CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name See Sennings Address 6304 HAMMGRSIKG Re
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organizat (If you answered "no," STOP ; you need not come of who you represent and go on to the next question	plete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of each per	son or organization you are representing:
DWH	
Are you being paid for your representation?	☐ Yes 【No
Are you appearing as part of your other paid dution (If you answered "no," STOP; you need not compuestion)	es for this person or organization? Yes No No uplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Information Hearing Other Items	3 minutes

	e you an elected official or employee who is appearing solely on behalf of your office or for your municipality of the governmental body?		
	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 f the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 1-3-09

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print		PLEASE PRI	NT NAME CLEA	RLY	
Agenda No. 57		Address 16	rone A. Fla W. Washin	1	16.
Please check the app	propriate box:		Please check the	appropria	te box:
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Are you being paid for	r your representation?			☐ Yes	√No
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Speaking Limits:	Public Hearing (Common C Information Hearing Other Items	3 min	utes		·

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.)				
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Date 11 -3	Signature Tyrone A. Flash Print Name Tyrone A Flood			

Date: Alm 3,

Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name AATHANIEL D. ABRITHIC
Agenda No. <u> </u>	Name A/ATHANIEL D. ABRAMIC Address 6304 F HAMNERSLEY BA
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Please check the appropriate box:	Please check the appropriate box:
Support]	Wish to speak
Oppose	AND Do not wish to speak
	e Available to answer questions
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name question) the 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)	duties for this person or organization? Yes Ano to complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes 3 minutes
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	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.)			
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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_	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 <u>//</u>	Print Name NATHANIL- (DON ABRAMS IN			

Date: 3/10/ 09

Negistration Otatement -	COMMITTEE		
Please Print	PLEASE PRINT CLEARL		
Agenda No.	Name Dave Address 6 4 C	Skyvier SA, WI 5	~19 JA/, #/. 37/3
Please check the appropriate boxes:			
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organize	☐ Do ☐ Av	sh to speak not wish to speak ailable to answer que	stions
(If you answered "no," STOP ; you need not co of who you represent and go on to the next que	omplete the rest of this form If	you answered "yes,"	
Name, address and telephone number of each p		epresenting:	
Are you being paid for your representation?		☐ Yes	□No
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Information Hearing	on Council) 5 minutes 3 minutes 3 minutes		

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

				Ι	Date:	
		CITY OF MA	DISON			
Registrat	ion Statement -	Common C	Council			
Please Print		PLEASE	PRINT CLE	ARLY		
		Name	DOL	1RES	GRE	119
Agenda NoS	1	Address	815	JRES Hiam	othe	min
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Please check the appr	ropriate boxes:					
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Oppose ?	one Park upport Nor Oppos	•		Do not wish Available to	-	tions
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Are you being paid for	or your representation?			:	☐ Yes	☑ No
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Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes			

Are you an ele	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
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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	Signature All Signature		
	Print Name		

Date: 11/3/09
Date:
Ali Broks Utleds si 412
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ourself: Yes No you answered "yes," provide the name
representing:

Registration Statement			uncil			
Please Print		MMITTEE				
		PLEASE PR				
		Name	Wilson		Brick	<u>J</u>
Agenda No.		Address	346 R	atted	V. S1.	4/2
Please check the appropria	ite boxes:					
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Are you being paid for you	r representation?				Yes	No
Are you appearing as part (If you answered "no," ST question.)					☐ Yes red "yes,"	No go on to the next
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	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 WM BM Print Name Alson A B WAS
	Print Name ALSONA Brown

	Date: $ \psi/3/\delta\varsigma $
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print Agenda No.	PLEASE PRINT CLEARLY Name Hawk Schenke Address 4613 Maher Ane Mach S. W2 55716
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality of the	complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes ♠No
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	mon Council)5 minutes 3 minutes

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
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Date	Signature Signature
	Print Name

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Carl Landsness Address 230 Waubesa St
Agenda No.	Address 230 Waubesa St
	Wadison 53704
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Are you appearing as part of your other paid of (If you answered "no," STOP; you need not 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	mon Council) 5 minutes 3 minutes 3 minutes

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Date	Signature
	Print Name

Date: ///3/09

Registra	tion Statement	Common COMMITTEE	Council			
Please Print						
		PLEASE	PRINT CLE			
		Name	Sa1	ndra 1	11/1/-27	
Agenda No.		Address	12	39 34	201 XV	737.
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Are you being paid	for your representation?				☐ Yes	□No
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Speaking Limits:	Public Hearing (Com Information Hearing Other Items	понятичность подражения подражения подражения подражения подражения подражения подражения подражения подражения	3 minutes			

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Date	Signature
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	Date: 11.3.09
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
国际通过 后为基础证据	Name Mulissa Mueller
Agenda No	Address 2101 Linden Ave. Apt 4
	Madison W1 53704
Please check the appropriate box:	Please check the appropriate box:
Support	Wish to speak
Oppose	AND Do not wish to speak Available to answer questions
☐ Neither Support Nor Oppos	
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	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Operation Nelcox	no Home
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.)	duties for this person or organization? Yes You are You complete the rest of this form If you answered "yes," go on to the next
	nmon Council) 5 minutes

Other Items 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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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(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
	Drint Name

