Date: 5/18/10

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.	22	Name 10m LISK Address 1111 Willow Lone Whileson, wet 53402
Please check the app	propriate box:	Please check the appropriate box:
At this meeting are you (If you answered "no, of who you represent	," STOP; you need not compand go on to the next question	Wish to speak Do not wish to speak Available to answer questions on or a person other than yourself: Other the rest of this form. If you answered "yes," provide the name on.) son or organization you are representing:
	or your representation?	☐ Yes 💢 No
		s for this person or organization? Yes No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	

Are you an elected official or enother governmental body?	nployee who is appearing solely on behalf of your office or for your municipality or Yes No
, , ,	nestion, STOP. You need not complete the rest of this form, except that you must sign to the question, go on to the next question)
If you are being paid for your ithat:	representation, or if your appearance is part of other paid duties, please be advised
1. Before you enga with the City Cle	ge in lobbying as a lobbyist, you or your principal must file an authorization erk.
2. Your principal is City Clerk.	s not permitted to authorize you to lobby unless you are registered with the
	spends or will owe more than \$1,000 for lobbying services in any reporting at), the principal must file expense statements with the City Clerk for the calendar year?
	Signature website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at wilding, Madison, for more information. Signature
	Print Name Thomas Link



Date: 5-18-10

WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement	Common C	ouncil		· ————————————————————————————————————
Please Print Agenda No. 3	6,22,64		1	ME CLEARLY USSON E. GOVHAM	
Please check o	ne:	AND	Plea	ase check:	
Support			X	Wish to Spea	k
Oppose	0.8				
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organ organ organ organ organ organ or seed not and go on to the next quelephone number of each	complete the rest uestion.)	of this form.	If you answered "yes,	No " provide the name
			· · · · · · · · · · · · · · · · · · ·		
Are you being paid for	or your representation?			∐ Yes	∐ No
	s part of your other paid o, "STOP; you need not	_	_		☐ No ," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		

	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 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	Signature
	Print Name



Date:	

WISH TO SPEAK FORM

CITY OF MADISON

Registration Sta	tement - Common (Council	
Please Print	PLEASI	EPRINT NAME CLEARLY	. ~ 43
Agenda No. 3,2	Name Address	1108 E Gorham Madison WI	na M St
Please check one:	AND	Please check:	
Support		Wish to Speak	
Dppose			
Neither Support	Nor Oppose		
At this meeting are you represe (If you answered "no," STOP ; of who you represent and go on	you need not complete the res	on other than yourself: Yes XNo t of this form. If you answered "yes," provide the	ıe name
Name, address and telephone no	ımber of each person or organ	ization you are representing:	
·			·
Are you being paid for your rep	resentation?	☐ Yes D\No	
Are you appearing as part of yo (If you answered "no," STOP; question.)	ur other paid duties for this pe you need not complete the res	rson or organization?	he next
Informa	Iearing (Common Council) tion Hearing ems	3 minutes	

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
		ed "yes" to the question, STOP. 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 that:	are 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	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
	3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)		
Date _	***	Signature		
		Print Name		



Date:	
	-

WISH TO SPEAK FORM

CITY OF MADISON

Registrati	on Statement	COMMITTEE	ouncil		
Please Print Agenda No. 3	5,6,22	PLEASE Name Address	PRINT NAI	MECLEARLY Land Waube	sness esa St
Please check or	ne:	AND	Plea	se check:	
Support			X	Wish to Spe	ak
Oppose			-		
At this meeting are you (If you answered "no,	upport Nor Oppout representing an organ," STOP; you need not and go on to the next qu	nization or a perso complete the rest	on other than y	yourself:	<u> </u>
	lephone number of each		zation you are	representing:	
Are you appearing as	r your representation?	duties for this per	son or organiz	☐ Yezation? ☐ Ye	es 🗌 No
(If you answered "no, question)	." STOP; you need not	complete the res	t of this form	If you answered "yo	es," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing				

_	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
		ed "yes" to the question, STOP. 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 that:	are bein	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 ne City-County Building, Madison, for more information)			
Date _		Signature			
		Print Name			



Date: 5/18/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common (Council		· ·
Please Print Agenda No. 3,5, 6,22,64	Name	Muzear 454	ME CLEARLY ET BERGAM N FRU M W	W)
Please check one:	AND	Plea	se check:	
Support 5			Wish to Speak	
Oppose 3, 6, 22, 64				
Neither Support Nor Op	pose			
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	complete the rest uestion)	of this form. I	f you answered "yes,"	☑ No provide the name
Are you being paid for your representation?			☐ Yes	No No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this pers complete the rest	son or organiza of this form. I	ation? Yes "I you answered "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?	
	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	
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk	
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f If the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



	Date:	

CITY OF MADISON

WISH TO SPEAK FORM

Registration Statement	- Common C	Council	
<u>Please Print</u>	_ PLEASI	E PRINT NAME CLEA	ARLY
Agenda No. 3, 5, 6, 32, 64		DAVID MOL 1501 MORK MADISON	LENHOFF RISON ST. WI 53703
Please check one:	AND	Please chec	
⊠ Support #5		Wish	to Speak
Oppose #3, 6, 22, 64	•	-	
Neither Support Nor C)ppose		
At this meeting are you representing an or (If you answered "no," STOP; you need of who you represent and go on to the next Name, address and telephone number of e	not complete the rest st question.)	t of this form. If you ansv	
Are you being paid for your representation. Are you appearing as part of your other part (If you answered "no," STOP; you need question.)	aid duties for this per		☐ Yes ☐ No ☐ Yes ☐ No vered "yes," go on to the next
Information Heari	ommon Council)	3 minutes	

-	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No				
137	ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)				
If you are be that:	ring paid for your representation, or if your appearance is part of other paid duties, please be advised				
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	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: 5/18/10

WISH TO SPEAK FORM

Registratio	on Statement	Common Cou	ncil		
Please Print Su	pper	COMMITTEE PLEASE PR	INT NAME CLE	<u>:</u> ARLY	
3,5,6, Agenda No.	22,64	Name C	750 1 08 EAR 12000	Zavig ST Gi	- Iman
Please check on	& \ \ \ \ [AND	Please che	ck:	
Support			Wish	to Speak	
Oppose					
Neither Su	pport Nor Opp	oose			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not not go on to the next qu	complete the rest of thuestion.)	is form. If you ans		Do ropide the name
		-	U+L		
Are you being paid for y	your representation?			Yes	No
Are you appearing as pa (If you answered "no," question)	-	-	•	☐ Yes swered "yes," g	No on to the next
]		mon Council)5 mi 3 mi 3 mi	nutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)			
If you are beir 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 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.) Date Signature				
	Print Name EUGENE d. DVIN			



Date: 18 June 2010

WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement -		ouncil		
Agenda No.	ewater	PLEASE Name Address	PRINT NAME CLEA Robert Kle 1213 E. Mif	ARLY 66a Flin	
Please check o Support	ne:	AND	Please chec Wish	k: to Speak	
Oppose Neither Support Nor Oppose					
(If you answered "no of who you represent	and go on to the next q	t complete the rest of question.)		☐ Yes ☐ No vered "yes," provide the name	е
					-
Are you being paid fo	or your representation?			Yes No	_
	part of your other paid," STOP; you need no			Yes No No vered "yes," go on to the nex	t
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		minutes		

	ther governmental body?					
(If you answe this form. If y	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: 5 - 18 - 10

WISH TO SPEAK FORM

Registrati	on Statement -	Common C	ouncil	+ .	
Please Print	6,22	COMMITTEE	PRINT NAME CL	EARLY	10
Agenda No.	gewater	Name Address	David 1213 Fas	Wayo HMIFF	77
Please check or	ne:	AND	Please che	eck:	
Support			Wisl	h to Speak	
Oppose Oppose			/ `		
Neither S	upport 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 quephone number of each	t complete the rest juestion.)	of this form. If you an	swered "yes," p	No provide the name
Are you being paid for	r your representation?			Yes	□No
Are you appearing as	part of your other paid "STOP; you need not			Yes	
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		

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



DO NOT WISH TO SPEAK FORM

Date: _

CITY OF MADISON

Registra	ation Statement -	Common COMMITTEE	Council		
Please Print					
		PLEA	SE PRINT NAME C	LEARLY	7
		Name	01:0	PLIC	lix
Agenda No.	4664				(B)
Agenda No. (7)		Addres	s 109 N	KNWC	200/K
	<i>2</i>		MND	1500	
Please check	one:	AND	Please cl	ieck:	
Suppor			L ≯ Do r	ot wish to	speak
Oppose				시간 14 12 12 12 12 12 12 12 12 12 12 12 12 12	
Oppose					
Neither	Support Nor Op	pose			
		1901 10 12 12 13 13 14 14 17 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15			
	you representing an orga				No
	no," STOP; you need not nt and go on to the next q		st of this form. If you a	inswered "yes,"	provide the name
oj wno you represei	m ana go on to the next q	uesiion j			
Name, address and	telephone number of each	h person or orga	nization you are repres	enting:	
Are you being paid	for your representation?			☐ Yes	X No
				— ☐ Yes	
	as part of your other paid			∐ Yes	_/_No
(ij you answerea 'r question.)	no," STOP; you need not	complete the re	si oj inis jorm, 1j you c	inswered yes,	go on to the next
Speaking Limits:	Public Hearing (Com	mon Council	5 minutes		
ppearing Limits,	Information Hearing		化二氯化二甲基 化氯化磺胺 医皮肤 医皮肤 医克里耳氏 化氯化甲基 医电流 医克尔氏试验 化二氯化二甲基甲基 化原氯		
	Other Items		2 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 mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign bou 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
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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 5	Signature Print Name Print Name



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

Registration :	Statement - <u>Commor</u>	<u>Council</u>	
Please Print #3, 6, 4, 2 Agenda No.	Name	SEPRINT NAME CLEA DOTRENT SS 504 WTSC Madis	Adamany onsin Ave
Please check one:	AND	Please chec	k.
Support		Do not	wish to speak
Oppose			
Neither Supp	ort Nor Oppose		
(If you answered "no," STO of who you represent and go	resenting an organization or a people of the reservation of the reservation of the next question.) The number of each person or organization.	est of this form. If you answ	
Are you being paid for your	representation?		□ Yes □ No
Are you appearing as part of (If you answered "no," STO question.)	f your other paid duties for this porty of the porty of t	erson or organization? est of this form. If you answ	Yes No No ered "yes," go on to the next
Info	ic Hearing (Common Council) rmation Hearing rr 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 b that:	being 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



