 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? |
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| | 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 besthat: | ing paid for your representation, or if your appearance is part of other paid duties, please be advised |
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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 |
| | Print Name |



| Date: | |
|-------|------|
| | |

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 |
| Please check one: | AND | Plea | se check: | |
| Support | | | Wish to Speak | • |
| Oppose | | | | |
| Neither Support Nor O | O ppose | | • | |
| At this meeting are you representing an or (If you answered "no," STOP; you need of who you represent and go on to the next Name, address and telephone number of e | not complete the rest ct question.) | of this form. I | If you answered "yes," | □ No ' provide the name |
| Are you being paid for your representation | n? | | ☐ Yes | □ No |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need question.) | | | | √√No " go on to the next |
| Information Heari | ommon Council) | 3 minutes | | |

(SEE BACK)

| 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? | | |
|-----------------------------|--|--|--|
| , D , | 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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| | 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

| Registration | on Statement - | Common C | ouncil | | |
|---|--|--|--|----------------------|--------------------------|
| Please Print | | PLEASE | PRINT NAME CLI | EARLY , | |
| Agenda No | -5 | Name _ Address _ | Celia 3205 G Mari | Jack Viney | D 15 370 |
| Please check on | e: | AND | Please che | ek: | · |
| Support | | | Wish | ı to Speak | |
| Oppose | | | | | |
| Neither Su | ipport Nor Opj | pose | | | |
| At this meeting are you (If you answered "no," of who you represent at Name, address and tele | 'STOP; you need not nd go on to the next qu | complete the rest of uestion.) | f this form. If you ans | | ☐ No provide the name |
| | | 1 | | | |
| Are you being paid for | your representation? | | | Yes | □ No |
| Are you appearing as pa (If you answered "no," question.) | art of your other paid of STOP; you need not | duties for this perso complete the rest o | on or organization? f this form. If you ans | Yes [] Yes [] Yes, " | No go on to the next |
| | Public Hearing (Comr Information Hearing Other Items | | minutes minutes minutes | | |

(SEE BACK)

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
|----------------------------------|--|
| (If you answe this form. If y | 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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| (Please go i Room 103 of | 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 |



Date: 8/3/6

WISH TO SPEAK FORM

| Registration Statement | - Common C | ouncil | | |
|--|---|---------------------|--------------------|-----------------------------|
| Please Print | PLEASE | PRINT NAME | CLEARLY | |
| Agenda No. Walgreen | NameAddress _ | PAN | ELA BEY | 907) 420 |
| Please check one: | AND | Please | check: | |
| Support | | V | Vish to Speak | |
| Oppose | | | | |
| Neither Support Nor O | ppose | | | |
| At this meeting are you representing an or (If you answered "no," STOP; you need to of who you represent and go on to the next. Name, address and telephone number of e | not complete the rest (t question.) | of this form. If ye | ou answered "yes," | No provide the name |
| | | | | |
| Are you being paid for your representation | 1? | | Yes Yes | No |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need a question) | | | | ☐ No ' go on to the next |
| Information Hearin | ommon Council)5 | minutes | | |

| Are you an e | lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? |
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| | 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? |
| | 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

| Registration Statement - | COMMITTEE | Council | · | |
|--|---|-----------------|--------------------------------|-------------------------|
| Please Print | PLEASE | | ME CLEARLY | a 0: |
| Agenda No. #2 C#5 | Name Address | | reen Busa Gray Fox Lison | Xaech, TC NIS371 |
| Please check one: | AND | Plea | se 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 q Name, address and telephone number of each | t complete the rest uestion.) | of this form. I | f you answered "yes," | ⊠No provide the name |
| Are you being paid for your representation? | | | ☐ Yes | |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need not question) | | | ation? Yes | □ No |
| Speaking Limits: Public Hearing (Com Information Hearing Other Items | enalasen kannus en kan en | 3 minutes | | |

(SEE BACK)

| Are you an eleother governm | | who is appea | ring solely on behalf of your office or for your municipality or Yes No |
|-----------------------------|---|----------------------|--|
| | red "yes" to the question, we answered "no" to the q | | eed not complete the rest of this form, except that you must sign to the next question) |
| If you are bein that: | ng paid for your represen | tation, or if y | our appearance is part of other paid duties, please be advised |
| 1. | Before you engage in lol with the City Clerk. | bbying as a lo | bbyist, you or your principal must file an authorization |
| 2. | Your principal is not per City Clerk. | rmitted to aut | horize you to lobby unless you are registered with the |
| 3. | | principal mus | nore than \$1,000 for lobbying services in any reporting t file expense statements with the City Clerk for the |
| | the City Clerk's websit he City-County Building, I | | madison.com/clerk/index.html or go to the Clerk's Office at nore information.) |
| Date <u>Au</u> | 9.3,2010 | Signature Print Name | Maureen Busalacchi |



| Date: 8/3/10 | Date: | 8/3 | 110 | · |
|--------------|-------|-----|-----|---|
|--------------|-------|-----|-----|---|