			Date:	13 13
		CITY OF MAD	ISON	
Registra	tion Statement	Common Co	ouncil	
Place Print		COMMITTEE		
Please Print		PLEASE	PRINT NAME CLEARLY	
		Name	CIAMA IN	
Agenda No.	> (Address	1027 7 2 11 14 9 4	Parties gar
			Walism IN 53703	
Please check the ar	propriate box:		Please check the appropriate box:	
☐ Support			Wish to speak	
Oppose		AND	Do not wish to speak	
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	1008-1995-3	169		
Are you being paid	for your representation?		☐ Yes ☐ No	
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Speaking Limits:	Public Hearing (Com Information Hearing Other Items		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)
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Date	Signature
	Print Name

Date: 11/03/09

Registration States	ment - <u>Common Common Committee</u>	ouncii	
Please Print			
	PLEASE P	RINT CLEARLY	
C 9	Name	NATE GODF	REY
Agenda No. 57	Address _	NATE GODF 344 W. DAY MADISON	TON #1N
		MADISON	ω_1
Please check the appropriate boxes	医二甲基二甲基乙基乙烯二甲基甲基基乙烷甲基二甲		53703
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At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to	u need not complete the rest o		Yes \[\] No "yes," provide the name
Name, address and telephone number of CRATION	ber of each person or organize J ELCOP		
Are you being paid for your representation	entation?		Yes No
Are you appearing as part of your of (If you answered "no," STOP; you question)			Yes No No "yes," go on to the next
	ring (Common Council)5 1 Hearing		

Are you an elother governr	lected 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: 11-3-2009

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Robert MCGee Address 6364 HAMMERISY MAdison, Wis
Please check the appropriate box:	Please check the appropriate box:
 ☐ Support ☑ Oppose ☐ Neither Support Nor Oppose 	AND Wish to speak Do not wish to speak Available to answer questions
	nization or a person other than yourself: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name, address and telephone number of each	h person or organization you are representing: Welcome Home
Are you being paid for your representation?	☐ Yes You'no
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

	elected official or emp imental body?	loyee who is appearing solely on be	half of your office or for your municipality or Yes No
		stion, STOP. You need not complete the question, go on to the next quest	the rest of this form, except that you must sign tion)
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1.	Before you engage with the City Clerk		our principal must file an authorization
2	Your principal is a City Clerk	not permitted to authorize you to lol	bby unless you are registered with the
3.		, the principal must file expense st	for lobbying services in any reporting atements with the City Clerk for the
		website <u>www.cityofmadison.com/cler</u> ding, Madison, for more information	r <u>k/index.html</u> or go to the Clerk's Office at)
Date		Signature	기업을 보면 되었다는 결과는 하는 기업을 받았다. 기업은 경험 전쟁을 받는 경우를 하는 것이 되었다.
4.5		Print Name	

Date: $\frac{11/3}{9}$

Registration Statement	
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Kristen Petroshius Address 1145 Petra PI, # 1
Agenda No.	Address 1145 Potra Pl # 1
	Modison W1 53713
Please check the appropriate boxes:	
Support	and Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
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At this meeting are you representing an organ (If you answered "no," STOP ; you need not	nization or a person other than yourself: Yes No complete the rest of this form. If you answered yes," provide the name
of who you represent and go on to the next qu	uestion)
Name, address and telephone number of each	person or organization you are representing:
Operation Welco	me Home
601 Bayview,	
(608) 335-	and the second of the second o
	<u> </u>
Are you being paid for your representation?	☐ Yes ☐ Yo
Are you appearing as part of your other paid	duties for this person or organization? Yes vocamplete the rest of this form. If you answered "yes," go on to the next
question)	complete the rest of this form. If you answered yes, go on to the new
Speaking Limits: Public Hearing (Com	mon Council)5 minutes
Information Hearing	3 minutes 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:	ing 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.
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: November 3rd
	CITY OF MADISON	
Registration Statement	Common Council	
lease Print	PLEASE PRINT CLEARLY Name Maxine Max	
genda No	Address 615 W. Tuhso	in ot.
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organ If you answered "no," STOP; you need not If who you represent and go on to the next qualitation.	nization or a person other than yourself: complete the rest of this form. If you an uestion) person or organization you are represer	to answer questions Yes No swered "yes," provide the name
Operation Welome Home		
are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid of you answered "no," STOP ; you need not yuestion)	duties for this person or organization? complete the rest of this form. If you are	☐ Yes ☐ No nswered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	mon Council) 5 minutes 3 minutes 3 minutes	
Severe recession Journal of the State of th	my fest many bash he was a human	I fiel int activity

	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 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.
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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 the City-County Building, Madison, for more information)
Date	Signature
	Print Name

		Date: 1/-3-09
	CITY OF MAI	DISON
Registration Statement -	Common C	ouncil
Please Print		
		PRINT NAME CLEARLY
	Name	STEPHEN M. BOTTLEA
Agenda No. 57	Address	2718 PHEASANT RIDGE TRAIL, #102
		MADISON, WI 53713
Please check the appropriate box:		Please check the appropriate box:
☐ Support		¶ ⊠ Wish to speak
Oppose	AND	☐ Do not wish to speak ☐ Available to answer questions
☐ Neither Support Nor Oppos	e	
At this meeting are you representing an organical (If you answered "no," STOP; you need not of who you represent and go on to the next of	t complete the resi	on other than yourself: Yes No No of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h 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)		rson or organization? Yes No t of this form. If you answered "yes," go on to the next

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

Speaking Limits:

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?
(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.)
If you are be that:	sing 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
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 Office at the City-County Building, Madison, for more information)
Date <u>//</u>	3/01 Signature Sub
	Print Name STEPHEN M BOTTICA

