



	0.20.11
Date:	

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Stateme	nt - Common C	Council		•
Please Print	PLEASE	E PRINT NA	ME CLEARLY	
Agenda No. 75	Name Address	MICHA 2858 Madiso	Stevens Street	
Please check one:	AND	Plea	ise check:	
Support		$\boxtimes$	Wish to Speak	
Oppose				
Neither Support Nor	Oppose			
At this meeting are you representing as (If you answered "no," STOP; you ne of who you represent and go on to the Name, address and telephone number of	ed not complete the rest next question.)	of this form.	If you answered "yes," provide the	name
Are you being said for your represents	tion?		☐ Yes No	
Are you being paid for your representation.  Are you appearing as part of your other (If you answered "no," STOP; you need question.)	r paid duties for this per	son or organiz of this form.	zation? Yes No	? next
Information He	(Common Council)	3 minutes		

(SEE BACK)

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body?
	wered "yes" to the question, <b>STOP.</b> 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\$	ept. 20, 2011 Signature Manuel Mant



Date:	9-	20-	/1

## **WISH TO SPEAK FORM**

Registration	on Statement	COMMITTEE	ouncil	
Please Print		D. 3405		
		PLEASE	PRINT NAME CLEARLY	
		Name	DAVID PANIELSON 5 Bruebing CT	
Agenda No	5	Address	5 Brufbing CT	
arasada, sarasas saras			MADISON, WI 53711	
Please check on	e: [	AND	Please check:	
<b>Support</b>	·		Wish to Speak	
Oppose				
Neither Su	ipport Nor Opp	ose		
(If you answered "no," of who you represent a	' STOP; you need not nd go on to the next qu	complete the rest o	other than yourself: Yes No of this form. If you answered "yes," provide the name	ne
FRUGAL M	USE BOOKS	235 WV.	NETIIN RUM MAN-SIN WE	
Are you being paid for	your representation?		1 M Tes 4 No No	<u> </u>
, ,,	•	dutica for this more		
Are you appearing as p (If you answered "no," question.)	art of your other paid of STOP; you need not	complete the rest of	of this form. If you answered "yes," go on to the ne	?X1
Speaking Limits:	Public Hearing (Cominformation Hearing Other Items	3	minutes	

•	ou an elected official or employee who is appearing solely on behalf of your office or for your municipality governmental body?						
		ed "yes" to the question, u answered "no" to the c				orm, except i	that you must sign
If you a that:	re bein	g paid for your represen	ntation, or if you	ur appearance is p	oart of other p	oaid duties,	please be advised
1	1.	Before you engage in lowith the City Clerk.	obbying as a lobl	oyist, you or your	principal mus	t file an aut	horization
2	2.	Your principal is not po City Clerk.	ermitted to autho	orize you to lobby	unless you a	re registere	d with the
3	3.	If your principal spends period (half year), the remainder of the calend	principal must			-	-
•	_	the City Clerk's websi e City-County Building,	, ,		index.html or	go to the	Clerk's Office at
Date	9-	20-11	Signature Print Name	Omis DAVID	Dans	ELSON	



Date:	9.20.W

## **WISH TO SPEAK FORM**

Registration	n-manus-man	Common C	ouncil
Please Print  Agenda No.	+5	PLEASE Name Address	PRINT NAME CLEARLY Andrew GAYLOR 726 Mani Pass
Please check one:		AND	Please check:
Support			Wish to Speak
At this meeting are you re (If you answered "no," ST of who you represent and g	<b>OP;</b> you need not congo on to the next quest	ntion or a person inplete the rest of tion.)	n other than yourself: Yes \ \ No \ of this form. If you answered "yes," provide the name zation you are representing:
Frugal	Muse	Books	Music + vieles
Are you being paid for you	or representation?		Yes No
Are you appearing as part (If you answered "no," ST question.)	of your other paid dut FOP; you need not con	ies for this pers mplete the rest	son or organization?
Inf	olic Hearing (Commo	3	