CITY OF MADISON

| Registration State | ement - Common Committee | Council |
|---|--|---|
| Agenda No. 233 4 | PLEASE Name Address | PRINT NAME CLEARLY Carol Lobes 5103 N. Autumn Lo. |
| Please check one: | AND | Me Farland 33558 Please check: |
| Support | | Wish to Speak |
| Oppose | | |
| Neither Support | Nor Oppose | |
| At this meeting are you representifully ou answered "no," STOP; you of who you represent and go on to Name, address and telephone num | ou need not complete the rest of the next question.) | of this form. If you answered "yes," provide the name |
| Are you being paid for your repre | sentation? | ☐ Yes XNo |
| Are you appearing as part of your (If you answered "no," STOP; you question.) | | son or organization? Yes No of this form. If you answered "yes," go on to the next |
| Informatio | aring (Common Council) 5 on Hearing 3 as 3 | 3 minutes |

(SEE BACK)

| 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, 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 beithat: | ing paid for your representation, or if your appearance is part of other paid duties, please be advised | | |
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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 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 4 | 3/10 Signature Vand Derbes | | |
| | Print Name Carol hobes | | |



| Date: | 83-10 |
|-------|-------|
| | |

| Registration State | ement - Common Co | ouncil |
|---|--|---|
| Please Print | PLEASE | PRINT NAME CLEARLY |
| Agenda No. 235 | NameAddress | RICK OINKER 675 INJENNESS ST. ONEGON |
| Please check one: | AND | Please check: |
| Support Oppose | | Wish to Speak |
| Neither Support | Nor Oppose | |
| At this meeting are you represent (If you answered "no," STOP; yo of who you represent and go on to Name, address and telephone num | ou need not complete the rest of the next question.) | of this form. If you answered "yes," provide the name |
| | | |
| Are you being paid for your repre | sentation? | Yes No |
| Are you appearing as part of your (If you answered "no," STOP; you question.) | | son or organization? Yes No No of this form. If you answered "yes," go on to the next |
| Information | aring (Common Council)5 on Hearing | 3 minutes |

| Are you an ele other governme | | yee who is appearing | ng solely on behalf of you | or office or for your municipality or Yes No |
|-------------------------------|--|----------------------|----------------------------|--|
| | ed "yes" to the questic u answered "no" to th | | | this form, except that you must sign |
| If you are bein that: | g paid for your repres | sentation, or if you | r appearance is part of c | ther paid duties, please be advised |
| 1 | Before you engage in with the City Clerk. | lobbying as a lobb | yist, you or your principa | al must file an authorization |
| 2 | Your principal is not City Clerk. | permitted to author | rize you to lobby unless | you are registered with the |
| 3. | | ne principal must t | | ng services in any reporting with the City Clerk for the |
| | the City Clerk's wel ee City-County Buildin | | | ml or go to the Clerk's Office at |
| Date | 3-10 | Signature Print Name | Jud Rick | DINKEL |



Date: 8-3-10

WISH TO SPEAK FORM

CITY OF MADISON

| Registrat | ion Statement - | Common C | ouncil | | |
|--|---|----------------------------------|-------------------------|-------------------|---------------------------|
| Please Print | | | PRINT NAME CLE | EARLY | OF S.V.u. |
| Agenda No. 2, 3, 4+5 Wolgneers Address II W WISOV 53703 | | | | | |
| 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 orga o," STOP; you need not and go on to the next q elephone number of each | t complete the rest uestion.) | of this form. If you an | , | provide the name |
| Are you being paid fo | or your representation? | | | Yes | □No |
| Are you appearing as | part of your other paid," STOP; you need not | | | Yes swered "yes," | ☐ No go on to the next |
| Speaking Limits: | Public Hearing (Com Information Hearing Other Items | | 3 minutes | | |

(SEE BACK)

| - | | 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.) |
| If you that: | are bei | 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: | 8/3/2010 | |
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| 2000. | | - |

CITY OF MADISON

| Registration Statement - | COMMITTEE | Council | | |
|---|----------------------|----------------|--|------------|
| Agenda No 3 3 4 | Name | EARL 7237 | MECLEARLY GERMAN ELMWOOD AYE LETON W) 53562 | > |
| Please check one: | AND | | se check: | |
| Support | | | Wish to Speak | |
| Oppose Neither Support Nor Op At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of | anization or a perso | | | ıe |
| Name, address and telephone number of each | ch person or organi | zation 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.) | | | | r <i>t</i> |
| Speaking Limits: Public Hearing (Con Information Hearing Other Items | | 3 minutes | | |