Date: 11/3/09

Registration	Registration Statement - Common Council		ouncil
		COMMITTEE	
Please Print		PLEASE	PRINT NAME CLEARLY
		Name	Lucas Jain
Agenda No		Address	123 Van Deusen St.
			Madison WI 53715
Please check the appi	ropriate box:		Please check the appropriate box:
☐ Support			Wish to speak
Oppose		AND	Do not wish to speak
	pport Nor Oppose		Available to answer questions
			on other than yourself: Yes No
			of this form. If you answered "yes," provide the name
oj wno you represent d	and go on to the next que	estion)	
Name, address and tele	ephone number of each	person or organi	zation you are representing:
<1.1. L	1 40 1 -	loce	T represent
- seleption of	w/ the home	163)	Jaggar ving Se !!
Are you being paid for	r vour representation?		☐ Yes 🔯 No
7 the you bettig paid for	your representation:		
	part of your other paid d		
(If you answered "no, question)	" STOP; you need not d	complete the res	t of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comm	non Council)	5 minutes
	Information Hearing		3 minutes
	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 t 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

Date:	
-------	--

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 5 7	Name ERIC STUCKY Address Honeless
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP; you need not conform of who you represent and go on to the next question.	mplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each pe	
Are you being paid for your representation?	☐ Yes ☐No
Are you appearing as part of your other paid dut (If you answered "no," STOP; you need not co question)	ties for this person or organization? Yes No mplete the rest of this form If you answered "yes," go on to the next
• • • • • • • • • • • • • • • • • • •	on Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental 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: 100 3,09

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print		PLEASE PRINT NAME CLEAR	,
Agenda No	57	Name David Alvaname David Alvaname David Alvaname Alvaname David Alvaname Alvaname David David Alvaname David D	evado ev St NI 53704
Please check the app	ropriate box:	Please check the	appropriate box:
Support✓ OpposeNeither Su	pport Nor Oppose	AND Wish to speak Do not wish to Available to a	
(If you answered "no,	ou representing an organiz " STOP; you need not co and go on to the next ques	cation or a person other than yourself: omplete the rest of this form. If you answestion.)	Yes No No provide the name
Name, address and tel	ephone number of each p	erson or organization you are representin	g:
		<u> </u>	
Are you being paid for	r your representation?		Yes No
Are you appearing as j (If you answered "no, question.)	part of your other paid du "STOP; you need not co	uties for this person or organization? omplete the rest of this form. If you answ	☐ Yes ☐ No ered "yes," go on to the next
Speaking Limits:		on Council) 5 minutes 3 minutes	

	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)
If you are both	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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	Date: 10/3/09
	CITY OF MADISON
Registration Statement	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Symmer Wilker
Agenda No. 57	Address 625 N Trances St
	Address 625 N Frances St Machson, Wi 52703
N. J. J. J.	53703
Please check the appropriate boxes:	
Support	and ☐ Wish to speak ☐ Do not wish to speak
✓ Oppose✓ Neither Support Nor Oppose	Available to answer questions
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 of this form If you answered "yes," provide the name testion)
Andre Lorde Cooperat	we relief the best with the second
625 N Frances St	
Madum, W. 53703	
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 question)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council)5 minutes 3 minutes

Other Items 3 minutes

		pearing solely on behalf of your office or for your municipality or
other governn	iental body!	
(If you answer this form If yo	red "yes" to the question, STOP. Yo ou answered "no" to the question, go	u need not complete the rest of this form, except that you must sign o 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
1.	Before you engage in lobbying as with the City Clerk.	a lobbyist, you or your principal must file an authorization
2.	Your principal is not permitted to City Clerk.	authorize you to lobby unless you are registered with the
3.	If your principal spends or will over period (half year), the principal remainder of the calendar year?	we more than \$1,000 for lobbying services in any reporting must file expense statements with the City Clerk for the
(Please go to Room 103 of	o the City Clerk's website <u>www.ci</u> the City-County Building, Madison, j	tyofmadison.com/clerk/index.html or go to the Clerk's Office at for more information.)
Date 1	3 Dq Signatur	3 Summi Willen
	Print Na	me Summer Wilken

Date: 11/3/09

Registration	on Statement -	Common C	Council	
		COMMITTEE		
Please Print		DIEACE	PRINT NAME CLEARLY	
		PLEASE	PRINT NAME CLEARLY	
£-T		Name	MUR OWATER	
Agenda No. 🔵 🕇		Address	110 E Dawton St Apt	3
			Madison In 5372	3
Please check the app	ropriate box:		Please check the appropriate box:	
Support Support			■ Wish to speak	
Oppose		AND	Do not wish to speak	
	pport Nor Oppos	se	Available to answer questions	
At this mosting are to			on other than yourself: \Bullet Yes \Bullet No	
(If you answered "no.	" STOP: vou need no	anization or a person of complete the rest	on other than yourself: Yes No of this form! If you answered "yes," provide the	e name
of who you represent of				
Name, address and tel	enhone number of ea	ch person or organi	zation you are representing:	
	ophone number of ca	on person or organi		
Are you being paid fo	r your representation	?	☐ Yes ► No	
Are you appearing as	nart of your other nai	d duties for this ne	rson or organization?	
			t of this form. If you answered "yes," go on to the	he next
Speaking Limits:	Public Hearing (Co	mmon Council)	5 minutes	
	Information Hearin	g.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 minutes	
	Other Items	e i retain kanaa na manning ang kinaanaa	3 minutes	

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 beinthat:	ng 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
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	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	11/3/09 Signature (1/3/09)
	Print Name Carissa Mae Small

Date: 11/3/09

Registration	on Statement - Commo	on Council
Diagon Daias		
Please Print	PLE	EASE PRINT NAME CLEARLY
	r→ Nan	ne Patricia Brooks
Agenda No	·····································	ress 615 w. Main 91. #3/0
		Madison Wi 53703
Please check the app	ropriate box:	Please check the appropriate box:
Support	AND	☐ Wish to speak ☐ Do not wish to speak
Oppose Neither Su	pport Nor Oppose	Available to answer questions
At this meeting are yo (If you answered "no.	u representing an organization or a "STOP: you need not complete th	person other than yourself: Yes No e rest of this form. If you answered "yes," provide the name
	and go on to the next question)	
Name, address and tel	ephone number of each person or o	organization you are representing:
OWH	r Operation Wa	drame Home Ally
Are you being paid fo	r your representation?	☐ Yes No
Are you appearing as	part of your other paid duties for th	nis person or organization?
(If you answered "no, question)	" STOP; you need not complete th	ne rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Counc	
	Information Hearing Other Items	
	医多环状 医乳腺内膜 医牙髓性畸胎 医原性性溃疡	

A ma iran am -1	
other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer this form If ye	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
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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	o the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at
Room 103 of i	the City-County Building, Madison, for more information)
Date	11/3/09 Signature Vatricea Brooks
	Print Name Patricia Brooks
V 150	

Date:	/3/09	
Date	1-1-1	÷

Registration Statement	Common C	ounci)
Please Print	PLEASI	E PRINT NAME CLEARLY
Agenda No.	Name Address	ERICH SCHPOYER 1227 Spaight St. #1 Madison, WI 53703
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND e	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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 resi	on other than yourself: XYes No t of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organ	ization you are representing:
Operation Welcome He	me	
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)		rson or organization? Yes No t of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	344 0000	3 minutes
We are not romanticizion from panhandling to icheting, lack of sh	la or si Dalcohol elter, to	implifying this issue- starting dabuse, arrests of violence, displacement is not to acknowledge that cople are doing the best they much more with your suppor
ore—Wd want YOV 06/16/08-F:\Clcommon\Council Documents\Registration Form 2007 doc	commitme (SEE BAC meless Pe	cople are doing the best they
(an tigure out - s (on	B) 16 (01	much more with 400, suppor

	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.)
If you are b that:	eing 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?
	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
	The control of the co

Date: 11/3/0e

Registratio	on Statement	Common C	Council	
Please Print			E PRINT NAME CLEARLY	
Agenda No. 57		Name	Aliman Brooks 1396 Rutledge St. #2 Madison, W1 53703	
Please check the app	copriate box:		Please check the appropriate bo) x:
Support Oppose Neither Su	oport Nor Oppos	AND e	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions	· · · · · · · · · · · · · · · · · · ·
At this meeting are you (If you answered "no, of who you represent a	" STOP; you need no	t complete the res	son other than yourself: Yes to of this form. If you answered "yes," prov	No vide the name
			nization you are representing:	
Deven	ion welcome	Home	(009-395-0545	
Are you being paid for	your representation?		☐ Yes	No
Are you appearing as a (If you answered "no, question)			erson or organization?	No on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	raarini radrahisadrasirian organis	3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	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:	peing 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?
	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 \\	13/09 Signature Milson 1 BNO K8
	Print Name Alisan A Brooks

Date: 11/3/09

Registrat	ion Statement -	COMMITTEE	ouncil and a second sec
Please Print			
		PLEASE I	PRINT NAME CLEARLY
		Name <u>J</u>	ZEV CHRISTOPHER LO.
Agenda No.	> /	Address	929 D'SHERIDAN
			MADISON WY 537
Please check the ap	propriate box:		Please check the appropriate box:
☐ Support			☐ Wish to speak
Oppose		AND	Do not wish to speak
_	upport Nor Oppos	se	Available to answer questions
	t and go on to the next		ntion you are representing:
Are you being paid t	for your representation	?	☐ Yes ☐ No
	s part of your other pai o," STOP; you need n		on or organization?
Speaking Limits:	Information Hearin	mmon Council) 5 g 3	minutes

Are you an el other governn	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
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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?
	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 ///_	3/9 Signature Ray/ C. Jana
	Print Name REV CHRISTER CON

Date: 11/3/09

Registration Statement -	
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
	Name Olivo Ovama
Agenda No. <u>57</u>	Address 123 WGoham St
	Madison VII 53703
Please check the appropriate box:	Please check the appropriate box:
Support	AND Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppo	Available to answer questions
At this meeting are you representing an org (If you answered "no," STOP; you need no	anization or a person other than yourself: Yes Yes of this form. If you answered "yes," provide the name
of who you represent and go on to the next	
Name, address and telephone number of ea	ch person or organization you are representing:
New Wine Poo	serative Inc.
123 M. Gort	perative Inc. ram St Madison W1 53703
256-5135	
Are you being paid for your representation	? Yes Yes
Are you appearing as part of your other pa	
question)	ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Co	mmon Council) 5 minutes
Information Hearin	g
Other Items	mananananananananananananananananananan

Are you an el other governn		ee who is appeari	ng solely on behalf of your office or for your municipality or Yes No
	red "yes" to the question ou answered "no" to the		d not complete the rest of this form, except that you must sign o the next question.)
If you are beithat:	ing paid for your repres	entation, or if you	ar appearance is part of other paid duties, please be advised
1	Before you engage in with the City Clerk	lobbying as a lobl	pyist, you or your principal must file an authorization
2.	Your principal is not City Clerk	permitted to autho	orize you to lobby unless you are registered with the
3.		e principal must	re than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
	o the City Clerk's web the City-County Building		adison.com/clerk/index.html or go to the Clerk's Office at ore information)
Date 1/	103/09	Signature	OliveOrjama
		Print Name	VIIVE OYUMA

Date: 1/03/07		ì
Date. 1	_	1

Registration Statement	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	1 Name Barmahu Unich Rintz
57	Name Barnaby Urich Kintz Address 806 Martha Circle
Agenda No.	Address 006 Mactha Click
	Madison, WI 53714
Please check the appropriate boxes:	
Support	and U Wish to speak
Oppose	✓ Do not wish to speak✓ Available to answer questions
Neither Support Nor Oppo)se
(If you answered "no," STOP; you need n	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next	t question)
Name, address and telephone number of ea	ach person or organization you are representing:
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 a question)	aid 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 Hearin	ommon Council)5 minutes ng3 minutes3 minutes
	医无线性神经炎 医乳腺性 电流电阻 经国际基本人共同基本人家 医克克特氏试验 医尿病

	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 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: 1/3/09

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name Alexandra Henrick
Agenda No.	Address 1221 Spaight St
	Address 1221 Spaight St Madison, wi, 53703
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
(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	h person or organization you are representing:
MYRIT IN Solida	rity with the Homeless + OWH
Are you being paid for your representation?	☐ Yes ♠ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	nmon Council) 5 minutes 3 minutes 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 ental 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
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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: 1/3/09

Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 57	Name Gindy Brewig Address 2120 E. Main #1 Madisa, Wi 53704
Please check the appropriate box:	Please check the appropriate box:
☐ Support☑ Oppose☐ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions ■ Available to answer questions
	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name et question.)
Name, address and telephone number of e	each person or organization you are representing:
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)	aid 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 Heari	ommon Council) 5 minutes ng 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	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 l that:	peing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 of the City-County Building, Madison, for more information.)
Date	Signature
	to de la companya de La companya de la companya de la Print Name de la companya de la companya de la companya de la companya de la

Date: 11/3/09

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Michael Moran Address 614 langular St 30 Apt 303
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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 of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h 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.)	I duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 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 ental 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 beinthat:	ng 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 $\frac{\sqrt{3}}{}$	104 Signature Wishard Morris
	Print Name Michael Moran

	Date:
	CITY OF MADISON
Registration Statement	- Common Council
	COMMITTEE
Please Print	사용하는 보통한 경험 수 있는 학자는 10년 등 전문을 하는 보통한 보호를 보고 함께 되었다. 그는 그리고 하는 경험 등 전문을 받는 것이다. 사용하는 보통하는 것이 있는 것이 되었다. 그는 사용하는 것이 되었다. 그는 것이 없는 것이 되었다. 그는 것이 없는
	PLEASE PRINT NAME CLEARLY
	Name Ruchol Knieger
Agenda No. 57	Address (0)5 E. Goldan St. 405
Please check the appropriate box:	Please check the appropriate box:
Support	☐ Wish to speak
Oppose	AND Do not wish to speak Available to answer questions
Neither Support Nor Oppo	ose Available to allswer questions
	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question)
Name, address and telephone number of e	ach person or organization you are representing:
Ormston Welter	me Home
Are you being paid for your representation	n? ☐ Yes ☐ No
Are you appearing as part of your other part (If you answered "no," STOP; you need question)	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
	ommon Council) 5 minutes ng 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:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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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
	one of the control of

	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Karen Milstein Address 2814 Lakelul Arus Hedison WI 53701
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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	nization or a person other than yourself: \[Yes \] No to complete the rest of this form. If you answered "yes," provide the name truestion.)
Name, address and telephone number of each Karen Milstan	h person or organization you are representing:
28)4 Lakelah Lets Madison, WI 53704	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need not question.)	duties for this person or organization? Yes No to the next
Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes
Oppose +	leveloping Peace Park

Date: _

· •	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 l that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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

	Date: 11/03/09
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
	THE PLEASE PRINT NAME CLEARLY TO THE PRINT OF THE PRINT O
	Name Nova Rodriguez
Agenda No. <u>57</u>	Address 1919 Shendlan St. #
	_Madison, W1 53704
Please check the appropriate box:	Please check the appropriate box:
Support	☐ Wish to speak
Oppose	AND Do not wish to speak
Neither Support Nor Oppos	e Available to answer questions
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	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing:
Immigrant Workers union	/Unión de Trabajadores Inmigrantes
29 E. Wilson St. Madist	\mathbf{x}_{1}
Are you being paid for your representation?	☐ Yes ☐No
question.)	d duties for this person or organization? Yes No of complete the rest of this form If you answered "yes," go on to the next mmon Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

Are you an other gover	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(If you ansv 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 t that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go Room 103 d	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: $\sqrt{\frac{3}{9}}$

Registration		mmon Co	uncil		
Please Print					
		PLEASE	PRINT NAME CL	EARLY	
		Name	Conor M	J.CDh.	
Agenda No.	7	Address	co 1	twood	4~
				CIT	370Y
			Madison,	$-\omega_{-}$ 5	,
Please check the approp	riate box:		Please check	the appropria	te box:
☐ Support			☐ Wish to sp	peak	
Oppose		AND	Do not wi	sh to speak	
Neither Supp	ort Nor Oppose		∐ Available	to answer ques	itions
of who you represent and	TOP; you need not completed to the next question none number of each personance.	1)			provide the name
Are you being paid for you	our representation?			☐ Yes	№ No
	t of your other paid duties STOP; you need not comp			☐ Yes nswered "yes,"	☑ No go on to the next
Ir	ublic Hearing (Common C nformation Hearing Other Items		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 XNo (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 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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information) Signature

Date:	11	3	09	

Registrat	ion Statement -	Common C	ouncil		
Please Print			E PRINT NAME (CLEARLY	
Agenda No.	>)	Name Address	TYLER 1955 MADIS	ATWC	FFNER XD AUE
Please check the ap	propriate box:		Please che	ck the appropri	ate box:
Support Oppose Neither St	ipport Nor Oppo	AND se	🔀 Do not	o speak wish to speak ble to answer que	estions :
(If you answered "no	ou representing an org o," STOP; you need no and go on to the next	ot complete the resi			☐ No " provide the name
Name, address and te	elephone number of ea	ch person or organ	zation you are repr	esenting:	
Are you being paid f	or your representation	?		☐ Yes	⊠ No
	s part of your other pai o," STOP; you need n				⊠No " go on to the next
Speaking Limits:	Public Hearing (Co Information Hearin Other Items	g	3 minutes		

	하는 등 하장 보고 하는 등을 보고 있는 그는 내가 있는 사람들이 하는 것이 없는 것이 없는 것이 되었다. 그는 것은 사람들이 하는 것이 하는 것이 없는 것이다.
Are you an eother govern	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	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 Room 103 oj	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 11-	3-09 Signature 5
	Print Name ACER SCHNEFFNER

Date: NOV. 3 2009

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print		PLEASE P	RINT NAME CLEA	RLY (
Agenda No	7	Name Address	Dinusa Lu 2009 E. L Cladison, 1	ener-	Blake in Street 53704
Please check the app	ropriate box:		Please check the	appropria	te box:
Support Oppose Neither Su	pport Nor Oppose	AND	☐ Wish to spead☐ Do not wish t☐ Available to	o speak	stions
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: Lam from Operation Welcome to me					
<u> 1095-375</u>	7 or 241=	16/10		<u>``</u>	· · · · · · · · · · · · · · · · · · ·
Are you being paid for your representation?				∐ Yes	∐ No
	part of your other paid dutie " STOP; you need not com			Yes vered "yes,"	☐ No '' go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	3 n			

Are you an el other governr	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			
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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: 1/-3-09

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print					
			INT NAME CLEA		
Agenda No	7	Name Address	102 Cons	Jaym Jende 175	Truck Signal
Please check the app	propriate box:	/	Please check th	e appropria	ite box:
Support Oppose Neither Su	apport Nor Oppose	AND	☐ Wish to spea☐ Do not wish☐ Available to	to speak	stions
(If you answered "no	ou representing an organize, "STOP; you need not contained and go on to the next quest	mplete the rest of th		Yes vered "yes,"	☐ No provide the name
Name, address and to	elephone number of each po	erson or organization	ı you are representi	ng:	
					
Are you being paid for	or your representation?		·	Yes	No/
Are you appearing as (If you answered "no question)	part of your other paid dua," STOP; you need not co	ties for this person o implete the rest of th	r organization? is form. If you ansv	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items	3 mir	nutes		

Are you an elected official or employee who is appearing solely on behalf of your offic	e or for your	municipality	or
other governmental body?	Yes Yes	Mo	

(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:

- Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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- 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 11-3-09

Signature

Print Name

Date: 1103/09

Registration Statement	Common Council committee
Please Print	PLEASE PRINT CLEARLY
Agenda No. 5741	Name Sandy Welander Address 1841 Beld St Malgor, WI 53713
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an organ (If you answered "no." STOP: you need not	(1981년 - 1984년 1984
of who you represent and go on to the next quality. Name, address and telephone number of each	n person or organization you are representing: nomelys people and fund OWH
Are you being paid for your representation?	⊃ U Yes ∑No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an electother government	ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body?
6 - 1	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 being that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised
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	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
1	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 calculus City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 11 - 3 - 0 0

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print		PLEASE P	PRINT NAME CLEA	ARLY	1
Agenda No	- 17		REFFREN/ 2 1918 Turba Hichburg		MAN 73718
Please check the app	ropriate box:		Please check the	e appropria	te box:
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to spea Do not wish Available to	to speak	stions /
(If you answered "no,	u representing an organizate "STOP; you need not comand go on to the next questi	aplete the rest of	other than yourself: this form. If you answ	☐ Yes vered "yes,"	☑ No provide the name
Name, address and tel	ephone number of each per	son or organizat	tion you are representi	ng:	
		· · · · · · · · · · · · · · · · · · ·			
Are you being paid for	your representation?			Yes	ŊN6
	part of your other paid duti " STOP; you need not con			☐ Yes wered "yes,'	
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 r	minutes		

	elected official or employee who is a mental body?	ppearing solely on behalf of your office or fo	r your municipality or es V No
	ered "yes" to the question, STOP. Y you answered "no" to the question, y	ou need not complete the rest of this form, exc go on to the next question.)	ept that you must sign
If you are be that:	eing paid for your representation, or	r if your appearance is part of other paid dut	ies, please be advised
1.	Before you engage in lobbying as with the City Clerk	s a lobbyist, you or your principal must file ar	ı authorization
2	Your principal is not permitted t City Clerk.	o authorize you to lobby unless you are regis	stered with the
3.	• • •	we more than \$1,000 for lobbying services ir must file expense statements with the City	
	to the City Clerk's website <u>www.c</u> f the City-County Building, Madison,	ityofmadison.com/clerk/index.html or go to for more information.)	the Clerk's Office at
Date	Signatu Print No		MAN