Are you an elected other governmental	official or employee who is appearing solely on behalf of your office or for your municipality or body?
100	ves" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign swered "no" to the question, go on to the next question.)
If you are being pathat:	aid for your representation, or if your appearance is part of other paid duties, please be advised
	ore you engage in lobbying as a lobbyist, you or your principal must file an authorization the City Clerk.
	or principal is not permitted to authorize you to lobby unless you are registered with the Clerk.
peri	our principal spends or will owe more than \$1,000 for lobbying services in any reporting od (half year), the principal must file expense statements with the City Clerk for the ainder of the calendar year?
	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ty-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	9-20-11	

## DO NOT WISH TO SPEAK FORM

Registratio	on Statement	Common Cour	ncil		
Please Print  Agenda No.	15	PLEASE PRINAME  Name  Address	INT NAME CLEA DSEMARY WWVSO	RLY	
Please check on Support Oppose Neither Su	e: ipport Nor Opp	AND	Please check	c: wish to s	peak
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 thi uestion.)	s form. If you answe		No Provide the name
Are you being paid for Are you appearing as pa (If you answered "no," question.)	art of your other paid o			☐ Yes ☐ Yes ered "yes," g	☐ No ☐ No go on to the next
	Information Hearing	non Council)5 mini 3 mini 3 mini	utes		

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are beithat:	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: 20 Sep 201/

# DO NOT WISH TO SPEAK FORM

Registrati	on Statement	COMMITTEE	ouncil	
Please Print  Agenda No.	3785	PLEASE Name	PRINT NAME CLEA	PARKST.
Please check or Support Oppose	ie:	AND	Please check	k: wish to speak
Neither Support Nor Oppose  At this meeting are you representing an organization or a person other than yourself:  (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)  Name, address and telephone number of each person or organization you are representing:				
Are you being paid for Are you appearing as part (If you answered "no, question.)  Speaking Limits:	part of your other paid	mon Council)5	of this form. If you answ minutes minutes	Yes No Yes No vered "yes," go on to the next

Are you an ellother governr	lected official or employee who is appearing solely on behalf of your office or for your municipal mental body?	lity or	
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you mus you answered "no" to the question, go on to the next question.)	t sign	
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be ac	lvised	
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 t Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Off the City-County Building, Madison, for more information.)	ìce at	
Date	Signature		
	Print Name		



Date: 9/20/(/

# DO NOT WISH TO SPEAK FORM

Registration Statement	Common Council
Please Print	COMMITTEE
A AVVIEW A AAAA	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Stacy Harbaugh Address (12 W. Main St. #200 Madison, WI 53703
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose  Neither Support Nor Opp	Do not wish to speak  noise thank you for postponing  the decision on secondhame  the dealer regulations  condent
At this meeting are you representing an organ	nization or a person other than yourself: Yes No Complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each  A CLU A Wiscons W	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non Council)5 minutes 

	REGISTRATION STATEMENT - FAGE 2
Are you an election other government	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you answere this form. 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.)
If you are being 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?
(Please go to Room 103 of th	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 9/	Signature Print Name SHOCG Harbaugh



Date: 9/20/11

# DO NOT WISH TO SPEAK FORM

Registrat	ion Statement	Common Co	ouncil	
Please Print  Agenda No. Adde	alum #75	PLEASE Name Address	PRINT NAME CLEA Pal Mazo 8550 6-ce Middle Co	ARLY  MENER Blud  1, WI 53562
Please check o	ne:	AND	Please chec	k: wish to speak
Oppose	upport Nor Opp	oose	Z Do not	wish to speak
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:				
	part of your other paid o			☐ Yes ☐ No ☐ Yes ☐ No vered "yes," go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3 1	minutes	

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or learnmental body?		
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign If you 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		
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	o 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: <u>Sept 20+</u>2

## DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Cou	ıncil
Please Print		
Agenda No	PLEASE PROMISE Name Address	RINT NAME CLEARLY  Janola Kay Mazockiewic SSO Greenway Blud APT Vidaleton, W. 53562
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor Opp	pose	
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next quantum of the next quantum of the next quantum of the next quantum or th	complete the rest of th	ther than yourself: Yes No his form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organizatio	on you are representing:
I oppose freing rec information of city wellow recording pui state or city data ba	no trader	g Books, CD'S & DWD'S as winformation in a
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)		or organization?
Information Hearing	mon Council)5 mir 3 mir 3 mir	nutes

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?		
(If you answer this form. If yo	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)		
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(Please go to Room 103 of t	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		