Date: 5/13///
DO NOT WISH TO SPEAK FORM

Registration Stateme	
	COMMITTEE
<u>Please Print</u>	PLEASE PRINT NAME CLEARLY
$\sqrt{2M}$	Name Jame Mcaulle
Agenda No.	- Address 1915 Butals
L JA	- Mar Cisam W 53703
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
☐ Neither Support No	·Onnose
	n organization or a person other than yourself: \[Yes \No \] ed not complete the rest of this form If you answered "yes," provide the nam next question.)
Name, address and telephone number	of each person or organization you are representing:
100 (oct)	poto, Mellare
COVE BU	O Nictoria Districk
Are you being paid for your represent	tion? Yes KNo
	r paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the nex
Information H	(Common Council) 5 minutes aring 3 minutes 3 minutes

Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your muricipality or mental 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 5//	810 Signature On McCauler			
	Print Name Jamie McCoull			



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	<u>ouncil</u>	
<u>Please Print</u>	PLEASE Name	PRINT NAME CLEARLY Harry Biclouds	つん
Agenda No. 3 16, 23, 64	Address	18 Sherman ter Na Madison, WIS 37	4 2 2
Please check one:	AND	Please check:	
Support		Do not wish to speak	
Oppose			
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 t complete the rest o	n other than yourself:	ame
Name, address and telephone number of each	h person or organiza	ration 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)		on or organization?	ıext
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
	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:	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



DO NOT WISH TO SPEAK FORM

Date: _

CITY OF MADISON

Registra	ation Statement - ַ	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 3	6,22,64	Name _ Address _ —	Julie L 135 North Madison	ourl-Koth Hance) &K
Please check	one:	AND	Please che	ck:	
Support			Do no	t wish to spea	ık
At this meeting are (If you answered "r	Support Nor Oppose Support Nor O	nization or a person complete the rest o	other than yourself: f this form. If you ans	☐ Yes D wered "yes," provi	No ide the name
	telephone number of each		tion you are represent	ing:	
Are you being paid	for your representation?			☐ Yes 🔀	, No
Are you appearing a (If you answered "n question.)	is part of your other paid to," STOP; you need not	duties for this perso complete the rest o	n or organization? f this form. If you ans	Yes Awered "yes," go of	No n to the next
Speaking Limits:	Public Hearing (Cominformation Hearing Other Items		minutes		

	elected official or employ nmental body?	ee who is appeari	ng solely on behalf of your o	ffice or for your municipality or Yes No
	vered "yes" to the questio you answered "no" to the			s form, except that you must sign
If you are b that:	peing paid for your repres	sentation, or if yo	ur appearance is part of othe	r paid duties, please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lob	byist, you or your principal n	nust file an authorization
2.	Your principal is not City Clerk.	permitted to auth	orize you to lobby unless yo	u are registered with the
3.	カード きょうりょ 野 たんこうり 貴 ニー・スプリステム ないがく 豊 バスティ	e principal must	ore than \$1,000 for lobbying file expense statements with	
	to the City Clerk's web f the City-County Buildin;			or go to the Clerk's Office at
Date	5/18/2010	Signature	Gulianne	wurl-Koth
		Print Name	Julianne	www.Koth

Date: 5 | 18 | 10



DO NOT WISH TO SPEAK FORM

Registration	Statement	Common C	ouncil			
<u>Please Print</u>		PLEASE	PRINT NAI	ME <u>CĻE</u> AI	RLY	
Agenda No. #3 -	#6 #22 \$64	Name = Address =	Steva One Muño	Lange	0'12 5 5	#409 373
Please check one:		AND	Plea	se check		
Support				Do not v	vish to s	peak
Oppose						
Neither Supp	oort Nor Opp	ose				
At this meeting are you re (If you answered "no," ST of who you represent and a Name, address and telepho	OP; you need not go on to the next qu	complete the rest lestion)	of this form.	If you answe		provide the name
Are you being paid for you	ır representation?				☐ Yes <	- Mino
Are you appearing as part (If you answered "no," ST question)	of your other paid of OP; you need not	duties for this pers complete the rest	son or organiz of this form	zation? If you answe	☐ Yes ⁽ ered "yes,"	No' go on to the next
Inf	olic Hearing (Commormation Hearing ler 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)				
If you are b that:	being 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?				
	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

Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name Jim SKRENTUY
Agenda No. 3 6 22 6 4	Address 5/1 E. MAWST
	MADISON WT 53703
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Op	nnose
of who you represent and go on to the next	ot complete the rest 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.)	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
	mmon Council)5 minutes g3 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 be 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?				
	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				



DO NOT WISH TO SPEAK FORM

Date: <u>05/18/10</u>

Registrat	on Statement -	Common Committee	<u>ouncil</u>		
Please Print Agenda No. 3, (3,22,64	Name _	PRINT NAME CLE DAVY M 322 S. F MADISON	AYER HAMILIO	~ ST
Please check o	n e:	AND	Please che	ck:	
Support✓ OpposeNeither S	upport Nor Op	pose	⊠ Do no	t wish to s	peak
(If you answered "no, of who you represent	ou representing an organ organ organ organ organ or seed not and go on to the next que of each	complete the rest of uestion)	of this form. If you ans		☑ No provide the name
	r your representation? part of your other paid "STOP; you need not			Yes	□ No □ No
question) Speaking Limits:	Public Hearing (Commission Hearing). Other Items	mon Council)5	minutes minutes	werea yes,	go on to the next

e programme de la Tempera de la companya de la comp	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:	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?	
	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	



DO NOT WISH TO SPEAK FORM

Date: _

CITY OF MADISON

Registration State	ment - Common Council
Please Print Agenda No. 3 16 23	PLEASE PRINT NAME CLEARLY Name SHARON KIUFON Address 1020 WILLIAMED MADISON, M
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
(If you answered "no," STOP; yo of who you represent and go on to	ig an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the nam the next question.) where of each person or organization you are representing:
Are you being paid for your representation of your appearing as part of your (If you answered "no," STOP; you question.)	entation? Yes No other paid duties for this person or organization? Yes No other paid not complete the rest of this form. If you answered "yes," go on to the nex
Informatio	ing (Common Council)5 minutes Hearing

	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.)
If you are t 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:	/18	12010		
	1500	to be such place.	Section 5.	5 4 1 2 4 3 5 5 5 5 5

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Committee	ouncil		
Please Print		PLEASE	PRINT NAME CL	EARLY	
Agenda No. <u>گ</u> ر و	22,64	Name _ Address _	Zane W 101 S.	lillionus Franklin 5371	
Please check of	ne:	AND	Please cho	eck:	
Support			Do no	ot wish to s	speak
Oppose					
(If you answered "no of who you represent	ou representing an orga o," STOP; you need not and go on to the next q elephone number of each	t complete the rest of uestion.)	f this form. If you an	iswered "yes,"	□√No provide the name
Are you being paid for	or your representation?			Yes	∐ No
	part of your other paid," STOP; you need not			☐ Yes iswered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		

entra de la Constantina de la Constanti	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.)
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.
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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

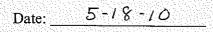


Date: <u>5/18/21/1</u>

DO NOT WISH TO SPEAK FORM

Registrat	on Statement		ouncil	
Please Print		COMMITTEE	PRINT NAME CLE	ADIV
Agenda No. 3,5,6	,22,64	Name	John Sheed	14 St. 3713
Please check of	ne:	AND	Please chec	·k:
Support			Do not	wish to speak
Oppose				
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:				
Are you being paid for	your representation?			Yes No
Are you appearing as	part of your other paid (Yes No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes	

えいこうちゃ はぎょうしゅき かんだけんり	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:	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

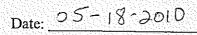




DO NOT WISH TO SPEAK FORM

Registration Stateme	nt - Common C	<u>ouncil</u>	
Please Print	DIEACE	PRINT NAME CLEARLY	
		PRINT NAME CLEARLY	
	Name	DUNALD F. MCKEATING	, JR
Agenda No $(3, 5, 6, 22, 64)$	— Address	1 LANGION ST. APT. 111	
		MADISON W1, 53703	
Please check one:	AND	Please check:	
Support		Do not wish to s	peak
◯ Oppose			
Neither Support Nor	Onnose		
At this meeting are you representing ar (If you answered "no," STOP; you need of who you represent and go on to the Name, address and telephone number of	ed not complete the rest next question.)	of this form. If you answered "yes," p	⊠ No provide the name
Are you being paid for your representa	tion?	☐ Yes	No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)			⊠No go on to the next
Information He	(Common Council) 5 aring 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?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign to out out out out out out out out out
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	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 <u>S</u>	S-18-10 Signature David 7 Mc7 Kenting J





DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration	Statement	Common C	ouncil		
Please Print					
			PRINT NAME CLEA	医毛状体 化电子 医多种皮肤 医皮肤性	
Agenda No 35,62	2,64	Name	Nancy M. M	ickeativ	9
Agenda Nog		Address _	1 Langdon &	M. # 川	
			Nancy M. M 1 Laugdon & Madison WI	537	03
Please check one:		AND	Please chec	k:	
Support			Do not	wish to s	peak
Oppose					
Neither Sun	port Nor Oppo	60			
At this meeting are you re (If you answered "no," S' of who you represent and Name, address and telephone	TOP; you need not congo on to the next quest	mplete the rest o tion)	of this form. If you answ		⊠ No provide the name
Are you being paid for you	ır representation?			Yes	⊠ No
Are you appearing as part (If you answered "no," ST question.)	of your other paid dut F OP; you need not con	ies for this person nplete the rest o	on or organization? of this form. If you answ	☐ Yes vered "yes,"	□ No go on to the next
Inf	olic Hearing (Common ormation Hearing ner Items		minutes		

しょし ちんりょうせん だんしょう たんごだ	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.)
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.
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 If the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



DO NOT WISH TO SPEAK FORM

Date:

CITY OF MADISON

Registrat	ion Statement	Common C	<u>ouncil</u>		
Please Print		PLEASE	PRINT NAME CLE		
Agenda No.) ,6,22,64	Name	Charles Lit 5 Lukke Madis	NCti	R 3704
Please check o	ne:	AND	Please che	ck:	
Support			Do no	t wish to	speak
Oppose					
(If you answered "no of who you represent	ou representing an orga o," STOP; you need not and go on to the next q elephone number of eacl	complete the rest uestion)	of this form. If you ans	wered "yes,"	No provide the name
Are you being paid fo	or your representation?			Yes	_}}\No
	part of your other paid," STOP; you need not			☐ Yes swered "yes,	☐ No " go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		

	lected official or employee who is appearing solely on behalf of your office or for your municipal nental body? Yes No	lity or
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you mus ou answered "no" to the question, go on to the next question.)	t sign
If you are b that:	ing paid for your representation, or if your appearance is part of other paid duties, please be ad	lvised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk	
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Offi the City-County Building, Madison, for more information)	ice at
Date	Signature	
	Print Name	

Date: 5 (8 · 2010

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. 3,6)22 IA	Name LOUIS BERNHARDT Address 5910 Woods Edge Rd Madeson, 53111
Please check the ap	ppropriate box:	Please check the appropriate box:
At this meeting are y (If you answered "n of who you represent	o," STOP; you need not com tt and go on to the next questi	Wish to speak Do not wish to speak Available to answer questions tion or a person other than yourself: The provide the name tion.) The provide the name tion.
Are you appearing a		Yes No ies for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	3 minutes

-	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?						
		red "yes" to the questior ou answered "no" to the				rm, except tha	t you must sign
lf you that:	are bei	ing paid for your represe	entation, or if y	our appearance is	part of other p	aid duties, ple	ase be advised
	1.	Before you engage in with the City Clerk	lobbying as a lo	bbyist, you or you	r principal mus	t file an authoi	rization
	2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				vith the	
	3.	If your principal spend period (half year), the remainder of the calend	e principal must		, .	•	
	-	o the City Clerk's web the City-County Building			<u>'index.html</u> or	go to the Cle	erk's Office at
Date _	5.	-18-2010	Signature	Louis	63 C	Beru	haut
			Print Name	Louis	C. BE	PAHA?	RAT



Date:	05/	18/	10	
	/	1		

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement		Common Council			
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No. 3, 4, 6, 22+64		Name Address	1933 KINGS MADISON L	JUAY DI 53704	
Please check o	ne:	AND	Please chec	k:	
Support			Wish	to Speak	
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	and go on to the next q	t complete the rest (uestion.)	n other than yourself: of this form. If you answ ation you are representing	. .	
Are you being paid fo	or your representation?			☐ Yes No)
	part of your other paid," STOP; you need not		on or organization? of this form. If you answ	Yes No	o the next
Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes					

	tre you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?				
(If you answer	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				
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
(Please go to Room 103 of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				



Date: 5) 18 / 10

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council
Please Print Agenda No. 3, 6, 22, 64	Name	PRINT NAME CLEARLY JAMES THE 410 N BOLDWIN ST
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		•
□ Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t 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		
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes

-	ther governmental body?			
1 4 4	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			
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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 the City-County Building, Madison, for more information)			
Date	Signature			
	Print Name			



Date: 5-10-10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	- Common C	Council	
Please Print 3,6,22,64 Agenda No.	PLEASE Name Address	Paul Davidsaver 912 Fahrenbrook Ct to Madison, WI 53715	1
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor O	ppose		
At this meeting are you representing an or (If you answered "no," STOP; you need to of who you represent and go on to the next. Name, address and telephone number of e	not complete the rest t question.)	t of this form If you answered "yes," provide the nam	ie _
			_
Are you being paid for your representation	1?	Yes Vo	
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question)		rson or organization? Yes Who t of this form. If you answered "yes," go on to the nex	ct
peaking Limits: Public Hearing (Common Council)5 minutes Information Hearing			

-	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her 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.)				
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				
Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)				
Date	Signature				
	Print Name				



WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	COMMITTEE	ouncil	· · · · · · · · · · · · · · · · · · ·
Please Print		PLEASE	PRINT NAME CL	.EARLY
Agenda No/	14/21/09	Name Address	303 (.) MAM SO	IKI PATRIKSON 88- V
Please check	one:	AND	Please ch	eck:
Support			Wis	h to Speak
Oppose			,	
Neither	Support Nor Op	pose		
(If you answered "n of who you represen	you representing an organo," STOP; you need not t and go on to the next quelephone number of each	t complete the rest uestion.)	of this form. If you ai	nswered "yes," provide the name
Are you being paid i	For your representation?	w a n ta s	17.00.1	∫Z Yes □ No
Are you appearing a (If you answered "naquestion.)	s part of your other paid o," STOP; you need not	duties for this pers	son or organization? of this form. If you ar	□ Yes □ No nswered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		minutes	

	,					
•	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther 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.)					
If you are bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised					
. 1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.					
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?					
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)					
Date	Signature At DAM					
	Print Name PAUSALL					



Date:	5-1	8-	10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	- Common C	Council			<u> </u>
Please Print Agenda No. 22,64	Name	Melissa Economic	ME CLEARL Noyer > 21 At	- 70m	50
Please check one:	AND	Plea	se check:	Chic	290 IL
⊠ Support			Wish to S	Speak	
Oppose					·
Neither Support Nor O	ppose				
At this meeting are you representing an or (If you answered "no," STOP; you need no f who you represent and go on to the next.	not complete the rest			∛Yes d"yes," p	No No provide the name
Name, address and telephone number of e	ach person or organi	zation you are	representing:		
Economics DE ACCOM	3123	13 7558			<u>.</u>
303 E Wacker Suje 6	8Fc				•
Chicago JL 6401					
Are you being paid for your representation	1?		Æ	∑ Yes	□No
Are you appearing as part of your other pa (If you answered "no," STOP; you need requestion.)	-	-		Yes 'd "yes," {	No go on to the next
Information Hearin	ommon Council)	3 minutes			

Are you an el	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body? Yes No
	ed "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:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
, –	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

Registra	tion Statement	Common Committee	<u>ouncil</u>		
Please Print 6 Agenda No. Bu	122, 18,64	Name	PRINT NAME CLE Riga Celilho 4702 5. 13 Aladison L	£	사람이 가는 보다 그 보는 하는 것들을 할
Please check	one:	AND	Please che	ck:	
Support Oppose Neither	Support Nor Opj	pose	Do no	t wish to	speak
(If you answered "n of who you represen	you representing an organg, "STOP; you need not t and go on to the next quelephone number of each	complete the rest of uestion.)	of this form. If you ans	wered "yes,"	No provide the name
Are you appearing a	for your representation? s part of your other paid o, "STOP; you need not			☐ Yes ☐ Yes swered "yes,"	□ No □ 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?
	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
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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.
WISH TO SPEAK FORM	

CITY OF MADISON

Registration	n Statement	COMMITTEE	ouncil		·
Please Print	· 	PLEASE	PRINT NA	ME CLEARL	.Y
a		Name	SLOTT	TAILE	2N
Agenda No. 3	X, 22,64	Address	205	Dec	
Please check one	:	AND	Plea	se check:	
X Support			X	Wish to S	Speak
Oppose			•		
	pport Nor Opp	oose			
At this meeting are you a (If you answered "no," of who you represent and	STOP; you need not	complete the rest	•	_	☐ Yes ☐ No d "yes," provide the nam
Name, address and telep	hone number of each	person or organiz	zation you are	representing:	
		Angel de Contraction	· · · · · · · · · · · · · · · · · · ·	7.5-7-7-10-10-10-10-10-10-10-10-10-10-10-10-10-	60
Are you being paid for y	our representation?			[Yes No
Are you appearing as par (If you answered "no," I question.)		-	_		Yes No "yes," go on to the ne
I	ublic Hearing (Comr				

	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.)
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) 18/10

WISH TO SPEAK FORM

Registration Statement -	Common C	Council	
Please Print Agenda No. 3,6,22,64		E PRINT NA YOU (140) MAC	MECLEARLY IS AGAIL E) DAYTONST. 1507 NI 53703
Please check one:	AND	Plea	se check:
Support			Wish to Speak
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an organized (If you answered "no," STOP; you need not of who you represent and go on to the next of 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.)			ration? Yes No
Speaking Limits: Public Hearing (Con Information Hearing Other Items	, , , , , , , , , , , , , , , , , , , ,	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:	ng 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.		
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.cityofmadisop.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date	18/10 Signature & Mark		

Print Name



Date: 5 | 8 | 0

WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement	COMMITTEE	ouncil		
Please Print Agenda No.	16, 22, 64,4	PLEASE Name Address	Christo HII Wis Madiso		iver e 5703
Please check of	one:	AND	Please	check:	
Support			V	Vish to Speak	•
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	you representing an organ, or strop; you need not and go on to the next quelephone number of each	complete the rest uestion.)	of this form. If yo	ou answered "yes,"	No provide the name
Are you being paid f	or your representation?			☐ Yes	□ No
	s part of your other paid o," STOP; you need not				No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		

	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	Signature
	Print Name



Date: 18 May 10

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council	·		
Please Print	PLEASE	E PRINT NA	ME CLEARLY		
Agenda No. 3,6,22,64	Name Address	<i> 533</i>	Nomson St Momson St on WI		
Please check one:	AND	Plea	se check:		
✓ Support✓ Oppose # 6✓ Neither Support Nor Oppose	pose		Wish to Speak		
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:					
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next					
question.) Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes			

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(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:				
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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 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 <u>(6</u> /	May 10 Signature Alam Fish Print Name ALAN FISH			



Date: 5/18/10

WISH TO SPEAK FORM

Registration Statement - Common Council					
Please Print	PLEAS	E PRINT NAME CLEARLY			
Agenda No. 3,6, 22,64	Name Address	ROBERT DAN 22 E MIFFLW ST MADISON WI 53703			
Please check one:	AND	Please check:			
Support Oppose Neither Support Nor Oppose Wish to Speak Nor Oppose					
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? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	l duties for this per t complete the rest	Yes No son or organization? Yes No of this form. If you answered "yes," go on to the next			
Speaking Limits: Public Hearing (Com Information Hearing Other Items	Erikkinnunungijati - kuasi -pijia	3 minutes			

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

Yes No

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
If you that:	are bein	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 -	17-10 Signature B 16 nf D 16		

other governmental body?



Date: 4/18/10

WISH TO SPEAK FORM

Registration Statement	- Common Co	uncil
Please Print	PLEASE P	RINT NAME CLEARLY
Agenda No. 3, 6, 22, 64	Name	JUDY KARUSS 317 N. PINCKNEY MANSION HILL
Please check one:	AND	Please check:
Support Oppose (5)		Wish to Speak
Neither Support Nor C)ppose	
At this meeting are you representing an or (If you answered "no," STOP; you need of who you represent and go on to the next Name, address and telephone number of e	not complete the rest of xt question.)	this form. If you answered "yes," provide the name
Are you being paid for your representation Are you appearing as part of your other part (If you answered "no," STOP; you need question)	aid duties for this persor	Yes No n or organization? Yes No this form If you answered "yes," go on to the next
Information Heari	ommon Council) 5 n ng 3 n 3 n	ninutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	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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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: 5/18/2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statemen	t - Common C	Council		-
Please Print Agenda No. 3, 6, 22, 64 (#5- NO)	Name	Erinf 825	MECLEARLY Treeberg 7 Starr Grass D 500, WI, 5.3719	
Please check one:	AND	Plea	ase check:	
Support			Wish to Speak	
Oppose				
Neither Support Nor	Oppose			
At this meeting are you representing an a (If you answered "no," STOP; you need of who you represent and go on to the need now address and telephone number of	I not complete the rest ext question.)	t of this form.	If you answered "yes," provide t	he name
Are you being paid for your representation	on?		☐ Yes	
Are you appearing as part of your other part (If you answered "no," STOP; you need question)	paid duties for this per		zation? Yes No	the next
Information Hear	Common Council)	3 minutes		

REGISTRATION STATEMENT - PAGE 2
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No
(If you 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
Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
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 5/18/2010 Signature Erin M. Freeberg
Print Name Erin M. Freeberg



Date: 5/18/10

WISH TO SPEAK FORM

CITY OF MADISON

#3	on Statement -	COMMITTEE	ouncil	· · · · · · · · · · · · · · · · · · ·
1 3	yes yes yes	Name	Erik ZI 1	Minton N Butler St.
Please check or	ne:	AND	Plea	ase check:
Support			X	Wish to Speak
Oppose				
Please, Great Projec At this meeting are yo	" STOP; you need not and go on to the next q	moments moments inization or a perso t complete the rest question)	of this form.	sly important project, our downtown neigh borhoo yourself: Yes No If you answered "yes," provide the name e representing:
			· 	
Are you being paid for	your representation?			☐ Yes ☐ No
Are you appearing as partial (If you answered "no, question.)	• •	_	_	zation? Yes No If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		minutes	

_	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality on their governmental body? Yes No			
		ed "yes" to the question, STOP . 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 that:	are bein	ng 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		
	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?			
1	_	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 _	5/1	Signature Print Name Ex. Muston		



Date:	5/18	10	
		f —	

CITY OF MADISON

Registration Statement -	Common (Council	· · · · · · · · · · · · · · · · · · ·	·
Please Print		E PRINT NAM	E CLEARLY	
Agenda No. <u>3, 6, 22, 64</u>	Name Address		er-KENG CLEY DR. U, WI 53719	ĵ.
Please check one:	AND	Please	e check:	
Support			Wish to Speak	•
\bigcirc Oppose (5)				
Neither Support Nor O	ppose			
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 resi question.)	t of this form. If y	you answered "yes,"	No provide the name
Are you being paid for your representation	?		☐ Yes	☐ No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)				☐ No go on to the next
Speaking Limits: Public Hearing (Confidence Information Hearing Other Items	S	3 minutes		

Are you an elother governr	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.)
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(Please go to Room 103 of	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 $\frac{5}{6}$	S/10 Signature
1	Print Name 16714 STAMA - 16TAL



Date: 5-/8-/0

WISH TO SPEAK FORM

CITY OF MADISON

Registrati	ion Statement	Common C	ouncil	· · · · · · · · · · · · · · · · · · ·	
Please Print		COMMITTEE PLEASE	PRINT NAME CLE	ARLY	
Agenda No.	6,22,64	Name Address	Dennis 624 W. S Madison,	,	<u>'er</u>
Please check of	ne:	AND	Please chec	k:	
Support			Wish	to Speak	
Oppose ((5)				
Neither S	upport Nor Opp	oose			
(If you answered "no, of who you represent	and go on to the next qu	complete the rest uestion)		☐ Yes ☐ No wered "yes," provide the ing:	name
			:		
Are you being paid fo	r your representation?			Yes No	
	part of your other paid of "STOP; you need not			Yes No wered "yes," go on to th	e next
Speaking Limits:	Public Hearing (Communication Hearing Other Items		3 minutes		

-	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, 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 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



Date:	5-	18	-2010	

CITY OF MADISON

Registration Statement	COMMITTEE	Council	·
Please Print	PLEASE	E PRINT NA	ME CLEARLY
Agenda No. <u>3,6,22,64</u>	Name Address	John N330 Bin W	Martinson Davidson Boad T. 53960
Please check one:	AND	Plea	ise check:
Support			Wish to Speak
X Oppose 5			
Neither Support Nor O	ppose		
At this meeting are you representing an organ (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 of a many of the standard with the st	ot complete the rest question.)	t of this form.	If you answered "yes," provide the name
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 per		
Information Hearin	mmon Council)	3 minutes	

· ·	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
10/	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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, ,	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



CITY OF MADISON

Registration Statement -	Common C	ouncil		
Please Print # 3 # 4 Z2 # 69 # 1/55 Agenda No. # 5 No	PLEASE Name Address	J.M. 2124	ME CLEARLY THE HAUNON (150N)	o FF
Please check one:	AND	Plea	se check:	
Support			Wish to S _l	peak
Oppose				
Neither Support Nor Opp	pose			
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next question Name, address and telephone number of each	complete the rest uestion)	of this form.	If you answered	
FIRST WEBER GRO		443-2	200	(CEO)
GREATER MADISON C	HAMBER	250	6-8348	(VICE-CHAIR
Are you being paid for your representation?				Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)				Yes X No "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	6	3 minutes		

(
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?
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.)
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Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)
Date 5 18 10 Signature Print Name THE THEFT



Date:	

CITY OF MADISON

Registration Statement	COMMITTEE	Council	
Please Print	PLEASE	PRINT NAME CLEARLY	
Agenda No. 3, 6, 22, 64	Name Address	Phil Salkin 944 Autumn Woods Lane Oregon W. 53525	
Please check one:	AND	Please check:	
Support		Wish to Speak	
S Oppose 5			
Neither Support Nor Opp	pose		
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:			
RASCW	- r		
Medison, W: 537	Q 704		
Are you being paid for your representation?		Yes No	
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question)			
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	· • • • • • • • • • • • • • • • • • • •	3 minutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	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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3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date	1/8/16 Signature Pulso Halken Print Name Part Salkin			



Date:	
	1-121

CITY OF MADISON

Registration Statement	COMMITTEE	Council	
Please Print	PLEASĘ	E PRINT NAME CLEARLY	
Agenda No. 3 5 (2, 22, 64	Name Address	12 Trick Carcera 3718 Country Gr Madison, WI	M your D 3719
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor Opp	pose		
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each	complete the rest uestion.)	t of this form. If you answered "yes," provid	
Are you being paid for your representation?	· · · · · · · · · · · · · · · · · · ·	☐ Yes ☐ N	Jo
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			
Speaking Limits: Public Hearing (Com- Information Hearing Other Items		3 minutes	

_	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or their governmental body? Yes No				
		ed "yes" to the question, STOP. 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 arthat:	re bein	g 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.			
ā	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		Signature			
		Print Name			



Date:	
-------	--

CITY OF MADISON

Registrat	ion Statement -	COMMITTEE	Council		
Please Print	_	PLEAS	E PRINT NA	ME CLEARLY	
Agenda No. <u>3, 6,</u>	22,64	Name Address	FRANK B STIMAN	DYRNE CYŜ	
Please check o	ne:	AND	Plea	se check:	
Support Support			A	Wish to Spea	ık
Oppose	5				
Neither S	upport 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 questions of each	t complete the res question)	t of this form.	If you answered "yes	
	r your representation?			☐ Yes	s 🔲 No
	part of your other paid "STOP; you need not				
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	* . *	.3 minutes		

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	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 b 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?				
(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	Signature				
	Print Name				



Date.

CITY OF MADISON

WISH TO SPEAK FORM

Registration Statement -		Council
	COMMITTEE	
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No. 3, 6, 22, 64	NameAddress	JOHN BURKE
Please check one:	AND	Please check:
Support Support		Wish to Speak
Oppose #5		
Neither Support Nor Op	ppose	
of who you represent and go on to the next of	ot complete the rest (question.)	t of this form. If you answered "yes," provide the nam
Name, address and telephone number of each	ch person or organiz	zation you are representing:
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	-	rson or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	;	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, STOP. 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 a that:	ire bein	g 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.
,		Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
		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 ee City-County Building, Madison, for more information.)
Date		Signature
		Print Name



Date: $\frac{5//8/20/0}{}$

WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common C	Council	·
Please Print Agenda No. 3 / 6	22,64		E PRINT NAME CLE	ARLY Bugher dgeon WAM
Please check of		AND	Please chec	537/7
Support			⊠ Wish	to Speak
Oppose	# S			
Neither !	Support Nor Op	pose		
(If you answered "no of who you represent	t and go on to the next of	ot complete the rest question.)		Yes No No wered "yes," provide the name
Are you being paid f	for your representation?			☐ Yes ► No
Are you appearing as	s part of your other paid	l duties for this per		Yes No wered "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?
(If you answ this form. If	vered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b 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 Nama



Date:	05/	18/	10	
	·			

CITY OF MADISON

Registration Statement -	Common C	Council	
Please Print Agenda No. 3 6 22 64	PLEASE Name	SEPRINT NAME CLEARLY Bob Harlan 2621 Forest ville Dr. Green Bay WI 54304	
Please check one:	AND	Please check:	
Support Oppose Neither Support Nor Opp	pose	Wish to Speak	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que. Name, address and telephone number of each	complete the rest uestion.)	est of this form. If you answered "yes," provide the nan	<u>.</u>
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this per complete the rest	☐ Yes ☐ No Derson or organization? ☐ Yes ☐ No est of this form. If you answered "yes," go on to the nex	 ct
Speaking Limits: Public Hearing (Com- Information Hearing Other Items		3 minutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must statis 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 advitant: 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 Room 103 of the City-County Building, Madison, for more information.) Bate May 18 2010 Signature Print Name Bob 14arlan			
 If you are being paid for your representation, or if your appearance is part of other paid duties, please be advitant: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 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 Room 103 of the City-County Building, Madison, for more information.) 			
 Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 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 Room 103 of the City-County Building, Madison, for more information) 			
 Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 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 Room 103 of the City-County Building, Madison, for more information.) 	-	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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 Room 103 of the City-County Building, Madison, for more information.)		1	
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 Room 103 of the City-County Building, Madison, for more information.)		2	
Room 103 of the City-County Building, Madison, for more information)		3	period (half year), the principal must file expense statements with the City Clerk for the
Date May 18 2010 Signature Bob Itarian			
	Date	Me	V 18 2010 Signature Bob Itarian



Date:	5/18/10	

CITY OF MADISON

Registration Statement	COMMITTEE	Council		••••	 .
Please Print esquater Agenda No. 3, 4, 5, 6, 22	PLEASI Name Address	E PRINT NAM Jenni-K 615 E V Madiso	Per Al	exand gton Ho	lek le
Please check one:	AND	Pleas	se check	:	
Support			Wish to	Speak	
Oppose					
Neither Support Nor Opp	pose				
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que. Name, address and telephone number of each	complete the restuestion.)	of this form. If	fyou answei		☐ No provide the name
Greater madison Chams	if of Com	merce			
615 E Washington AVE	enve				
Madison No 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 not question.)				Yes red "yes,"	☐ No go on to the next
Speaking Limits: Public Hearing (Communication Hearing) Other Items		3 minutes			

Are you an elected other governmental	official or employee who is appearing solely on behalf of your office or for your municipality or body?
	res" to the question, STOP . You need not complete the rest of this form, except that you must sign swered "no" to the question, go on to the next question.)
If you are being pa that:	id for your representation, or if your appearance is part of other paid duties, please be advised
	ore you engage in lobbying as a lobbyist, you or your principal must file an authorization the City Clerk.
	r principal is not permitted to authorize you to lobby unless you are registered with the Clerk.
perio	our principal spends or will owe more than \$1,000 for lobbying services in any reporting od (half year), the principal must file expense statements with the City Clerk for the ainder of the calendar year?
	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ty-County Building, Madison, for more information.)
Date 5/18/2	1010 Signature Almufer alexander
	Print Name Jennifel Alexandel



CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil	
Please Print	PLEASE	PRINT NAME CL	EARLY
3,5,6,12,22,64	NameAddress	DAVID 41 Fullo	Walsh n Dr.
Please check one:	AND	Please che	eck:
Support		Wisl Wisl ■ Wisl	h to Speak
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an organism (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each way to have been addressed to the standard of the standard	ot complete the rest of question.)	of this form. If you an	nting:
Are you being paid for your representation?	1		Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)			Yes No No nswered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	3	minutes	

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature Print Name AP 5 5 6 4 26 5



Date: 5/18/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	ouncil		
	COMMITTEE			
Please Print				
	PLEASE	PRINT NAM	ME CLEARLY	
26 (77) (1)	Name	HDAN	PLOTKI	<u> </u>
Agenda No. $\frac{3}{5}$, $\frac{5}{6}$, $\frac{5}{6}$	Address	304 N	LINCKNE	Y Sr.
		,	53703	>
Please check one:	AND	Pleas	se check:	
Support ✓		X	Wish to Sp	eak
Oppose				
Neither Support Nor Op	pose			
	-			
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	complete the rest uestion.)	of this form. If	f you answered "y	Yes No yes," provide the name
·				<u> </u>
3 24.4				
		· · · · · · · · · · · · · · · · · · ·		
Are you being paid for your representation?			<u> </u>	les No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	_	_		Yes
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?
	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 bothat:	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:	5/18/10	
	•	

CITY OF MADISON

Registration Sta	tement - Common C	Council		
Agenda No. 3, 9, 4, 22,0 Support Edgewater Deve	Name Address	Michael PO Box	ME CLEARLY Enge berge 6472 WI 537/6	<u>r</u>
Please check one:	AND	Pleas	se check:	
Support		X	Wish to Speak	
Oppose				
Neither Suppor	t Nor Oppose			
718 Post Rd	you need not complete the res to the next question.)	ization you are	f you answered "yes," representing:	
Are you being paid for your rep	oresentation?		☐ Yes	No No
Are you appearing as part of you (If you answered "no," STOP; question.)	our other paid duties for this pe you need not complete the res	rson or organiz t of this form. I	ation? X Yes If you answered "yes,"	☐ No ' go on to the next
Informa	Hearing (Common Council) ation Hearing tems	.3 minutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No	
1 0 0	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?	
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fthe City-County Building, Madison, for more information)	
Date	Signature	
	Print Name	



Date: 5/18/10

WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement		ouncil		
Please Print #3/#6/# Agenda No	#4/#22/#bH	PLEASE Name Address	PRINT NA STE 120	MECLEARLY EVE BRO W GORA	an Am
Please check	one:	AND	Plea	se check:	
Support				Wish to Spea	k
Oppose					
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an organo," STOP; you need not t and go on to the next quelephone number of each	complete the rest uestion.)	of this form. I	f you answered "yes,	No No provide the name
Are you being paid t	for your representation?			☐ Yes	No
	s part of your other paid o," STOP; you need not				
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		

	ected official or employee who is appearing solely on behalf of your office or for your munichental body? Yes No	cipality or o
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you ou answered "no" to the question, go on to the next question.)	must sign
If you are that:	ing paid for your representation, or if your appearance is part of other paid duties, please b	oe advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	on
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 g Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's the City-County Building, Madison, for more information)	Office at
Date	Signature	
	Drint Name	



AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement -	COMMITTEE
	PLEASE PRINT CLEARLY
-7	Name Mark Huber
Agenda No. <u>3, 5, 6, 22, 64</u>	Address 6402 Romford RS
	Mad:500, W1 53711
Please check one:	AND Please check:
Support	Available to answer
Oppose	questions
Neither Support Nor Op	pose
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	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:
BT Squared, he	
BT Squared, he 2830 Dairy Dr.	
Madison W 53	718 668.124-2830
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 Zalo complete the rest of this form. If you answered yes," go on to the next
	mon Council)5 minutes

Are you an eleother governm	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 bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk		
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
(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 5	-18-18 Signature // // //		
	Print Name Mark P. Huser		



Date: 5/8/2010 DO NOT WISH TO SPEAK FORM

Registra	tion Statement	Common Co	<u>ouncil</u>		
Please Print			PRINT NAME CL	FARIV	
Agenda No. 3	,22,64	Name { Address _	KIM DON	JOUAN No. Pin 1 537	seveys
Please check	one:	AND	Please ch	eck:	
Support Oppose			Do n	ot wish to	speak
	Support Nor Opp	oose			
(If you answered "n of who you represen	you representing an organ o, "STOP; you need not t and go on to the next quelephone number of each	complete the rest o lestion.)	f this form. If you ar	nswered "yes,"	No provide the name
Are you being paid i	or your representation?			Yes	☐ No
	s part of your other paid of o," STOP; you need not			☐ Yes nswered "yes,'	□ No ' go on to the next
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3	minutes		

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? The solution is appeared by the solution of the solution
	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:	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?
e de la capación de la companya de l	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

Registra	tion Statement -	Common C	Council
Please Print		PI FASE	PRINT NAME CLEARLY
A 200 de N (2)	1, 22,64.4	Name	COLEEN DUBIN
Agenda No.	$(\mathcal{L}^{2},\mathcal{L}^{2})$	Address	N6898 WOODFIELD LANE LAKE MILLS, WI 53551
Please check of	ne:	AND	Please check:
Support			Do not wish to speak
☐ Oppose	Support Nor Op		
(If you answered "no of who you represent	and go on to the next q	complete the rest uestion)	n other than yourself: Yes No No of this form. If you answered "yes," provide the name ration you are representing:
Are you being paid fo	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 pers complete the rest	son or organization? Yes No No of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3	minutes

	elected official or employee nmental body?	who is appear	ing solely on behalf of your office or for your municipality or Yes No
(If you answ this form. If	vered "yes" to the question, i you answered "no" to the q	STOP. You ned uestion, go on	ed not complete the rest of this form, except that you must sign to the next question.)
If you are b that:	eing paid for your represen	tation, or if yo	our appearance is part of other paid duties, please be advised
1.	Before you engage in lol with the City Clerk	bbying as a lol	obyist, you or your principal must file an authorization
2.	Your principal is not pe City Clerk.	rmitted to auth	norize you to lobby unless you are registered with the
3.	If your principal spends period (half year), the premainder of the calendar	principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
(Please go Room 103 o	to the City Clerk's websit f the City-County Building,	e <u>www.cityofn</u> Madison, for n	nadison.com/clerk/index.html or go to the Clerk's Office at nore information)
Date 2	5/18/10	Signature	COLLEGN DUBIN
		Print Name	COLIFIN DUBIN



Date: 5/18/2010

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common C	<u>ouncil</u>		
Please Print 3, Agenda No.5, 2, 2	-, G4		PRINT NAME CLEAN MANUELLE MANUELLE	ARLY 2000 RTHING N WI	cene,
Please check or	ne:	AND	Please chec	ek:	
⊠ Support			Do not	wish to spe	eak
Oppose					
Neither S	upport Nor Op	Dose			
(If you answered "no, of who you represent t	and go on to the next q	t complete the rest of uestion.)	n other than yourself: of this form. If you ansy ation you are represent	vered "yes," pro	∑ No ovide the name
Are you being paid for	your representation?			Yes] No
	oart of your other paid "STOP; you need not		on or organization? of this form. If you answ		No on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? \[\sum Yes \sum No \]
	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: 5-18-10

Registrat	lon Statement - ַ	Common Communities	ouncil		
Please Print					
			PRINT NAME CLE	ARLY ∧	
Agenda No. 💋 🔾	10.22.64	Name _	MI CHELL	<u> Marmin</u>	
Agenua 110.		Address _	2217 Sup	erior_	704
			_Modi≤on,∪	NT 23	.701
Please check of	ne:	AND	Please che	ek:	
Support			Do no	t wish to s	speak
Oppose					
Neither S	upport 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 ephone number of eacl	complete the rest of uestion.)	f this form. If you ans		K\No provide the name
Are you being paid for	r your representation?			Yes	□ No
	part of your other paid "STOP; you need not			☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
		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 a	are bei	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>	8-10 Signature Michall Martin



Date:

CITY OF MADISON

Registra	ntion Statement	Common Co	<u>uncil</u>		
Please Print		DIFASE	PRINT NAME CLE	EADLY	
Agenda No. 36	DR 2) 64	NameAddress		aker Jon Si Wis	#S10
Please check	one:	AND	Madison Please che	Wi5 Kenne ck:	3703 dy Manor 19
Support			Do no	ot wish to s	peak
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Are you being paid	for your representation?			Yes Yes	□ No
	s part of your other paid of o," STOP; you need not			☐ Yes swered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Community Information Hearing		ninutes ninutes		

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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
(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.)
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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(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: \$\\\ \sqrt{9} \sqrt{-18-10}

Registration	on Statement -	Common Co	uncil	
		COMMITTEE		
Please Print		PLEASE I	PRINT NAME CLEAR	LY
Agenda No. <u>36</u>	2264	Name	JERRY K 4702/65 (WADESON, U	LUBERIAN BILT MORE
Please check on	e:	AND	Please check:	
Support Support			Do not w	rish to speak
Oppose				
	ipport Nor Op	nose		
of who you represent a	STOP; you need not not go on to the next q	complete the rest of uestion.)		☐ Yes
Are you being paid for	your representation?			☐ Yes ☐ No
Are you appearing as p (If you answered "no," question.)				☐ Yes ☐ No red "yes," go on to the next
	Public Hearing (Com Information Hearing. Other Items	31	ninutes	

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	red "yes" to the question, 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 5	Signature Jerry Metals Print Name				



Date: $\frac{5}{17}$ 10

Registra	tion Statement - ַ	Common C	<u>ouncil</u>		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No.	+3+6 22+64	Name Address	HARVEY A 861F Middlester	WITTE Ubband Wi.	JR. Auz
Please check of	one:	AND	Please chec	k: 5	3562
Support			– 🔀 Do not	wish to spea	ak
☐ Oppose ☐ Neither :	Support Nor Op	pose			
(If you answered "no	ou representing an organ o," STOP; you need not t and go on to the next q	complete the rest			No ide the name
Name, address and to	elephone number of each	operson or organiz	ration you are representi	ng:	
Are you appearing as	or your representation? s part of your other paid o," STOP ; you need not			☐ Yes 🔀	No , No n to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		minutes		

Are you an eleother government	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 <u></u>	17)10 Signature Denvey St. State 9. Print Name HARVEY W. W. TE JR



Date: $5 - 18^{-1}/0$

CITY OF MADISON

Registrat	alita baran kalibar ka	ommon C	<u>ouncil</u>			
<u>Please Print</u>		PLEASE	PRINT NAI	WE CLEARLY		
Agenda No.	3)6,22,64	Name _ Address _	San 4702 Madis	Smith Si Biltons an WI	re Lave 53718	
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	Support Nor Oppose					
(If you answered "no of who you represent	ou representing an organizati," STOP; you need not compand go on to the next question lephone number of each pers	plete the rest on)	of this form Ij	fyou answered	Yes ☑ No "yes," provide the no	ame
Are you being paid fo	r your representation?				Yes 🖸 No	
	part of your other paid duties "STOP; you need not comp				Yes \[\] No "yes," go on to the r	ıext
Speaking Limits:	Public Hearing (Common of Information Hearing	3	minutes			

(SEE BACK)

		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 a that:	ire beir	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	5 -19	Signature Print Name Start Start

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		Date	: 5/18/10
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Registra	tion Statement -	Common C	<u>ouncil</u>		
Please Print Agenda No. 3	J6,22,64	Name Address	PRINT NAME CLE Craig McDowell 1280 Prospect Comi Sun Praine, WI		
Please check	one:	AND	Please che	ck:	
Support			Do no	t wish to s	speak
Oppose					
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orga o," STOP; you need not t and go on to the next q elephone number of eac	t complete the rest uestion)	of this form. If you ans		⊠ No provide the name
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	or your representation?			Yes	☑ No
	s part of your other paid o, "STOP; you need not			☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing, Other Items	3	minutes		

Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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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 5/18	Signature Cray Ne Duff Print Name Craig McDowell



Date: 5 - 18 - 10

Registra	tion Statement	Common Co	ouncil		
Please Print Agenda No. 3	, 22,6 ^y	PLEASE Name Address	PRINT NAME CLE IM De Mi 1602 SDAC MAD VEY S	ntec t so	
Please check	one:	AND	Please che	ek:	
Support Oppose Neither	Support Nor Opp	ose	□, Do no	ot wish to s	peak
(If you answered "n of who you represen	you representing an organ o," STOP; you need not o t and go on to the next que elephone number of each	complete the rest of estion.)	f this form. If you an		□ No provide the name
Are you appearing a	For your representation? Is part of your other paid of the control of the contro			☐ Yes ☐ Yes swered "yes,"	No No go on to the next
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items	3	minutes		

The following the first term of the first section o	n elected official or employee who is appearing solely on behemmental body?	alf of your office or for your municipality or Yes No
	swered "yes" to the question, STOP. You need not complete to If you answered "no" to the question, go on to the next questi	
If you are be 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 you with the City Clerk.	r principal must file an authorization
2.	Your principal is not permitted to authorize you to lobl City Clerk.	by unless you are registered with the
3.	If your principal spends or will owe more than \$1,000 f period (half year), the principal must file expense sta remainder of the calendar year?	
	o to the City Clerk's website <u>www.cityofmadison.com/clerk</u> of the City-County Building, Madison, for more information.)	
Date 5-1	ノろフク Signature	
	Print Name	

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CITY OF MADISON

Registratio	on Statement -	Common Committee	<u>ouncil</u>		
Please Print					
		PLEASE	PRINT NAME CLE	ARLY	
2	/ ~20 17 //		Todd Blair		
Agenda No. 34	o rad + 64	Address _	5203 Eling Au	٥	
			MCFavland, WI	<u>53588</u>	
Please check on	e:	AND	Please ched	ek:	
Support Support			Do not	t wish to spe	e ak
Oppose					
Neither Su	pport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent at Name, address and telep	STOP; you need not nd go on to the next q	complete the rest of uestion.)	f this form. If you answ	wered "yes," pro	⊿ No ovide the name
Are you being paid for	your representation?			Yes [] No
Are you appearing as pa (If you answered "no," question.)				☐ Yes ☐ wered "yes," go] No on to the next
	Public Hearing (Com Information Hearing. Other Items	3	minutes		

(SEE BACK)

A MARKAGA PARTITION AND AND THE REAL PROPERTY.	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: 5/18/10

Registra	tion Statement - ַ	Common C	<u>ouncil</u>		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. <u>ろ</u> , し	4,22,4	분명하는 불 학교 하는 사람들이 다 없다.	Chris Cro 1402 S. par Maxison W	K 3T	15
Please check of	one:	AND	Please che	ck:	
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Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		minutes		

	elected official or employee who is appearmental body?	ring solely on behalf of your office or for your municipality or Yes No
	wered "yes" to the question, STOP. You ne f you answered "no" to the question, go on	ed not complete the rest of this form, except that you must sign to the next question.)
If you are both	being paid for your representation, or if y	our appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lo with the City Clerk.	bbyist, you or your principal must file an authorization
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3		nore than \$1,000 for lobbying services in any reporting t file expense statements with the City Clerk for the
	to the City Clerk's website <u>www.cityofi</u> of the City-County Building, Madison, for n	nadison.com/clerk/index.html or go to the Clerk's Office at nore information)
Date	Signature	
	Print Name	



Date: ____

CITY OF MADISON

Registra	ition Statement	Common Co	ouncil	
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		PLEASE	PRINT NAME CLE	ARLY
		Name	GREZ And	PR SOW
Agenda No. 3	6,22,64	Address	1571 IVOR	용한 경우를 보고 해보는 것이 없는 것이 없는 것이 없는 것이 없었다.
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Support			😿 Do not	wish to speak
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Are you appearing a	for your representation? s part of your other paid on the control of your need not			Yes No Yes No wered "yes," go on to the next
question.)				
Speaking Limits:	Public Hearing (Communication 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?
	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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	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: 5-18-2010



DO NOT WISH TO SPEAK FORM

Registration Statement	Common Co	uncil	
	COMMITTEE		
Please Print	PLEASE !	PRINT NAME CLEARI	Y
Agenda No. 3, 6, 22, 64	Name _		EWSKI
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Sun Provide	12, 53590
Please check one:	AND	Please check:	
Support		Do not w	ish to speak
Oppose			
Neither Support Nor Opp	oose		
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 $1 \cup PAT - DC7$	complete the rest of uestion.)	this form. If you answere tion you are representing:	Yes
Are you being paid for your representation?		Γ	∐ Yes
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		n or organization? Cthis form. If you answere	XYes ☐ No Id "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3 1	ninutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? (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. Your principal is not permitted to authorize you to lobby unless you are registered with the 2. City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting 3. 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.) Date 5-12-2010 Signature

Print Name



Date: 5-18-20

Registration Statement -		<u>uncil</u>
	COMMITTEE	
Please Print	PLEASE I	PRINT NAME CLEARLY
Edgewater Hotel	Name S	Cott Watson
Agenda No. 3 56	그들은 살아보고 하다 하는 것이 없는데 하고 있는데 모든 사람들이 없다.	217 Redment Rd
22 : 64		Radison W1 537/1
Please check one:	AND	Please check:
Support Support		Do not wish to speak
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Neither Support Nor Op	pose	
At this meeting are you representing an organized (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each	et complete the rest of question) ch person or organiza	this form. If you answered "yes," provide the name
		SPark St
608) 257-4220	, 1	1 W/ 53715
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.)	l duties for this person t complete the rest of	n or organization?
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Are you an e	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.)
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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 S	18-10 Signature Mathata
	Print Name Scott Watson
	(26 years)
asa	Resident of City of Madisan
I De	ppet the Edgewiter Helel





Registration Statement -	Common Co	<u>ouncil</u>	
Please Print			
		PRINT NAME CLEA	
	that are not a 100 to be a place of the first and see the first of the	Kris Benis	
Agenda No. $3,6,22,64$		5202 Mone	는 전화 경우 4~4 이 전환자 하는 학교는 현재 소리를 느꼈다. 현재 가스트 전환스 전투 수 분들은 회사 전 경우 전략적
		Madisow, c	II 53704
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Neither Support Nor Op	opose		
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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 wered "yes," go on to the next
Information Hearing	mmon Council) 5 ; ; 3 ; 3 ;	minutes	