(SEE BACK)

| | | lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No |
|-----------------|--------|--|
| | | 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 that: | are be | ring paid for your representation, or if your appearance is part of other paid duties, please be advised |
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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 |
| | | Print Name |



| | Date: | 83 | 2010 | |
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| Registration Statement - Common Council | | | | | |
|--|---|-----------------|------------------------|---------------|-------------|
| Please Print Wind like to speak agarda items Last on those PLEASE PRINT NAME CLEARLY | | | | | |
| Agenda No. 2 3 | ,4,5 | Name Address | Jenny 311 E Milw | Chicago St | t-, Ste 410 |
| Please check one | • | AND | Plea | se check: | |
| Support | | | B | Wish to Speak | k |
| Oppose | | | | | |
| Neither Sup | port Nor Oppo | se | | | |
| 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 who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: | | | | | |
| Walgreens | | | | | |
| | | | | | |
| Are you being paid for your representation? | | | | | |
| Are you appearing as par (If you answered "no," S question.) | | | | | |
| In | ublic Hearing (Commo formation Hearing ther 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 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? | | | |
| | 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 | 3 2000 Signature Print Name Signature Denny Yean | | | |

| Date: | 8/3/10 | |
|-------|--------|--|
| | | |



AVAILABLE TO ANSWER QUESTIONS FORM

| Registration Statement - Common Council | | | | | |
|--|---|-----------------------------------|--|------------------------|-------------------------------|
| | COMMITTEE | | | | |
| | | PLEASE | PRINT CLEARLY | | |
| | : | Name | Tim McMurtry | , II | |
| Agenda No ユー- | 5 | | 1749 N. PROSP | • | vau hea, wi |
| | | | | | |
| Please check of | one: | AND | Please chec | ek: | |
| Support | | | Availal | ble to ans | swer |
| Oppose | Oppose questions | | | | |
| Neither ! | Support Nor Op | pose | | | |
| (If you answered "no of who you represen | t and go on to the next o | ot complete the rest question) | on other than yourself: of this form. If you ans zation you are represent | | ∐ No ˈprovide the name |
| | | | | | |
| Are you being paid f | for your representation? | • | | X Yes | ☐ No |
| | s part of your other paid o," STOP; you need no | | son or organization? of this form. If you ans | ☐ Yes swered "yes," | \times No " go on to the next |
| Speaking Limits: | Public Hearing (Con Information Hearing | 5 | | | |

| 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, this form. If you answered "no" to the q | | | hat you must sign | |
| If you are being paid for your representhat: | station, or if your appearance | is part of other paid duties, p | blease be advised | |
| 1. Before you engage in lo with the City Clerk. | bbying as a lobbyist, you or yo | our principal must file an auth | norization | |
| 2. Your principal is not pe City Clerk | Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk | | | |
| | or will owe more than \$1,000 principal must file expense story year? | | | |
| (Please go to the City Clerk's websit Room 103 of the City-County Building, . | | | Clerk's Office at | |
| Date 8/3/10 | Signature Juniota | 4 L. Memmy; | Œ. | |
| | Print Name Timothy | 4 h uncommune, | | |



DO NOT WISH TO SPEAK FORM

Date: 8/3/16

CITY OF MADISON

Registration Statement - Common Council COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Dennis McClain Agenda No. 2, Please check one: Please check: AND Do not wish to speak **Support Oppose Neither Support Nor Oppose** 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 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? Yes No 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) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

(SEE BACK)

| Are you an elect other governmen | ed official or employee who is appearing solely on behalf of your office or for your municipality or tall body? |
|----------------------------------|--|
| | I "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 being that: | paid for your representation, or if your appearance is part of other paid duties, please be advised |
| | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. |
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| | he City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.) |
| Date 8/3/ | Signature (19) M'Ca |
| | Print Name Dennis Mcclain |



Date: 8/3/10

DO NOT WISH TO SPEAK FORM

| Registrati | on Statement - | Common Co | ouncil | | |
|---|---|-----------------------|---|--------------------------|-------------------------------------|
| Please Print Agenda No. 2/- | 3, 4 | Name | PRINT NAME CLE Judy Golra 12216 Souts McJarlan | an h cr | 5355f |
| Please check or | 1e : | AND | Please chec | : k ; | |
| Support ✓ Do not wish to speak ✓ Oppose Neither Support Nor Oppose | | | | | speak |
| (If you answered "no, of who you represent | u representing an orga "STOP; you need not and go on to the next q ephone number of eac | t complete the rest o | f this form. If you answ | | □ No "provide the name |
| Are you being paid for Are you appearing as (If you answered "no, question) | | | | Yes Yes Yes wered "yes," | ☐ No ☐ No " go on to the next |
| Speaking Limits: | Public Hearing (Com Information Hearing Other Items | | minutes minutes minutes | | |

| 化二氯化乙基乙基 医电子电压 化二氯苯酚酚 | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
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| | 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 f the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |