

# 20225

Date:	1	1-9-	2010	

## **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registra	tion Statement -	Common C	Council		
Please Print		PLEASI	E PRINT NAM	E CLEARLY	
Agenda No.		Name Address	Bessie 2136 R Malisan	Push Str	leet
Please check	one:	AND	Please	e check:	
<b>Support</b>				Wish to Speal	k
Oppose					
Neither !	Support Nor Op	pose			
(If you answered "no of who you represen	you representing an orga o, "STOP; you need not t and go on to the next q elephone number of eac	t complete the rest uestion.)	of this form. If y	vou answered "yes,	⊠No " provide the name
Are you being paid f	or your representation?			Yes	☐ No
	s part of your other paid o, " STOP; you need not				☐ No " go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	***************************************	3 minutes		



Date:  $( | 9 | \iota_{\ell} )$ 

## **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registratio	n Statement	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No.		Name _ Address _	Lori Ki 4413 D Madison	et oe Co.	SSING TV
Please check one	<b>:</b>	AND	Please chec	k:	
Support			Wish 1	to Speak	
Oppose					
Neither Sup	pport Nor Opp	pose			
At this meeting are you in (If you answered "no," is of who you represent and Name, address and telepton.	STOP; you need not d go on to the next qu	complete the rest of uestion.)	f this form. If you answ	•	
Are you being paid for you	-	1 6 .1.		Yes	No En
Are you appearing as par (If you answered "no," S question.)				☐ Yes vered "yes,"	No go on to the next
Ir	ublic Hearing (Comr nformation Hearing ther Items	3	minutes		



Date:	

#### **CITY OF MADISON**

Registration Statement -	Common (	Council	
Please Print	PLEASI	E PRINT NAME CLEARLY	
70+73 Agenda No. <u>73</u>	. Name Address	Stephen Fleischmun Mudison Museum of Cont. Av 227 Slave Sveet	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose	Available to assur		
Neither Support Nor Op	pose	guesnons	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the name	
Name, address and telephone number of each	=		
Madison Museur	Hor Con	ntemporary Utut	
537Q	3	· · · · · · · · · · · · · · · · · · ·	
Are you being paid for your representation?	****	☐ Yes ☐ No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this per	son or organization? Tes No of this form. If you answered "yes," 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?  Yes  No					
(If you answe this form. If y	(If you answered "yes" to the question, <b>STOP.</b> 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 be that:	If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:				
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 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 11910 Signature Stephen Fleischman					



## **CITY OF MADISON**

Registra	ation Statement -	Common C	ouncil	
Please Print		PLEASE Name	EPRINT NA	ME CLEARLY
Agenda No.	70	Address	C	ross PiAINS
Please check	one:	AND	Plea	ase check:
Support			X	Wish to Speak
At this meeting are (If you answered "no of who you represent	nt and go on to the next q	nization or a person t complete the rest ouestion.)	of this form.	If you answered "yes," provide the name
Are you being paid the Are you appearing a	for your representation? s part of your other paid	duties for this pers	on or organiz	☐ Yes ☐ No
question.)				If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes	



Date:	
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#### **CITY OF MADISON**

Registration Statement -	Common C	Souncil	
Please Print		EPRINT NAME CLEA	ARLY
Agenda No.	. Name Address	1013 Helley Drive	Stream
Please check one:	AND	Please chec	k:
Support		Wish t	to Speak
Neither Support Nor Op  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 Tim Saurs Tommy	nization or a perso complete the rest uestion.)	of this form. If you answ	
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.)			☐ Yes ☑ No vered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items		minutes	

Are you an el	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, <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 betthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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 #	Signature with on Print Name 1. Print Name 1		



Date: 10 - 9 - 2010

## **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registration Statement -	Common C	ouncil
	COMMITTEE	
Please Print		PRINT NAME CLEARLY
Cong T	Name	Susan Crotton
Agenda No.	Address	428 XI Livingston Madison, WI S3703
		Madison, W1 3310 3
Please check one:	AND	Please check:
<b>Support</b>		Wish to Speak
Oppose		
Neither Support Nor Opp	pose	
of who you represent and go on to the next q.  Name, address and telephone number of each	complete the rest on the complete the rest on the complete the complet	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this pers complete the rest	on or organization? \(\sum_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items	3	minutes



Date:	11-	9	-1	

#### **CITY OF MADISON**

Registra	tion Statement -	COMMITTEE	Council	
Please Print  Agenda No.		PLEASE Name Address	PRINT NAME CLEA Mary Ph 513 T 53709	RLY Jarmer roy Pr
Please check	one:	AND	Please check	<b>K:</b>
<ul><li>☐ Support</li><li>☐ Oppose</li></ul>			Wish to	o Speak
At this meeting are (If you answered "n of who you represent	t and go on to the next	anization or a persont complete the rest		Yes No No red "yes," provide the name
Are you appearing a	for your representation?  s part of your other paid o, " STOP; you need no	l duties for this pers	_	Yes No Yes No weed "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	2	3 minutes	

Are you an elected official or employee who is appearing solely on beha	alf of your office or for your municipality or
other governmental body?	☐ Yes ☑ No
go , orango see , .	<del>-</del>

(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:

- 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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(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 11 - 9 - 10	Signature	Margon Phaener
	Print Name	Mary MPharmer



Date:///9/10

## **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registration Statement -	COMMITTEE	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No. 70, 71, 72— 473)	•	Alexis London 1825 Melrose St. Madison, WI 53704
Please check one:	AND	Please check:
Support		Wish to Speak
of who you represent and go on to the next q	nization or a perso t complete the rest vuestion.)	t of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organiz	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 not question.)	duties for this pers complete the rest	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	2	3 minutes



Date:	ĺ	حر	-	10	

## **CITY OF MADISON**

Registration Stateme	ent - Common C	ouncil		
Please Print	PLEASE	PRINT NAME	CLEARLY	
Agenda No	Name Address	Kosema 111 W U 53703	sky LEE	
Please check one:	AND	Please	check:	
Support Oppose		v	Vish to Speak	
Neither Support Nor	Oppose			
At this meeting are you representing a (If you answered "no," STOP; you not of who you represent and go on to the Name, address and telephone number	eed not complete the rest next question.)	of this form. If yo	nu answered "yes," p	No rovide the name
		- TANKS III.		
Are you being paid for your representation.  Are you appearing as part of your other (If you answered "no," STOP; you ne question.)	r paid duties for this pers			□ No □ No o on to the next
Speaking Limits: Public Hearing Information He	(Common Council)5 aring3	minutes		



Date:	
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## **CITY OF MADISON**

Registration Statement	Common C	Council
Please Print	PLEASE	PRINT NAME CLEARLY
70,71,72,73000 Agenda No.		SAMANTHA CROWNOVER 2702 KENDALL AVE. MADISON, WI 53705
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Opp	pose	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que.  Name, address and telephone number of each	complete the rest uestion.)	of this form. If you answered "yes," provide the name
BACH DANCING ? D.	YNMITE	SOCIETY
P.W. Box 2348		
MADISON, WI		
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.)		son or organization?
Speaking Limits: Public Hearing (Comr Information Hearing Other Items	3	minutes



Date: _	111	91	10	

#### **CITY OF MADISON**

Registration Statement -	Common Con	uncil	
Please Print	PLEASE P	PRINT NAME CLEARLY	
	Name	TOM CXRTO	
Agenda No. 70, 71, 72 erc	Address	TOM CERTO 16 Cornucopia Ct.	
Please check one:	AND	Please check:	
<b>Support</b>		Wish to Speak	
<b>Oppose</b>		1	
Neither Support Nor Op	pose		
of who you represent and go on to the next question.  Name, address and telephone number of each	t complete the rest of suestion.)  h person or organizati	this form. If you answered "yes," provide the nan	ne
<u>Overture</u>	Cenru	ZOI State ST.	
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		☐ Yes ☐ No  or organization? ☐ Yes ☐ No  this form. If you answered "yes," go on to the ne	
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3 m	ninutes	



Date: 11/9/10

## **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registration Statement -	COMMITTEE	Council	
Please Print	PLEASE	E PRINT NA	AME CLEARLY
Agenda No.	Name Address	DAV1.	N PICKFLL Merrill Crest Dr. McDison, WI:
Please check one:	AND	Plea	ase check: 33705
<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	opose		Wish to Speak
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	ot complete the rest	on other than y of this form.	yourself: Yes No If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organi	zation you are	e representing:
	LAISE AF	251 SCME	60
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 to the description of the	son or organiz of this form.	zation?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	<b></b>	3 minutes	



# Date: 11-9-2010 AVAILABLE TO ANSWER QUESTIONS FORM

Registration Stat	tement - Common Counc	<u>                                     </u>
Agenda No. 70,71,7		TCLEARLY DIA MAUrer 1913 SHELLEY Lane 19150N WI 53704
Please check one:	AND	Please check:
<ul><li>☐ Support</li><li>☑ Oppose</li></ul>	•	Available to answer questions
(If you answered "no," STOP; yof who you represent and go on		orm. If you answered "yes," provide the name
Are you being paid for your repr	resentation?	□ Yes □\No
Are you appearing as part of you	r other paid duties for this person or or	
Informati	earing (Common Council)5 minute ion Hearing3 minute ms3 minute	S

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or

(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.)

other governmental body?

Yes

No No

If yo that:	u are be	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.
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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	11-	9-2010 Signature USAN Maure

Print Name



Date: \_//-09-/0

# DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	uncil	
Please Print		PLEASE P	RINT NAME CLEA	RLY
Agenda No. <u>70</u>	7472	Name	JAMES P S26 WO MADISON	EDWARDS ODSIDE TERRA ULT 53711
Please check of	ne:	AND	Please check	ζ <b>:</b>
<b>Support</b>		,	Do not	wish to speak
<b>Oppose</b>	7172			
Neither S	upport Nor Op	pose		
(If you answered "no, of who you represent of	" STOP; you need not and go on to the next q	t complete the rest of question.)	other than yourself:  This form. If you answe  ion you are representin	ered "yes,"/provide the name
·				
Are you being paid for	r your representation?			Yes No
Are you appearing as j (If you answered "no, question.)				Yes No ered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing) Other Items	3 m	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?					
	red "yes" to the question ou answered "no" to the		need not complete the rest of this form, except that you must sign n to the next question.)			
If you are be that:	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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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 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	09-10	Signature	JAMES C. EDWARDS			
		Print Name	JAMES C. EDWARDS			



Date:	9	(O
	<b>ì</b>	

Registrati	on Statement -	Common Co	uncil	<del></del>	
		COMMITTEE			
Please Print	•	PLEASE F	PRINT NAME CLEA	<b>V</b> RLY	
Agenda No		NameAddress	be Sei 321 Sout othere	ting Go	range
Please check or	ie:	AND	Please chec	k:	
Support			Do not	wish to spea	ak
' Oppose					
Neither S	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent of Name, address and tele	" STOP; you need not and go on to the next qu	complete the rest of uestion.)	this form. If you answ	·	No No vide the name
LOCAL G	<u> </u>				
P.O. Pox	989				
madison	WI 5376	5 (			·
Are you being paid for	your representation?			☐ Yes 🗡	No
Are you appearing as p (If you answered "no, question.)	part of your other paid "STOP; you need not	duties for this persor complete the rest of	or organization? this form. If you answ	☐ Yes pered "yes," go o	No on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 n	ninutes		



Date: 11/9/50

## DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common Co	uncil	
Please Print	·		PRINT NAME CLEARLY	
Agenda No. <u></u> グさ	, 71 72	Name Address	405 N Bale	eout Jwin 13703
Please check of	one:	AND	Please check:	
Support Support			Do not wish	to speak
<b>Oppose</b>	71872	4		
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	and go on to the next q	complete the rest of uestion.)	other than yourself: \(\sum \) this form. If you answered "you ion you are representing:	<b></b>
Are you appearing as	or your representation?  part of your other paid  "STOP; you need not	_		Tes ☐ No Tes ☐ No Tyes," go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3 m	inutes	



Date: //9//0

# DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common C	Council		<del></del>
Please Print		PLEASE	PRINT NAME CLI	EARLY	
Agenda No. 70	71,72	Address	David Wise 3316 Ivy Madison W	5+,	f.
Please check or	ne:	AND	Please che	eck:	
Support Support			Do no	ot wish to s	peak
<b>Oppose</b>	7/172				
Neither S	upport Nor Oppo	ose			
(If you answered "no,	u representing an organize or stops or	omplete the rest	n other than yourself: of this form. If you an	Yes sweved "yes," p	☐ No provide the name
	ephone number of each p		zation you are represer	iting:	
		<del> </del>			
Are you being paid for	your representation?			Yes	No No
Are you appearing as partial (If you answered "no, question.)	part of your other paid du "STOP; you need not co	nties for this persomplete the rest	son or organization? of this form. If you an	☐ Yes swered "yes," g	No go on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items		3 minutes		



Date: 11/9/16

# DO NOT WISH TO SPEAK FORM

## **CITY OF MADISON**

Registration Statement	COMMITTEE	ouncil	
Please Print			
		PRINT NAME CLEARLY	
Aganda Na	•	John De. S	
Agenda No	- Address	Local Coo	
		10001 (00	
Please check one:	AND	Please check:	
Support 70		Do not wish to speak	
Neither Support Nor C	)ppose		
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the next Name, address and telephone number of each of the state of the	not complete the rest of ct question.)	f this form. If you answered "yes," provide the na	me
Loca	al 60	·	
Are you being paid for your representation	n?	☐ Yes ☐ No	
Are you appearing as part of your other pa	aid duties for this perso		ext
Information Hearin	ommon Council)5 r ng3 r 3 r	minutes	



Date:	11/09/10	

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. <u>70, 71, 72</u>	Name Ben Patliffe  Address IIIS E. Wilson St #415  Madison WI 53703
Please check one:	AND Please check:
Support # 70	Do not wish to speak
<b>Oppose</b> #71 ₹ 72	
At this meeting are you representing an orga	anization or a person other than yourself: Yes \square No
(If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next q	ot complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of each AFSCME LOCAL 60	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 not question.)	d duties for this person or organization?  Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	mmon Council)5 minutes  g



Date: 1 9 0

# DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Council
Please Print  Agenda No.	07172	PLEASE PRINT NAME CLEARLY  Name Shawn A BONDOUR  Address 509 Aztala NDC:
Please check the app	ropriate box:	Please check the appropriate box:
Support Oppose		AND Do not wish to speak
Neither S	upport Nor Opj	pose
(If you answered "no, of who you represent	"STOP; you need not and go on to the next que lephone number of each	nization or a person other than yourself:  Complete the rest of this form. If you answered "yes," provide the name uestion.)  The person or organization you are representing:
		,
Are you being paid fo	r your representation?	☐ Yes ☐ No
		duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Information Hearing.	mon Council)5 minutes



Date:

Registrat	ion Statement	COMMITTEE	ıncil
Please Print		PLEASE PR	RINT NAME CLEARLY
Agenda No. 🗍 🔿	71,70	Name	in Birkley
Please check o	ne:	AND	Please check:
Support Support	#70 #71+72	-	Do not wish to speak
	# 71+ 7 & Support Nor Opp		
(If you answered "no,	ou representing an orgar," STOP; you need not and go on to the next qu	complete the rest of th	ther than yourself: Yes No his form. If you answered "yes," provide the nam
Name, address and tel	lephone number of each	person or organization	on you are representing:
hecal OC	<u>)                                    </u>		•
Are you being paid fo	r your representation?		☐ Yes ☐ No
	part of your other paid on "STOP; you need not		or organization? Yes No his form. If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 mii	nutes