	Date: 11/3/69
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Mitch Freund Address 201 N. Blair St. #207 Malson WI 53703
Please check the appropriate boxes:	FILLWYSH WL DUTO
Support Oppose Neither Support Nor Oppose	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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 q	t complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of each	h 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)	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 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?
	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	Signature
	Print Name

Date: 11/3/09

Negistration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name <u>Sanda Miller</u> Address <u>1239 Spaigut 57.</u> Madizin ut 53703
Agenda No. 57	1226 Constat St
	Address $\frac{1259}{1000000000000000000000000000000000000$
	Madison us 3-100
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose Ams	Do not wish to speak
Neither Support Nor Oppose	Se Available to answer questions
(If you answered "no," STOP ; you need not of who you represent and go on to the next q	anization or a person other than yourself: Yes No of complete the rest of this form. If you answered "yes," provide the name question.) The 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 ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes

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	o the question, STOP. You need to d "no" to the question, go on to t	not complete the rest of this form, except that you must sign he next question)
If you are being paid for that:	your representation, or if your	appearance is part of other paid duties, please be advised
	ou engage in lobbying as a lobby City Clerk	st, you or your principal must file an authorization
2 Your prin City Clerk		ze you to lobby unless you are registered with the
period (h		than \$1,000 for lobbying services in any reporting expense statements with the City Clerk for the
, -	Clerk's website <u>www.cityofmad</u> unty Building, Madison, for more	ison.com/clerk/index.html or go to the Clerk's Office at information)
Date Dylo7	Signature 💆	January De Mile
	Print Name	Sandle Gillster

Date: 14. B 2809

Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name CONNEV Wild
Agenda No.	Address 312 N. Bassett St. Apt. #3
Please check the appropriate box:	Please check the appropriate box:
□_ Support [☐ Wish to speak
Oppose	AND Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
Treither Support Ivor Opposi	
At this meeting are you representing an orga-	nization 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 q	uestion)
Name, address and telephone number of each	h person or organization you are representing:
\(\sigma\)	it person of organization you are representing.
street tulse	
Glob University Au	1e Met 9
928-810-0972	
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)	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes 3 minutes

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Are you an electory	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 answered "no" to the question, go on to the next question.)
If you are bein that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date 3 M	v. 2009 Signature Anne Mall
	Print Name Onne Will

		CITY OF MADISON
Registra	tion Statement	Common Council
		COMMITTEE
Please Print		
		PLEASE PRINT CLEARLY
	~ 7	Name FANFIE CIEUTERS
Agenda No		Address 147 KENSINDTALDI
		MAD1501 53701
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Are you being paid t	for your representation?	☐ Yes ☐ Ño
		duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing.	amon Council)5 minutes 3 minutes 3 minutes

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 are beinthat:	ng 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
	Print Name

		CITY OF MADIS		
Registra	tion Statement	Common Coul	ncil	
Please Print				
		PLEASE PRIN	T CLEARLY	
		Name	Sandra loli	Kildson
Agenda No.	57	Address	1214 Elizab	eth st
			Sandra Toll 1214 Elizab Madison	53703
Please check the app	propriate boxes:			
Support Oppose	upport Nor Oppose	and	Wish to speak Do not wish to spea Available to answer	
(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 th	her than yourself: \[\] \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	—— ·.
Name, address and t	telephone number of each	n person or organizatio	on you are representing:	
Are you being paid	for your representation?			Yes No
Are you appearing a (If you answered "n question.)	as part of your other paid no," STOP ; you need not	duties for this person complete the rest of the	or organization? \[\sum \] \ this form If you answered "	Tes
Speaking Limits:	Information Hearing	mon Council) 5 mi 3 mi	inutes	

ta di tanàna ao amin'ny faritr'i North ao amin'ny faritr'i North ao ao amin'ny faritr'i North ao ao ao ao ao a	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 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: //-3-09

CITY OF MADISON

Registration Statement - Common Council

	COMMITTEE		
Please Print		ASE PRINT CLEARLY	
	THE PROPERTY OF THE PARTY OF TH	M. Mall H	<u>/</u>
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Agenda No. 77 5	Addr Addr	ess d/0 // armette	\mathcal{L}
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Please check the approp	mate doxes.		
Support		and Wish to speak	
Oppose		Do not wish to speak Available to answer question	ins
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At this meeting are you (If you answered "no,"	representing an organization or a p STOP; you need not complete the	person other than yourself: Yes rest of this form. If you answered "yes," pr	☐ No ovide the name
of who you represent ar	nd go on to the next question)		
Name address and teler	phone number of each person or or	ganization you are representing:	
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615	a. Wash. as	ul.	
Are you being paid for	your representation?	Yes	☐ No
	art of your other paid duties for this STOP; you need not complete the	s person or organization? Yes e rest of this form. If you answered "yes," go	☐ No o on to the next
Speaking Limits:	Public Hearing (Common Council)5 minutes	
	Information Hearing		
	Other Items	minues Commission Commission Commission Commission Commission Commission Commission Commission Commission Comm	

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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?
(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
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(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 Clerk's Office at the City-County Building, Madison, for more information)
Date //-	3-D9 Signature Muhan Schmith
	Print Name

