

Date: 5/18/2016

# DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Co	ouncil	
Please Print  Agenda No. 3	<b>나</b> , ડ	PLEASE Name Address	PRINT NAME CLEAR TOM DUMPHY 27 N. BUTLER MADISON, W.	\ #30/
Please check o	ne:	AND	Please check:	
☐ Support ☐ Oppose ☐ Neither S	Support Nor Op	pose	Do not w	ish to speak
(If you answered "no of who you represent	and go on to the next q	complete the rest of uestion)		☐ Yes
Are you appearing as	or your representation?  part of your other paid  "STOP; you need not		n or organization?	☐ Yes ☐ No ☐ Yes ☐ No ed "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		minutes	

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, <b>STOP.</b> 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 that:	are beii	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 _	5/18	$8/2010$ Signature $\sqrt{2000}$
. J. 177 M.	/	Drint Name $1 - M_{\rm c} = 1 - M_{\rm c}$



# DO NOT WISH TO SPEAK FORM

Date:

## **CITY OF MADISON**

Registra	tion Statement	Common Co	ouncil		
Please Print  Agenda No.	76,64	PLEASE Name _ Address _	PRINT NAME CLE  CL; FF  109 NX  MXDS.	EARLY 155h 118NC 50V	1 &K ! OCK
Please check of	one:	AND	Please che	ck:	
Support			Do no	t wish to s	peak
Oppose					
At this meeting are y (If you answered "no of who you represent	Support Nor Oppour on representing an organity, "STOP; you need not the next quelephone number of each	nization or a persor complete the rest of uestion)	f this form. If you ans	swered "yes," <sub>l</sub>	No provide the name
Are you appearing as	or your representation? s part of your other paid o, "STOP; you need not			Yes Yes	ÀNo
question.)	r, BIVI, you need hol	compiete the Fest (	y mis joim. 13 you ans	iwereu yes,	go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3	minutes		

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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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 0	Signature  Print Name  Print Name



DO NOT WISH TO SPEAK FORM

Date: 5/18/2010

Registrat	ion Statement -	Common Co	ouncil	
Please Print		COMMITTEE	PRINT NAME CLEARL	
Agenda No. $\frac{3}{2}$	1,5,6 ,64	Name	SANDRA 1 441 N PAT	UA RD
Please check o	ne:	AND	Please check:	
<ul><li>☐ Support</li><li>☑ Oppose</li></ul>			Do not wi	sh to speak
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	o," <b>STOP;</b> you need not and go on to the next q	complete the rest of uestion)	other than yourself: [fthis form. If you answered this form are representing:	Yes Nod with the name
Are you being paid fo	or your representation?			Yes No
	part of your other paid," STOP; you need not			Yes No d "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	1	ninutes	

	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, <b>STOP.</b> 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 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	Signature
	Print Name



Date: 5/18/10

## DO NOT WISH TO SPEAK FORM

Registration Statement -	Common C	Council
Please Print		
	PLEASE	PRINT NAME CLEARLY
	Name	Patrick Mc Donne 11
Agenda No. 3, 4, 5, 6,	Address	YYI N. PATERSON
22, 64		MADISON, WI S3703
Please check one:	AND	Please check:
Support		Do not wish to speak
<b>Oppose</b>		
Neither Support Nor Op	200	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest uestion)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		son or organization?
Speaking Limits: Public Hearing (Com Information Hearing.		
Other Items		

	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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name



# DO NOT WISH TO SPEAK FORM

Date: 5//8//0

Registra	tion Statement -	Common Co	ouncil		
Please Print					
		PLEASE	PRINT NAME CLE	ARLY	
		Name	JIII G	eich	
Agenda No. <u>3</u>	-4-3	Address _	12301	Jo Mir	~11 to #10L
			Madiso		53705
Please check of	one:	AND	Please chec	<b>'k:</b>	
Support			Do not	wish to	speak
Oppose					
and the second second	Support Nor Op	DOSO			
(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 o westion.)	f this form. If you ansv		☑No provide the name
Are you being paid f	or your representation?			☐ Yes	□No
	s part of your other paid o," <b>STOP;</b> you need not			☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Com	化邻环烷基 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	医骶骨上 化邻亚基亚甲基 医二甲基甲基甲基甲基 医二甲基甲基甲基 医二甲二甲二甲二		
	Information Hearing Other Items	人名英格兰 医二氯甲基二甲基甲基二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	けったいしょがいたいしょうとう ちゃく かいいんだき 品により なっしゃ		

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?
	ered "yes" to the question, <b>STOP.</b> 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 Signature Print Name



		Date: 5-78-10	)
DO NOT WISH TO	O SPEAK FO	DRM	

## **CITY OF MADISON**

Registration	on Statement -	Common Co	ouncil		
Please Print					
		PLEASE	PRINT NAME CLE	ARLY	
Agenda No ~	9-5	Name Address	Tom Ben 123 West Medison	1 Washing	isten Ave
Please check on	<b>e:</b>	AND	Please chec		
Support			Do not	t wish to spe	eak
<b>Oppose</b>					
Neither Su	pport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent as Name, address and tele	STOP; you need not net q go on to the next q	complete the rest of uestion.)	f this form. If you answ		No wide the name
Ara you being said for					
Are you being paid for	your representation?			Yes	] No
Are you appearing as pa (If you answered "no," question.)					] No on to the next
	Public Hearing (Com Information Hearing Other Items		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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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Date	Signature Print Name



DO NOT WISH TO SPEAK FORM

Date:  $\frac{5/18/10}{}$ 

Registrati	on Statement	Common (	<u>Council</u>		
Please Print #3, 6, 4 Agenda No.	C22,64	Name	EPRINT NAME CL Doreen 504 Wrs Mady	Adan	nary v Ave
Please check of	1e:	AND	Please che		
Support Oppose			Do no	ot wish to	speak
(If you answered "no, of who you represent	" STOP; you need not and go on to the next qu	complete the res uestion)	son other than yourself:  It of this form. If you an  ization you are represe	iswered "yes,"	No provide the name
Are you being paid for	r your representation?			☐ Yes	□ No
	oart of your other paid "STOP; you need not		erson or organization? Set of this form. If you ar	☐ Yes nswered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing) Other Items		.3 minutes		

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?  Yes No
(If you answe this form. If y	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.)
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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: S/13///
DO NOT WISH TO SPEAK FORM

Registration Statemen	t - Common Co	ouncil
Dlogo Print		
Please Print	PLEASE	PRINT NAME CLEARLY
	Name	Jamie Manle
Agenda No. 24 (2)	Address	1215 Butle 5/
424		man u 33703
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor (	Oppose	
At this meeting are you representing an a (If you answered "no," STOP; you need	l not complete the rest o	other than yourself: Yes No f this form. If you answered "yes," provide the name
of who you represent and go on to the ne	ext question)	
Name, address and telephone number of	each person or organiza	tion you are representing:
MO COLDOR	late wel	lore la
Sove Bull	L Nistonie	Districk
Are you being paid for your representation	<b>011</b>	☐ Yes ☐ No
Are you appearing as part of your other part (If you answered "no," STOP; you need question.)		n or organization?
Information Hear	Common Council) 5 1 ing 3 1	minutes

		cted official or employee who is appearing solely on behalf of your office or for your muricipality or ental body?
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign unswered "no" to the question, go on to the next question.)
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date _	5/18	3 10 Signature AMU Melanella Print Name 2001 PM COMM



Date:	5/18	10	
		,	

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registrati	on Statement	Common (	Council			
Agenda No. 3, 4, 4 Support Edgewate		Name	E PRINT NAI Michae PO Box Madison	Enge 1 6472	berger	
Please check or	ie:	AND	Plea	se check:		
<b>Support</b>			X	Wish to	Speak	
Oppose						
Neither S	upport Nor Op	pose				
At this meeting are you (If you answered "no, of who you represent to Name, address and tell Construction 7/8 Post	"STOP; you need not and go on to the next que ephone number of each Labor Mana	t complete the resuuestion.) h person or organ	t of this form.	If you answere representing:		
Madison WI	53713	608-444-	5990			
Are you being paid fo	r your representation?				Yes	No
Are you appearing as (If you answered "no, question)	part of your other paid "STOP; you need no	duties for this pe t complete the re	erson or organizest of this form	zation? If you answer	X Yes ed "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 muni
	wered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name



Date:	05/	1/1/10	
	1	. ,	

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Statement -	COMMITTEE	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 3, 4, 6, 22+69	Name Address	MADISON WI 53-704
Please check one:	AND	Please check:
<b>Support</b>		Wish to Speak
Oppose		
Neither Support Nor O	ppose	
At this meeting are you representing an orgalized (If you answered "no," STOP; you need no f who you represent and go on to the next Name, address and telephone number of each	not complete the rest t question.)	of this form. If you answered "yes," provide the name
	9	U.V.
Are you being paid for your representation.  Are you appearing as part of your other pa (If you answered "no," STOP; you need no question)	id duties for this pers	Yes No  Son or organization? Yes No  t of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council)	3 minutes

-		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
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Date _		Signature Print Name



Date:	5/	18	10

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration	Statement - <u>Co</u>	mmon C	ouncil		·	
	COM	IMITTEE				
Please Print  #3/#6/#4/ Agenda No. #	# 22 / by	PLEASE Name _ Address _	PRINT NAI	WE CLEARLE WE D W G	ROWN	
Please check one:		AND	Plea	se check:		
Support	<u> </u>		$\boxtimes$	Wish to S	Speak	
Oppose						
Neither Supr	ort Nor Oppose	<b>:</b>				
At this meeting are you rep (If you answered "no," ST of who you represent and g Name, address and telepho	OP; you need not comp so on to the next question	lete the rest ( n)	of this form. I	f you answered	] Yes   N d "yes," provide	o e the name
			······································			
Are you being paid for you	u representation?				Yes XN	0
Are you appearing as part of (If you answered "no," ST question.)				-	Yes N d "yes," go on	o to the next
Info	olic Hearing (Common Cormation Hearing		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, <b>STOP</b> . 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:	

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registratio	on Statement	COMMITTEE	ouncil	· · · · · · · · · · · · · · · · · · ·	
Please Print  Agenda No.	3.4.6 My 4	PLEASE Name Address	PRINT NAME CLE  AMY SUPPLO  7908 Shwit	- (Mo.) Concle	
Please check on	e:	AND	Please che	ck:	
Support			Wish	to Speak	
Oppose					
Neither Su	ipport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	' <b>STOP;</b> you need not nd go on to the next q	complete the rest uestion)	of this form. If you ans	Yes No wered "yes," provide the noting:	ате
MANAGES	Sound's V				
Are you being paid for	your representation?			Yes No	
Are you appearing as p (If you answered "no," question.)				Swered "yes," go on to the r	next
	Public Hearing (Com Information Hearing Other Items		3 minutes		

	ther governmental body?						
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)						
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Date <u>5-1</u>	Signature Print Name Print Name						



DO NOT WISH TO SPEAK FORM

Date: 5/18/10

Registra	tion Statement -	Common Co	uncil		
Please Print					
		PLEASE	PRINT NAME	CLEARLY	
4,	27/2/	Name	Terri	Whealen	
Agenda No. <u>5, 4</u>	100,67	Address	4601	Tonyawa	tha .
			<u> Monor</u>	7a	
Please check	one:	AND	Please	check:	
🖄 Support			) Do	not wish to	speak
Oppose					
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an organo, "STOP; you need not at and go on to the next of telephone number of each	t complete the rest of question)	this form. If you	ı answefed "yes,"	□ No provide the name
Are you being paid	for your representation?			☐ Yes	₩No
	s part of your other paid o," <b>STOP;</b> you need no				XNo go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		ninutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
tin 🕶 - 🕶 talah dalah salah	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information)
Date	Signature
	게임도 하다면 하는 것으로 되었다. 그는 Harrie Nalle 이 기가 있는 것이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은



# DO NOT WISH TO SPEAK FORM

Date:

## CITY OF MADISON

Registra	tion Statement -	Common Co	<u>oùncil</u>	
Please Print				
		PLEASE F	PRINT NAME CLEARLY	
Agenda No.	36,422,64	Name Address	Jim Lowhert 85. B. Gorhan	
			Mail: -	
Please check of	ne:	AND	Please check:	
Support Support			Do not wish to speak	
Oppose				
	Support Nor Op			
(If you answered "no of who you represent	ana go on to the next q	t complete the rest of uestion.)	other than yourself: Yes No No of this form. If you answered "yes," provide the ation you are representing:	ne name
Are you being paid for	or your representation?		☐ Yes ☐ No	
Are you appearing as (If you answered "no question.)	part of your other paid ," STOP; you need not	duties for this persor complete the rest of	on or organization?	he next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		minutes	

Are you an elected official or employee who is appearing solely on other governmental body?	behalf of your office or for your municipality or Yes No
(If you answered "yes" to the question, <b>STOP.</b> You need not comple this form. If you answered "no" to the question, go on to the next qu	그렇지는 사람들이 되었다. 그 그 사람들은 사람들이 가지 않는 사람들이 되었다. 그는 그들은 사람들이 되었다. 그런 그 그들은 사람들이 되었다. 그런 사람들이 되었다. 그런 사람들이 되었다.
If you are being paid for your representation, or if your appearance that:	e is part of other paid duties, please be advised
1. Before you engage in lobbying as a lobbyist, you or with the City Clerk.	your principal must file an authorization
Your principal is not permitted to authorize you to City Clerk.	lobby unless you are registered with the
3. If your principal spends or will owe more than \$1,00 period (half year), the principal must file expense remainder of the calendar year?	
(Please go to the City Clerk's website <u>www.cityofmadison.com/c</u> Room 103 of the City-County Building, Madison, for more informati	
Date Signature	
Print Name	



Date: <u>78/6</u>

# DO NOT WISH TO SPEAK FORM

Registra	tion Statement - <sub>-</sub>	Common Co	uncil		
Please Print  PLEASE PRINT NAME CLEARLY  Name  Name  Address  Address  Address					
Please check of	one:	AND	Please chec	:k:	
Support Oppose	3,4,6,22,64		Do not	t wish to s	speak
	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organd, "STOP; you need not tand go on to the next quelephone number of each	complete the rest of uestion)	this form. If you answ	wered "yes,"	No provide the name
Are you being paid f	or your representation?			☐ Yes	<b>⊠</b> No
	s part of your other paid o, " <b>STOP;</b> you need not				
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items		ninutes		

	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, <b>STOP.</b> 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?
	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 578	Signature Shull

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## DO NOT WISH TO SPEAK FORM

Date: 5/18/10

## **CITY OF MADISON**

Registra	tion Statement	Common Cou	ncil		
Please Print  Agenda No.374	5  6  22   64	PLEASE PR Name Address	RINT NAME CLEA MARK S 3717 B Madi	IRLY <u>-hemm</u> BUSSe :	<u>el</u>
Please check of	one:	AND	Please chec	k:	
<b>Support</b>			Do not	wish to	speak
Oppose					
(If you answered "no of who you represent	ou representing an orga o," <b>STOP;</b> you need not and go on to the next q elephone number of eacl	complete the rest of the vest of the uestion.)	his form. If you answ		
Are you being paid for	or your representation?			☐ Yes	□No
	part of your other paid," STOP; you need not			☐ Yes vered "yes,"	☐ No go on to the next
Speaking Limits:	Information Hearing.	mon Council) 5 mi 3 mi 3 mi	nutes		

	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, <b>STOP.</b> 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
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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 fifthe City-County Building, Madison, for more information.)
Date	5/18/2010 Signature Mark Schemmel



Date: <u>5//8/10</u>

# DO NOT WISH TO SPEAK FORM

## **CITY OF MADISON**

Registration Statement	- Common Co	<u>ouncil</u>
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 3 5 6 4	Name ————————————————————————————————————	Sichard (atman 55 E Wilson Street Thadison 53703
Please check one:	AND	Please check:
Support Oppose		Do not wish to speak
☐ Neither Support Nor O	ppose	
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:		
Are you being paid for your representation	1?	☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.)	id duties for this person not complete the rest of	n or organization? Yes No No this form. If you answered "yes," go on to the next
Information Hearin	ommon Council)5 r ng3 r 3 r	ninutes

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?
and the second of the second o	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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date May	118,200 Signature Print Name Hichaed Jaman



Date: <u>5/18/10</u>

# DO NOT WISH TO SPEAK FORM

Registration	Statement	Common Co	ouncil		
Please Print  Agenda No. 3 5 6	,4,2Z		PRINT NAME CLEA Flew Sey 55 & Wik Nadison	ARLY C Serce Son S	Sifer) 7 3703
Please check one:		AND	Please chec	<b>k:</b>	
<ul> <li>Support</li></ul>					
At this meeting are you re (If you answered "no," S' of who you represent and Name, address and telepho	TOP; you need not go on to the next qu	complete the rest o uestion)	this form. If you answ	vered "yes,"	⊠ No provide the name
Are you being paid for you Are you appearing as part (If you answered "no," ST question.)	of your other paid			☐ Yes ☐ Yes wered "yes,"	⊠No ⊠No ' go on to the next
Inf	ormation Hearing	mon Council) 5 3	ninutes		

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?
The world was a second to the	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are beithat:	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 Rag	18,2010 Signature Eller Science Print Name Eller Seuferer



Registration Statement -	Common C	<u>ouncil</u>
Please Print		PRINT NAME CLEARLY
Agenda No. 3, 4, 6, 22, 64	Name Address	Jessica Zedler 2426 White Oak Trl
		Oregon WI 53575
Please check one:	AND	Please check:
<b>⊠</b> Support		Do not wish to speak
Oppose Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest question)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)		on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con 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?
· · · · · · · · · · · · · · · · · · ·	vered "yes" to the question, <b>STOP.</b> 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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	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: 5.18.16

Registration Statement	- Common Co	uncil	
Please Print			
	PLEASE	PRINT NAME CLEARLY	
	Name	BICH LYNCH	
Agenda No. 3, 6, 4	- Address	725 HURON HILL	
12,64		MADILION	
Please check one:	AND	Please check:	
<b>⊠</b> Support		Do not wish to speak	
Oppose			
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 e	not complete the rest of ct question.)	this form If you answered "yes," provide the	he name
Are you being paid for your representation		☐ Yes      Yoo	
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.)		n or organization? Tyes No finis form. If you answered "yes," go on to the second of t	the next
Information Hearing	ommon Council)5 r ng3 r 3 r	ninutes	

	elected official or employ nmental body?	vee who is appearing	solely on behalf of your office or for your mur	
	vered "yes" to the questio you answered "no" to th	けい メルスにはい こうたいち ちゅうにんちんじち 自む にっても けんこうん	not complete the rest of this form, except that yo he next question.)	u must sign
If you are b that:	peing paid for your repres	sentation, or if your	appearance is part of other paid duties, please	be advised
1	Before you engage in with the City Clerk	lobbying as a lobbyi	st, you or your principal must file an authoriza	tion
2	Your principal is not City Clerk.	permitted to authori	ze you to lobby unless you are registered with	the
3		e principal must file	than \$1,000 for lobbying services in any repore expense statements with the City Clerk for	
	to the City Clerk's web of the City-County Building	4、4、196、4、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、	son.com/clerk/index.html or go to the Clerk information.)	's Office at
Date	5.18.10	Signature	Ryl.	
		Print Name	作。アンソスでは、	



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Date:

Registration Statemen	t - Common C	<u>ouncil</u>
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 3, \$6,22,	Name — Address	TIM VALENTYN 2752 Cross Country Circle Verone, W1 53593
Please check one:	AND	Please check:
Support Oppose (5) Neither Support Nor (	Oppose	Do not wish to speak
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the new Name, address and telephone number of	l not complete the rest ext question)	of this form. If you answered "yes," provide the name
Are you being paid for your representation	on?	☐ Yes ☐ No
Are you appearing as part of your other part (If you answered "no," STOP; you need question)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Information Hear	Common Council)	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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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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.)
DateS	호수를 받는 것을 받는 것으로 가는 것이 없었다. 그는 것은 모든 것으로 보고 있는 것으로 보고 있는 것으로 보고 있는 것으로 가는 것으로 보고 있다. 그는 것은 것은 것으로 가는 것으로 없다. 그
on and the College and Australia	Print Name (IM & VALEAUTYA)



Date: 5/18/13

## **CITY OF MADISON**

Registra	tion Statement	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME (	CLEARLY	
		Name _	SAM LA	ORENE	
Agenda No. $\frac{3}{4}$	1,6,6'4	Address _	WOODBURN		
			MADISON	化二氯磺基甲基基甲基基甲基二甲基甲基甲基甲基	
Please check	one:	AND	Please c	heck:	
<b>Support</b>			⊠ Do	not wish to	speak
Oppose					
At this meeting are y (If you answered "n	Support Nor Opp  you representing an organ o," STOP; you need not of t and go on to the next qui	ization or a person complete the rest o	other than yourse f this form. If you	lf:	⊠(No " provide the name
Name, address and t	elephone number of each	person or organiza	tion you are repre	senting:	
Are you being paid f	or your representation?			☐ Yes	□ No
Are you appearing as (If you answered "no question.)	s part of your other paid do," <b>STOP;</b> you need not d	uties for this perso complete the rest o	n or organization? f this form. If you	Yes answered "yes,'	☐ No "go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3	minutes		

(SEE BACK)

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> 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
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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 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 fithe City-County Building, Madison, for more information)
Date	Signature
	Print Name



Date: May 18, 2010

DO NOT WISH TO SPEAK FORM

Registra	ition Statement - ַ	Common C	<u>ouncil</u>		
Please Print		PLEASE	PRINT NAME-CLE	-ARIY	
4	<del>4</del> ,2214	Name	Tuet 15	28m/C	
Agenda No	3622101	Address	101 Aca	INT (I)	<u>12</u> 53717
Please check	one;	AND	Please che		
Support			Do no	t wish to	speak
Oppose					
<b>Neither</b>	Support Nor Opj	oose			
(If you answered "n of who you represer	you representing an organio," STOP; you need not at and go on to the next que telephone number of each	complete the rest of uestion)	of this form. If you ans		No No provide the name
Are you being paid	for your representation?			☐ Yes	□ No
Are you appearing a (If you answered "n question.)	s part of your other paid o," <b>STOP;</b> you need not	duties for this perso complete the rest o	on or organization? of this form. If you ans	Yes wered "yes,	☐ No " go on to the next
Speaking Limits:	Public Hearing (Coming 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?
(If you answ this form. If	vered "yes" to the question, <b>STOP.</b> 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

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Date:



# DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME	CLEARLY	
Agenda No. 3	t,664,22	Name	Renée 138 Loi	Cairns rillard C	7
Please check o	ne:	AND	Please	check:	
Support Oppose			⊠ Do	not wish to	speak
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga," STOP; you need not and go on to the next q lephone number of eac	t complete the rest o nuestion)	f this form. If you	u answered "yes,'	No' provide the name
Are you being paid fo	r your representation?			☐ Yes	
그러 그 그리고 하는 이 사람들이 되는 것이 되는 것이 되는 것이 그리고 있다.	part of your other paid "STOP; you need not			en di en la calabate <del>la calabate</del> de la calabate d	
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

	n elected official or employee who is appearing solely on behalf of your rumental body?	office or for your municipality or Yes Xo				
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of th If you answered "no" to the question, go on to the next question.)	is form, except that you must sign				
If you are beithat:	being paid for your representation, or if your appearance is part of oth	er paid duties, please be advised				
1.	Before you engage in lobbying as a lobbyist, you or your principal with the City Clerk	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 clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spends or will owe more than \$1,000 for lobbying period (half year), the principal must file expense statements wi remainder of the calendar year?					
and the second of the second o	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> of the City-County Building, Madison, for more information.)	or go to the Clerk's Office at				
Date	5/18/8 Signature Print Name Rence Ca	12 Irns				



Date: 5/8/2010

## DO NOT WISH TO SPEAK FORM

Registrat	ion Statement - ַ	Common C	ouncil	
Please Print				
		PLEASE	PRINT NAME CLEARLY	
Agenda No. 311	60 CB		Tina Kurt	
Agenda vo.		Address	Facuton IVI 53534	
Please check o	ne:	AND	Please check:	
Support			Do not wish to spea	<b>k</b>
Oppose				
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.)	n other than yourself: Yes	No de the name
Almana)	Coperpose			
Are you being paid for	r your representation?		Yes 1	Vo
	part of your other paid "STOP; you need not		on or organization? Yes 1 of this form. If you answered "yes," go on	No to the next
Speaking Limits:	Public Hearing (Coming Information Hearing.) Other Items		minutes	

ロー・フィー しん 優先な たいかん かんかんし	n elected official or employee who is appearing solel ernmental body?	y on behalf of your office or for your municipality or Yes No				
	swered "yes" to the question, <b>STOP.</b> You need not co If you answered "no" to the question, go on to the ne	omplete the rest of this form, except that you must sign ext question.)				
If you are b that:	being paid for your representation, or if your appearance	arance is part of other paid duties, please be advised				
1.	Before you engage in lobbying as a lobbyist, yo with the City Clerk	ou or your principal must file an authorization				
2	Your principal is not permitted to authorize you	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 period (half year), the principal must file expremainder of the calendar year?					
	o to the City Clerk's website <u>www.cityofmadison.c</u> of the City-County Building, Madison, for more info	com/clerk/index.html or go to the Clerk's Office at rmation.)				
Date	Signature					
	Print Name					



Date:  $\frac{5}{10}$ 10

## DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil	
Please Print			
	PLEASE	PRINT NAME CLEARI	_ <b>Y</b>
Agenda No. 3, 4, 6, 22, 64	Name	Shqron A. 28	-la-la-
Agenda No. $J_1 J_1 U_1                             $	Address	18 High Po.	医二乙酰胺 医二氯甲基乙基异甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲
		Apt 23,1	16 16 22 , 161 53716
Please check one:	AND	Please check:	
<b>⊠</b> Support		🛛 Do not w	ish to speak
Oppose			
Neither Support Nor Op	pose		
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 Name, address and telephone number of each	t complete the rest o question.)	f this form. If you answere	∐ Yes
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.)			Yes No ed "yes," go on to the next
Speaking Limits: Public Hearing (Con 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, <b>STOP.</b> 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: 5/18/10

Registrati	on Statement	Common Committee	<u>ouncil</u>	
Please Print  Agenda No. 31	16,22,64		PRINT NAME CLEARLY  SANOY: LEWANDOWSLÓ  2424 WHIJE DAICT()  Oregon, wi	
Please check of Support  Oppose  Neither S	ne: [	AND	Please check:  Do not wish to speak	
(If you answered "no, of who you represent	" <b>STOP;</b> you need not and go on to the next qu	complete the rest ouestion)	on other than yourself:  Yes No of this form If you answered "yes," provide the nation you are representing:	me
Are you appearing as	Public Hearing (Com	complete the rest of the rest of the complete the rest of the complete the complete the complete the rest of the rest of the rest of the complete the rest of the rest of the rest of the complete the rest of	of this form. If you answered "yes," go on to the no	ext
	Information Hearing Other Items	- 1.15 (4) (1) きょうしきょうしょ さきがんぶん かたいがん かんかんかん	大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大	

	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, <b>STOP.</b> 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				
	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 state of the s	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: 5/18/10

# DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common Co	ouncil	iking di Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn	
Please Print					
		PLEASE	PRINT NAME CLE	ARLY	
		Name	Dave }	Snoche	
Agenda No. 💆	6,4,22,	Address	5806	Old San	Ú/
	64			2 101	
Please check of	one:	AND	Please che	ck:	
X Support			Do no	t wish to spea	k
Oppose					
	Support Nor Op	2000			
(If you answered "no of who you represent	ou representing an orga o," STOP; you need not and go on to the next q	t complete the rest o uestion.)	f this form. If you ans		No le the name
Are you being paid for	or your representation?			☐ Yes ☐ N	Jo
Are you appearing as (If you answered "no question.)	part of your other paid," STOP; you need not	duties for this perso complete the rest o	n or organization? f this form. If you ans	☐ Yes ☐ N wered "yes," go on	lo to the next
Speaking Limits:	Public Hearing (Com	mon Council)5	minutes		
	Information Hearing. Other Items				
			다는 동편 전 전 보는 것이라고 말았다. 지나 사람들이 다른 것이라고 있는 것이다.		

Are you an elect other governmen	ed official or employee who is appearing solely on behalf of your office or for your municipality or Labour 1 L
(If you answered this form. If you	"yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you are being that:	paid for your representation, or if your appearance is part of other paid duties, please be advised
ようしゅ きょうしょ かんしゅんしょ しゅうしょ だんりょう	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
r	f 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 emainder of the calendar year?
(Please go to t Room 103 of the	he City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 5/18/20[0]
DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common Committee	<u>ouncil</u>		
Please Print  Agenda No.			PRINT NAME CL Waync	EARLY R. P.A.	6170 K
Please check	one: 43#6,#4,#6 -#5	And And 22,7469	Please che	eck:	peak
	Support Nor Op	pose			
(If you answered "r of who you represer	you representing an organ, "STOP; you need not and go on to the next of the next of each of the next of the next of each of the next of th	ot complete the rest of question.)	of this form. If you an	sswered "yes," j	No provide the name
Arota baironid					X <sub>N</sub>
Are you appearing a	for your representation? s part of your other paid o," STOP; you need no	d duties for this perso		☐ Yes ☐ Yes nswered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	y3	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 (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 1. 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: 5/18/2010

Registrat	ion Statement -	Common Co	<u>ouncil</u>		
Please Print		PLEASE I	PRINT NAME CLEA	ARLY	
Agenda No.		Name Address	Kathy Per	terson akhrook	Circle
Please check o	ne:	AND	Please chec	:k:	
Support Oppose	#3, #6, #4,# #	-22 #64	Do not	wish to spe	:ak
	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga," STOP; you need not and go on to the next q lephone number of each	t complete the rest of uestion.)	this form. If you ansy		]No vide the name
Are you being paid fo	or your representation?			∏Yes [ <sup>⊄</sup>	1No
Are you appearing as	part of your other paid "STOP; you need not			☐ Yes ∠	]100
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3 1	ninutes		

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 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 5	Signature Kathy Reteron  Print Name Kathy Reterson



Date: <u>5/18/16</u>

## DO NOT WISH TO SPEAK FORM

Registration	Statement	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLE	:ARLY	
Agenda No. <u>3, 6, 9,</u>	22.464	Name	Juda <u>s</u> 7614 s Madiscon,		- RZ
Please check one:		AND	Please che	ck:	
Support Oppose			☐ Bo no	t wish to spe	eak
	oort Nor Opp	ose			
At this meeting are you rep (If you answered "no," ST of who you represent and g Name, address and telepho	OP; you need not c go on to the next que	omplete the rest o	f this form. If you ans	wered "yes," pro	☐ No ovide the name
Are you being paid for you					
Are you appearing as part of (If you answered "no," ST question.)	of your other paid do			Yes	INo INO on to the next
Info	olic Hearing (Commormation Hearing er 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
	pered "yes" to the question, <b>STOP.</b> 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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	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: 5/8/0

## DO NOT WISH TO SPEAK FORM

Registration	Statement	Common Cou	ıncil		
Please Print					
1 Case 1 Till		PLEASE P	RINT NAME CLEA	RLY	
		Name	Your C	UZ	
Agenda No. #3#4,#	6 +22 +CA	Address	IN PN	CKNEY	
Please check one		AND	Please checl	<b>k:</b>	
<b>Support</b>			<b>Do not</b>	wish to sp	eak
Oppose					
Neither Sup	port Nor Opp	ose			
At this meeting are you re (If you answered "no," S of who you represent and Name, address and teleph	TOP; you need not go on to the next qu	complete the rest of lestion.)	this form. If you answe		MNo ovide the name
Are you being paid for yo	ur representation?			Yes	No
Are you appearing as part (If you answered "no," S question.)					No on to the next
$\ln$	formation Hearing	non Council)5 m 3 m 3 m	inutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	vered "yes" to the question, <b>STOP.</b> 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
	Print Name



Date: <u>5-18-10</u>

Registration State	ment - Common Co	<u>uncil</u>
Please Print		
	PLEASE P	RINT NAME CLEARLY
Agenda No. 3,5,6,4	Name	HICE ///OWDROW 4326 Southern COKER
22+1/4		-Mad 5319
Please check one:	AND	Please check:
Support 3, 4, 6,	22-64	Do not wish to speak
Oppose #5		
Neither Support N	Nor Oppose	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to Name, address and telephone num	u need not complete the rest of the next question)	this form. If you answered "yes," provide the name
- Zill Mewill		
<u> </u>	Maleus	
Are you being paid for your repres	entation?	☐ Yes No
Are you appearing as part of your of (If you answered "no," STOP; you question.)		or organization? Yes No this form. If you answered "yes," so on to the next
Information	ring (Common Council)5 n n Hearing3 n s3 n	ninutes

and the first of Table 1 and the		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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you as	re beir	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	2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
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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	5/1	18/10 Signature ####################################
		Print Name  -///// -///// -///// -///// -///// -///// -///// -///// -///// -/// -/// -//// -// -/// -/// -//



Date:

### CITY OF MADISON

Registrat	ion Statement -	Common C	<u>ouncil</u>		
Please Print		PLEASE	PRINT NAME CLE	EARLY, L	
Agenda No. 3, 4,	4,22,64	Name Address	Milliam K 4822 a Madison,	Wh.74 DOCABUY WI S	NA- 371/
Please check o	ne:	AND	Please che	ck:	
Support			-   Do no	t wish to	speak
Oppose					
At this meeting are you (If you answered "no of who you represent	Support Nor Op  ou representing an organ  ou	nization or a perso complete the rest uestion.)	of this form. If you ans	wered "yes,'	X  No ' provide the name
Are you being paid for	r your representation?			☐ Yes	M No
Are you appearing as (If you answered "no question.)	part of your other paid." STOP; you need not	duties for this pers complete the rest	on or organization? of this form. If you ans	Yes wered "yes,"	☐ No "go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3	minutes		

(SEE BACK)

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?     Yes   No
	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 bei that:	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 the City-County Building, Madison, for more information.)
Date	Signature William R Mitter



Date:

## **CITY OF MADISON**

Registra	tion Statement -	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
		Name			
Agenda No. 3	6,22,64,4		JOHN A. BH		
			SBILL SCARLE		37//
Please check	one:	AND	Please check	4 (14 14 14 14 14 14 14 14 14 14 14 14 14 1	
Support			Do not	wish to sp	oeak
<b>Oppose</b>	( <del>5</del> )				
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	t and go on to the next o	t complete the rest question.)	on other than yourself: of this form. If you answ zation you are representing	vered "yes," p	No rovide the name
Are you being paid	for your representation?			化层层 电电路电影电路电影电路电路	□No
	s part of your other paid o," <b>STOP;</b> you need no		son or organization? of this form. If you answ	grade to the control of the control	UNo ro on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes		

(SEE BACK)

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?			
The second secon	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 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 <u>5/</u>	18/20(0 Signature WBUK Print Name DHW A. BALTES			



Date: <u>578-10</u>

## DO NOT WISH TO SPEAK FORM

Registrati	on Statement	COMMITTEE	ouncil		
Please Print		PI FASE	PRINT NAME CLE	ADI V	
Agenda No. <u></u>		Name	Dave Beek 921 Buni Madison		a Weey
Please check or	1e:	AND	Please chec	<b>k:</b>	
Support Oppose			Do not	wish to	speak
At this meeting are yo (If you answered "no, of who you represent of who and the Name, address and teless.)	" STOP; you need not and go on to the next q	nization or a person complete the rest o uestion)	f this form. If you answ		Provide the name
Are you being paid for Are you appearing as a (If you answered "no, question.)	part of your other paid			Yes Yes vered "yes,"	□ No □ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	ninutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
(If you answ this form. If	ered "yes" to the question, <b>STOP.</b> 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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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

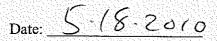


Date: 5-18-10

# DO NOT WISH TO SPEAK FORM

Registi	ation Statement -	Common Co	<u>ouncil</u>	
Please Print				
Agenda No.	4	Name	PRINT NAME CLEARLY  STEVE BREAT OW  16025 PARK STE	
Please check	one:	AND	MAO/S でん Please check:	
<b>Suppor</b>	¢		Do not wish to speak	
Oppose				
At this meeting are (If you answered " of who you represe	you representing an organ no," STOP; you need not nt and go on to the next que telephone number of each	nization or a person of complete the rest of uestion.)	this form. If you answered "yes," provide the na	ime
BCTC	SCW T	RADES	ion you are representing:	
Are you being paid	for your representation?		☐ Yes 【XNo	
Are you appearing a (If you answered "n question.)	is part of your other paid of oo, "STOP; you need not o	luties for this person complete the rest of i	or organization? Yes No this form. If you answered "yes," go on to the ne	ext
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3 m	inutes	

化结合性原基性 计正常设施 经收集 经间接收益	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, <b>STOP.</b> 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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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





Registrati	on Statement -	Common C -committee	ouncil		
Please Print		DI EASE	PRINT NAME CLE	ADIV	
16			JEFF Po 350 S.		ky,
Agenda No.		Address	350 S. MADIS		
Please check or	ıe:	AND	Please che		
<b>Support</b>			Do no	t wish to sp	eak
Oppose .					
Neither S	ipport Nor Op	pose			
(If you answered "no, of who you represent a Name, address and tele	nd go on to the next q	juestion)			
Are you being paid for	your representation?			☐ Yes ]	<b>X</b> No
Are you appearing as p (If you answered "no," question.)				☐ Yes {	<b>Z</b> No
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		minutes		

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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.)
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The second secon	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 5 - \	Signature Son Polymory  Print Name SEFF POLTAWSKY



Date: 5/8/1

## DO NOT WISH TO SPEAK FORM

Registra	tion Statement - ַ	Common Co	ouncil		
Please Print  Agenda No.		Name	PRINT NAME CLE KATHYROVE 7422 FAR NAPONN W	BIPWE MINGTU	
Please check	)ne:	AND	Please che	ek:	
Support Oppose			Do no	t wish to	speak
(If you answered "n of who you represen	you representing an orga o," <b>STOP;</b> you need not t and go on to the next q elephone number of eacl	t complete the rest o uestion.)	f this form. If you ans	swered "yes,"	No provide the name
	or your representation?	duties for this perso	n or organization?	☐ Yes	Ž\No ₩DNo
	o," <b>STOP;</b> you need not				go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 i	ninutes		

Are you an e	elected official or employee who is appearing solely on behalf of your office or for your municipality or
other govern	mental body? ☐ Yes ☐ No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fighther the Clerk's office at fighther the City-County Building, Madison, for more information.)
Date 5	1810 Signature Kuha Brow
	Print Name