	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.)
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Date	Signature
	Print Name



Date: 5-18-10

Registra	tion Statement	COMMITTEE	ouncil
Please Print			PRINT NAME CLEARLY Frank We amajer
Agenda No. 36	22-64	and the contract of the contra	Frank Neumaier 409 Prairie Au 6017 w 2 63555
Please check of	one:	AND	Please check:
Support Oppose			Do not wish to speak
At this meeting are y (If you answered "n	Support Nor Op you representing an orga o," STOP; you need not t and go on to the next q	nization or a person	n other than yourself: Yes \ \ No \ of this form. If you answered "yes," provide the nam
Name, address and t	elephone number of each	h person or organiza	ation you are representing:
	or your representation? s part of your other paid	duties for this person	☐ Yes ☑ No on or organization? ☐ Yes ☐ No
	이 기름이 되었다. 이 기가 가는 중에 되는 것이 되는 것이 되었다. 이 기를 가게 되었다.		of this form. If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes

Are you an elected official or emploother governmental body?	oyee who is appearing solely on behalf of your office or for your municipality or Yes No			
사용 주어구 하시 아이들은 사람이 가는 사람이 되는 사람들이 가는 사람들이 나를 가는 것이 되었다.	ion, STOP. You need not complete the rest of this form, except that you must sign he question, go on to the next question.)			
If you are being paid for your repr	esentation, or if your appearance is part of other paid duties, please be advised			
 Before you engage i with the City Clerk. 	n lobbying as a lobbyist, you or your principal must file an authorization			
Your principal is no City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
period (half year),	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?			
"我们,我们还是不是有什么。" (17) "我们的,我们的我们的是一个时间,我们就是这样的,我们的一个人,不是不是一个人。"	ebsite <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ng, Madison, for more information.)			
Date <u>5-18-10</u>	Signature Fundal Management			
	Print Name Frank Nelemaler			



Date: <u> こ/地/スレル</u> DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement	Common Co	ouncil		
Please Print		PLEASE PRINT NAME CLEARLY Name PETE STERM			
Agenda No. <u>3, 6, 22, t</u>	3,22,04	Address _	1602 S. Madlisan		W SI. 53713
Please check	one:	AND	Please che	ck:	
Support Oppose			Do no	t wish to	speak
	Support Nor Op	pose			
(If you answered "r	you representing an organo," STOP ; you need not at and go on to the next q	complete the rest of		☐ Yes wered "yes,"	No provide the name
Name, address and	telephone number of eacl	n person or organiza	ation you are represen	ting:	
Are you being paid	for your representation?			☐ Yes	□No
	is part of your other paid o," STOP; you need not			☐ 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 e other governi	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, STOP. You need not complete the rest of this form, except that you must sign unangued in a second of the question, go on to the next question.)
If you are be 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 see City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 5/8/20

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE	
Please Print	PLEASE PRINT NAME CLEARL	<u>.</u> Y
Agenda No. 3, 11, 22, 114	Name Sin Shaves Address 121 Le. Lehns	LIT 53703
Please check one:	AND Please check:	
☑ Support	Do not wi	ish to speak
Oppose		
Neither Support Nor Op	pose	
of who you represent and go on to the next	ot complete the rest of this form. If you answere	☑Yes □ No d "yes," provide the name
Stut Brown April		
120 Lo. Lyerba		
madise, LIES	3723	
Are you being paid for your representation	2] 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? [ot complete the rest of this form. If you answere	☐ Yes ☐No ed "yes," go on to the next
이 살이 들어가는 것이 살이 살아 있다면 하는데 그렇게 되는데 그렇게 하는데 그렇게 하는데 그렇게 하는데 하는데 그렇게 되었다.	mmon Council)5 minutes g3 minutes 3 minutes	

(SEE BACK)

Angerta (A. T. Angellia, 1944), and a	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, 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
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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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:

CITY OF MADISON

Registra	ition Statement -	Common Co	ouncil		
Please Print					
		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 3_i	6,22,64	Name _ Address _	Tim med 350 S. Ho modean	rcallys um Hon USI	C Sheet #81 53713
Please check	one:	AND	Please chec	:k:	
Support			Do not	wish to	speak
Oppose	#5				
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an organic," STOP; you need now that and go on to the next of the telephone number of each	t complete the rest o question.)	f this form. If you ansy		⊠No provide the name
Are you being paid:	for your representation?			☐ Yes	⊠No
	s part of your other paid o," STOP; you need no			☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		

(SEE BACK)

ta na taona ao amin'ny faritr'i Nord-de-de-	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 be 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 5	18/29/0 Signature Tim Westerlie



Date: 5 18 2010

Registration Sta	atement - <u>Common</u>	<u>Council</u>			
Please Print Agenda No. 3 6 22	Name	EPRINT NAME CLEARLY Julie Zimbrick 5704 Dart man Drie Madison WE 53711			
Please check one:	AND	Please check:			
 Support Oppose ≠5 Neither Support Nor Oppose 					
(If you answered "no," STOP of who you represent and go o		t of this form. If you answered "yes," provide the no	ame		
	- our other paid duties for this pe	☐ Yes ☑ No rson or organization? ☐ Yes ☑ No it of this form. If you answered "yes," go on to the r	next		
Informa	Hearing (Common Council) ation Hearingtems	.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 be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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A Maria Cara and a series of the Salar Cara and the Cara	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 _ 5	18/2010 Signature Juli Zoubilo Print Name Tiblis Zimberch



Date: 5)16/10

DO NOT WISH TO SPEAK FORM

Registrat	tion Statement	Common Co	uncil		
Please Print		PLEASE I	PRINT NAME CLEAF	RLY	
Agenda No. $3_i b_i$	22,64	Name Address	Lynne M 205 De Mad con	Taul L Mar Let	Inus Drive 5370
Please check of	ne:	AND	Please check	•	
Support			Do not v	vish to spea	ık
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.)	other than yourself: this form. If you answell tion you are representing		
	or your representation?			Yes	
	part of your other paid part of your other paid part of you need not		n or organization? Tthis form. If you answe	∐ Yes ☐ red "yes," go oi	
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	31	ninutes		

	lected 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, 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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	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					
2.3 (4.4) (4.1)	 2.5	and the second	 	4, 4 4	

CITY OF MADISON

Registration Stater	nent - Common Cou	<u>incil</u>
Please Print Agenda No. 3/6/7764	Name	RINT NAME CLEARLY Marcy Bardun 115 W Johnson H Madison w, 57203
Please check one:	AND	Please check:
✓ Support✓ Oppose✓ Neither Support N	or Oppose	→ Do not wish to speak
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to to Name, address and telephone numbers.	need not complete the rest of the next question.)	his form. If you answered "yes," provide the name
question.) Speaking Limits: Public Heari Information	ther paid duties for this person	his form. If you answered "yes," go on to the next nutes

(SEE BACK)

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? 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 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 54	18-10 Signature Marcus Badiu



Date: 5-18-10

DO NOT WISH TO SPEAK FORM

Registratio	on Statement	COMMITTEE	Council		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
رکار 3 Agenda No.	.22,64	Name	JACOB WARD 1308 S. THOM	2	DR:
			<u>M40150N W(</u> 1	<i>5</i> 371 <i>1</i>	
Please check on	e:	AND	Please chec	:k:	
Support			🔀 Do not	wish to s	speak
Oppose					
Neither Su	pport Nor Opp	ose			
	STOP; you need not nd go on to the next qu	complete the rest vestion)	n other than yourself: of this form. If you ansv zation you are represent	wered "yes,"	
Are you being paid for	your representation?			Yes	⊠No
Are you appearing as pa (If you answered "no," question.)				☐ Yes wered "yes,"	No go on to the next
	Public Hearing (Commation 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?
	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
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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 first the City-County Building, Madison, for more information)
Date <u>5-1</u>	Signature Quot-Wend
	Print Name / JACOB WARD



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common C	<u>ouncil</u>		
Please Print Agenda No. 26	22, C4	Name (PRINT NAME CLEA SPECE DAY 1005 Red to Verona n	ARLY man il Da II B	2 3583
Please check or	1e :	AND	Please chec	:k:	
Support Oppose Neither S	o upport Nor Op	pose	Do not	wish to	speak
of who you represent a	" STOP; you need not ind go on to the next q	complete the rest uestion)	n other than yourself: of this form. If you answ ration you are representi		No provide the name
Are you being paid for Are you appearing as p	your representation? part of your other paid "STOP: you need not	duties for this pers	on or organization? of this form. If you answ	Yes	No No
question.) Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	mon Council)5	minutes minutes	vereu yes,	go on 10 the next

	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 bothat:	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 5/	1810 Signature Amn Mathu
<i>t</i>	Print Name Steven J. Dittmeny

Date: 5/18/2010



DO NOT WISH TO SPEAK FORM

Registration Stateme	ent - <u>Common Cou</u>	ncil
ni n <u></u>	OOMMIT LEE	
Please Print	PLEASE PR	RINT NAME CLEARLY
	Name 👇	Steve 1 cm 3 us 4
Agenda No.	마리트 경기 (1982년 대통령 2월 2일 2일 1일 1일 1일 1일 일 다니다	534 Timber Line
#3,6,22,6	2011년 1월 1일	cross Planes, WI
Please check one:	AND	がるアとり Please check:
∑ Support		Do not wish to speak
Neither Support No.	r Oppose	
At this meeting are you representing a (If you answered "no," STOP; you no f who you represent and go on to the Name, address and telephone number	eed not complete the rest of t next question)	his form. If you answered "yes," provide the name
Are you being paid for your represent	ation?	☐ Yes ☐ No
Are you appearing as part of your oth (If you answered "no," STOP; you nate question.)		or organization?
Information H	g (Common Council)5 mi earing3 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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 'the City-County Building, Madison, for more information.)
Date 5	18 200 Signature
	Print Name 5/-/11-1 / Um (3 U 3)



Date: 5/18/10

CITY OF MADISON

Registra	tion Statement -	Common C	ouncil		
Please Print Agenda No.	, 6,22 ewater		PRINT NAME CLEA Lawa M. L 5652 No Madisa		
Please check o	one:	AND	Please chec		
SupportOppose			🔀 Do not	wish to speak	
At this meeting are y (If you answered "no of who you represent	Support Nor Op ou representing an orga o, "STOP; you need not and go on to the next q	inization or a persor t complete the rest o question.)	of this form. If you ansv	☐ Yes ☐ No wered "yes," provide the n ing:	ame
Are you appearing as	or your representation? part of your other paid			☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the	next
question.)				,	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		