#### **CITY OF MADISON**

Registrati	on Statement	Common C	ouncil		
Please Print  Agenda No.		PLEASE Name Address	EPRINT NAME CLEA Malt Jac 2100 Hawk Drewon	ARLY X50N 2050N	RV 635%
Please check the app	ropriate box:	AND	Please check the	^ ^	
Oppose Neither St	L upport Nor Opp		i 🔀 Do no	t wish to	) speak
At this meeting are you (If you answered "no, of who you represent of	" STOP; you need not	complete the rest	on other than yourself: of this form. If you answ	∑ Yes vered "yes,"	☐ No provide the name
Name, address and tele	ephone number of each	person or organi	zation you are representi	ng:	
Are you being paid for Are you appearing as p (If you answered "no, question.)	part of your other paid		son or organization? of this form. If you answ	∐ Yes □ Yes vered "yes,"	No No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing	•			

Are you an eleother government		yee who is appea	ring solely on behalf of your office or for your municipality or Yes \ \in \ No	
	red "yes" to the questi ou answered "no" to th		red not complete the rest of this form, except that you must sign to the next question.)	
If you are bei that:	ng paid for your repre	sentation, or if y	our appearance is part of other paid duties, please be advised	
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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?			
	the City Clerk's we he City-County Buildin		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)	
Date //	-9-18	Signature Print Name	Malt Dackson	



Registra	tion Statement -	Common (	Council
Please Print		PLEAS	SE PRINT NAME CLEARLY
Agenda No.		Name Address	Sol Milwaukee St Madison, Wi
Please check the ap	propriate box:		Please check the appropriate box:
Support Oppose		AND	Do not wish to speak
Neither 3	Support Nor Op	pose	
(If you answered "n of who you represen	o," <b>STOP;</b> you need not t and go on to the next q	t complete the res westion.)	rson other than yourself: Yes No est of this form. If you answered "yes," provide the name
Are you being paid f	or your representation?		☐ Yes 📈 No
	s part of your other paid o, " STOP; you need not		person or organization? Yes No est of this form. If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	······································	3 minutes



Date:

#### **CITY OF MADISON**

Registration	Statement	COMMITTEE	ouncil		
Please Print			PRINT NAME CLI	EARLY	
Agenda No.		Name Address	105 N. Th	wis 5	5714
Please check the approp	riate box:		Please check	the appropriate	box:
Support Oppose		AND	Do n	ot wish to	speak
Neither Sup	port Nor Opp	ose			
At this meeting are you re (If you answered "no," S' of who you represent and	T <b>OP;</b> you need not c	omplete the rest	n other than yourself: of this form. If you an	Yes swered "yes," pr	No oovide the name
Name, address and telepho	one number of each 1		zation you are represer		
Are you being paid for you	ar representation?		- 1111	Yes	⊠ No
Are you appearing as part (If you answered "no," Staguestion.)				·— ·	ANo o on to the next
1 -	olic Hearing (Comm ormation Hearing	•			



#### **CITY OF MADISON**

Common Council Registration Statement - \_\_ Please Print PLEASE PRINT NAME CLEARLY Agenda No. Please check the appropriate box: Please check the appropriate box: Support AND Do not wish to speak **Oppose 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 of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Yes 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 the next question.) Public Hearing (Common Council) .... 5 minutes Speaking Limits:



Date: \_\_\_\_\_\_[

# DO NOT WISH TO SPEAK FORM

Registration State	ement - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name FUND BALDWIN  Address Sep 30 LAKE LAND  MA-015M
Please check the appropriate b	ox: Please check the appropriate box:
<ul><li>Support</li><li>□ Oppose</li></ul>	AND Do not wish to speak
Neither Support	Nor Oppose
At this meeting are you represent (If you answered "no," STOP; yof who you represent and go on to	ting an organization or a person other than yourself: Yes No No ou need not complete the rest of this form. If you answered "yes," provide the name to the next question.)
Name, address and telephone num	mber of each person or organization you are representing:
IN O MO	
Are you being paid for your repr	esentation?
	r other paid duties for this person or organization?  Yes No ou need not complete the rest of this form. If you answered "yes," go on to the next
• •	earing (Common Council)5 minutes on Hearing3 minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality other governmental body?  Yes No				
(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 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?			
(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	19/10 Signature Sun Duelu Print Name Le 100 BAGDWW			