Date: 11-3-09

Registration Statement -	Common Council
Please Print	DI FACE DOMENIANE OF FADILY
	PLEASE PRINT NAME CLEARLY
	Name Mary Carbine
Agenda No. 👤 🖊	Address GIS E. Washing for Aug
	Madison WI 53708
Please check the appropriate box:	Please check the appropriate box:
⊠ Support	✓ Wish to speak
Oppose	AND Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name question)
Name, address and telephone number of each	ch person or organization you are representing:
Madis	on Central BIO
	E. Washington Ave.
	dism WI 53703
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 not complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 //-	3-09 Signature //// (by)
	Print Name $\frac{1}{\sqrt{100}}$

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Wesley Morrow Address 245 S. Park #507 Wal W 53713
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND Wish to speak Do not wish to speak Available to answer questions
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 qu	complete the rest of this form. If you answered "yes," provide the name
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 (If you answered "no," STOP; you need not 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	mon Council)5 minutes 3 minutes 3 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?
	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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	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
- 1111 1	Print Name

Date: 11/3/09

Registra	tion Statement -	Common Cou	uncil	
		COMMITTEE		
Please Print		PLEASE PRI	INT CLEARLY	
		Name	Fre Their	
Agenda No.		Address)	Fric Theis 1239 Spaight	
		Audicos		
Please check the ap	propriate boxes:			
☐ Support		and		
Oppose			Do not wish to speak	
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			강국 수학 설립 수학 본 <u>원</u> 인 기반별.	
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	no," STOP; you need no nt and go on to the next q		this form If you answered "yes," pr	ovide the name
oj who you represer	u unu go on to the next q	uestion)		
Name, address and	telephone number of eac	h person or organizati	ion you are representing:	
Are you being noid	for your representation?		□v [
Are you being paid	tor your representation?		Yes [<u>≯</u> N0>
Are you appearing a	as part of your other paid	duties for this person	or organization?	₹ N o
	no," STOP; you need no	t complete the rest of	this form. If you answered "yes," go	on to the next
question)				
Speaking Limits:	Public Hearing (Com	mon Council)5 m	inutes	
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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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
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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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name
	"我们是没有的一样,我们就是一个大学,我们就是一个大学的,我们就是一个大学的,我们就是一个大学的,我们就是一个大学的,我们就是一个大学的。"

Date:	II	-3	-0	-	Ä	
Date:	<u> </u>	<u>- 5</u>	<i>- 0</i>	•		

Registration	on Statement	Common C	ouncil			
Please Print		COMMITTEE				
Tiedse Tillia		PLEASE	PRINT N	AME CLEA	\RLY	
		Name	1 Nesle	2× (Ma	wone	
Agenda No.		Address	245	S. Pak	r ≠s	502
			34 July 2017	WI C		2
Please check the appr	ropriate box:		Plea	ase check the	e appropria	te box:
☐ Support	Regard (10 dia 17 met) Santania (17 met)		1 0	Wish to spea	k	
Oppose		AND		Do not wish Available to		tione
Neither Su	pport Nor Oppose			Available to	answer ques	LIONS
At this meeting are you (If you answered "no, of who you represent a	" STOP; you need not	complete the rest			Aest ered "yes,"	
Name, address and tele	ephone number of each	n person or organi	zation you a	re representir	ıg:	
Are you being paid for	your representation?				☐ Yes	No
Are you appearing as I (If you answered "no, question)					☐ Yes vered "yes,"	No go on to the next
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
	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 both	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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

Date: 11/11/09

Registratio	n Statement - <u>C</u>	ommon Coul	ncil		
	C	DMMITTEE			
Please Print					
		PLEASE PRIN'			
61		Name 🗡	EN'	SAIK	
Agenda No.		Address			
Please check the approp	riate boxes:				
⊠ Support		and		Wish to speak	
Oppose				Do not wish to speak	: :
Neither Supp	port Nor Oppose		XI '	Available to answer quest	IOHS
At this meeting are you	representing an organiza	tion or a person oth	er than	yourself: Yes	□No
(If you answered "no,"	STOP; you need not con	plete the rest of th		If you answered "yes," p	
of who you represent an	d go on to the next quest	ion.)			
Name, address and telep	hone number of each per	rson or organization	n you ar	e representing:	
KEN SAIKI					
309 G. PA	TERSON 81.				
MA10190N.	WI				
Are you being paid for y	our representation?			Yes	□No
Are you appearing as pa	rt of your other paid duti	es for this person o	r organi	ization? XYes	□No
				If you answered "yes,"	go on to the next
Speaking I imits	Public Hearing (Commor	Council) 5 mir	nntee		
_	nformation Hearing				
	Other Items				
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	lected official or emmental body?	ployee who is appea	ring solely on behalf of your office or for your municipality or			
			eed not complete the rest of this form, except that you must sign to the next question)			
If you are be that:	eing paid for your re	presentation, or if y	our appearance is part of other paid duties, please be advised			
1.	Before you engag with the City Cler		obbyist, you or your principal must file an authorization			
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.), the principal mus	nore than \$1,000 for lobbying services in any reporting it file expense statements with the City Clerk for the			
	to the City Clerk's the City-County Bui		madison.com/clerk/index.html or go to the Clerk's Office at more information)			
Date	3.07	Signature	WARDIN			
		Print Name	KEN SAIG			

	CITY OF MADISON
Registration Statement -	
Please Print Work Deck.	PLEASE PRINT CLEARLY
Agenda No. 57	Name KOSMAY LET Address III W WIJSON #168
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
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 of this form. If you answered "yes," provide the name
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 pai (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
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Date: __

	lected 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 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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name