(SEE BACK)

Santa da esta Terra da esta el c	化二氯化二十二氢邻苯基磺酚	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, STOP. You need not complete the rest of this form, except that you must sign unangular unangular unangular to the question, go on to the next question.)
If you at	re bein	g paid for your representation, or if your appearance is part of other paid duties, please be advised
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t 🐧 data da ang kabupaten da		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 Clerk's Office at the Clerk's Office at the City-County Building, Madison, for more information.)
Date	5/18	Signature Sun M. Lange Print Name Laura M. Lange



Date:

Registration Statement -	Common C	Council	
Please Print	PLEASE	PRINT NAME CLEA	RLY
1 26.20/A	Name	SARAH CARPEN	
Agenda No. 3626+		22 E MIFFUN	
		MADISON, WI	50105
Please check one:	AND	Please check	
Support		Do not	wish to speak
Oppose 5			
Neither Support Nor Op	pose		
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 Name, address and telephone number of each way.	t complete the rest question)	of this form. If you answe	
22 EMIRWST			
MADISAN 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.)		son or organization? of this form. If you answe	Yes
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes	

	elected official or employee of mental body?	who is appearing	g solely on behalf of your office or for your municipality or Yes Yo
	ered "yes" to the question, S you answered "no" to the qu		not complete the rest of this form, except that you must sign the next question.)
If you are be that:	eing paid for your represent	ation, or if your	r appearance is part of other paid duties, please be advised
1.	Before you engage in lob with the City Clerk.	bying as a lobby	yist, you or your principal must file an authorization
2.	Your principal is not per City Clerk.	mitted to author	rize you to lobby unless you are registered with the
3.		rincipal must fi	e than \$1,000 for lobbying services in any reporting le expense statements with the City Clerk for the
	to the City Clerk's website f the City-County Building, M	医二氯化二酚医二酚 医克尔氏管 化二酚酚 医二酚酚	dison.com/clerk/index.html or go to the Clerk's Office at re information.)
Date 5	18/10	Signature 🗲	Sandapentes
		Print Name	SARAN CACPENTER



Date: 5/18/16

Registration Staten	nent - Common Co	ouncil	
<u>Please Print</u>		PRINT NAME CLEARLY	
Agenda No. 3, 6, 22, 64	Name Address	Em DeWald 22 E Millen St	
Please check one:	AND	Please check:	
Support		Do not wish to speak	
Oppose Neither Support N			
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to to Name, address and telephone numbers.	need not complete the rest of he next question.)	f this form If you answered "yes," provide the nat	me
Are you being paid for your represe	ntation?	☐ Yes ☐ No	
Are you appearing as part of your of (If you answered "no," STOP; you question.)		on or organization?	ext
Information	ng (Common Council)5 1 Hearing 3 1 3 1	minutes	

	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are both	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



Registration Statement -	Common Committee	<u>ouncil</u>	
Please Print			
	PLEASE	PRINT NAME CLEARLY	
	Name _	Stuart Zadra	
Agenda No. 3 , 6 , 22 , 64	Address _	5312 Lighthouse Bay Dn	
		Mudison, WI 53404	
Please check one:	AND	Please check:	
☑ Support		Do not wish to speak	
Oppose Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest of uestion.)	of this form. If you answered "yes," provide the nam	ie –
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.)		on or organization?	ct
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.)
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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: <u>5/18/2010</u>

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement - ַ	Common Co	ouncil	
Please Print Agenda No.	6-22-64		PRINT NAME CLEARI Robert A 1003 Kette	Dann
Please check o	ne:	AND	Please check:	
Support Oppose			Do not wi	ish to speak
	Support Nor Op	pose		
(If you answered "no of who you represent	and go on to the next q	complete the rest o uestion)		☐ Yes
Are you being paid fo	r 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 (Coming Information Hearing.) Other Items	3	minutes	

3.3 克图 19.6 高 14. 1 图 1 图 1 图 1 图 1 图 1 图 1 图 1 图 1 图 1	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 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.				
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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 the City-County Building, Madison, for more information.)				
Date 5	5/18/2000 Signature Kafest A Dunn Print Name ROBERT F. DUNN				



Date: 5/18/12010

CITY OF MADISON

Registration Statement -	Common Co	<u>ouncil</u>	
Please Print	PLEASE	PRINT NAME CLEARL	Y
Agenda No. 3-6-2-84	Name	JIM CAR 8105 OLD Z-MIDDL	LEY SAUKRO ETONWI
Please check one:	AND	Please check:	53862
Support		Do not wis	sh to speak
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 eac	nization or a person t complete the rest o question.)	f this form. If you answered] Yes No I "yes," provide the name
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		on or organization?	Yes No Yes No on to the next
Speaking Limits: Public Hearing (Com Information Hearing.			

(SEE BACK)

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.)
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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



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CITY OF MADISON

Registratio	on Statement	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARIY 🗢	
Agenda No. 31	0,22	Name ≤	Susain Le 125 Black Middle	ze bo	15/er 16/RJ 13562
Please check on	le:	AND	Please chec	:k:	
Support			Do not	wish to	speak
Oppose Oppose					
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	' STOP; you need not nd go on to the next q	nization or a person complete the rest of uestion.)	f this form. If you answ		No provide the name
Are you being paid for Are you appearing as p (If you answered "no,"	art of your other paid			☐ Yes ☐ Yes wered "yes,'	□ No □ No □ No 'go on to the next
question.) Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	mon Council)5 3	minutes minutes		

(SEE BACK)

	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:	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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.) [[[
Date	Print Name Susan Lew Fosters				

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1	14	di	n	N	.

Date: 5/18/2010

CITY OF MADISON

Registra	tion Statement	Common Co	ouncil	
Please Print Agenda No.	362364	PLEASE Name Address	PRINT NAME CLE	kAN
Please check of	me:	AND	Please che	ck:
Support Oppose	5		Do no	t wish to speak
At this meeting are y (If you answered "no of who you represent	t and go on to the next q	nization or a person complete the rest o uestion.)	f this form. If you ans	☐ Yes ☑No wered "yes," provide the name
	elephone number of eacl	h person or organiza	tion you are represen	ting:
Are you appearing as	or your representation? s part of your other paid o, " STOP; you need not			☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 1	minutes	

(SEE BACK)

	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.)
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 4880
	Print Name Hand State



Date:

Registratio	n Statement - ַ	Common Co	ouncil		
Please Print Agenda No. 3	P172-	Name	PRINT NAME CLE Beth D 1201 Bed Machin	onle	1) 121 WW 1371)
Please check one	:	AND	Please chec	:k:	
Support Oppose Neither Su	oport Nor Op	pose	∠\ Do not	wish to s	speak
At this meeting are you in (If you answered "no," of who you represent and Name, address and telep	STOP; you need not d go on to the next q	complete the rest of uestion)	f this form. If you ansv		□ No provide the name
Are you being paid for y Are you appearing as pai (If you answered "no," S question.)	t of your other paid			☐ Yes ☐ Yes wered "yes,"	☐ No ☐ No ' go on to the next
Speaking Limits: P	ublic Hearing (Com Iformation Hearing. Ther 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?		
	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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.) Signature Print Name Print Name		



Date:

CITY OF MADISON

Registrat	ion Statement - ַ	Common C	<u>ouncil</u>		
Please Print Agenda No. 3 /	,22,64	PLEASE Name Address -	PRINT NAME CLE Brad Gol 9010 As Madis) pon G	roue 53717
Please check o	ne:	AND	Please che	ck:	
Support Oppose Neither Support Nor Oppose					
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 appearing as	or your representation? part of your other paid "STOP; you need not	1995년 시간 시간에 가장 되지 않는데 시간 사람들은 그 나는 사람		☐ Yes ☐ Yes swered "yes,"	□ No □ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

(SEE BACK)

Are you an elother 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.)		
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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 5	18/10 Signature Books, Leadler, Leadler		
	Print Name Brad (500)		



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

Registration Stateme	ent - Common Council	
Please Print Agenda No. 3, 6, 22, 64		회사를 되는 것 같더를 사고하는 중국사는 끝으로 모르는 것 같다.
Please check one:	AND Please	check:
Support		not wish to speak
Oppose		
(If you answered "no," STOP; you not of who you represent and go on to the	r of each person or organization you are repr	i answered "yes," provide the name
Are you being paid for your represent	tation?	☐ Yes 🕍 No
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Information H	g (Common Council)5 minutes Iearing3 minutes3 minutes	

and the control of th	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? \(\sum \sqrt{Yes} \sqrt{\sqrt{No}} \)
	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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Date	Signature
	Print Name



Date: 05//8/10

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common C	Council	
		COMMITTEE		
Please Print				
		PLEASE	PRINT NAME CLEA	ARLY 1
		Name	<u>L'arole</u>	Schoetter
Agenda No. 🔾 (🛭	22,09	Address	282 along	2 Mondon C. C.
			00000	111152575
				7 ~ 1 2 2 2 1
Please check o	ne:	AND	Please chec	k:
Support			Do not	wish to speak
Oppose				
[] Neither S	Support Nor Op	pose		
At this meeting are vo	ou representing an orga	nization or a perso	on other than yourself	⊠Yes □No
(If you answered "no	," STOP; you need not	complete the rest		vered "yes," provide the name
of who you represent	and go on to the next q	uestion.)		
Name, address and te	lephone number of each	h person or organiz	zation you are representi	ng:
\sum_{i}	A Courth	1 Greater	- Madison	
$\frac{-\frac{O}{C}}{7}$				7 7 7 A
	ewan	ave	Madison	5570
66	3-2005			
				\mathcal{M}
Are you being paid to	r your representation?			Yes No
(If you answered "no,	part of your other paid "STOP; you need not			Yes No No wered "yes," go on to the next
question.)				
Speaking Limits:	Public Hearing (Com			
	Information Hearing. Other Items	化工工作工作 经自动工作 化二氯甲基甲基 医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	人名英格兰 化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甲基甲基甲基甲基	

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	vered "yes" to the questio Fyou answered "no" to the		ot complete the rest of this form, except that you must sign he next question.)
If you are 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 authorization
2.	Your principal is not City Clerk.	permitted to authori	ze you to lobby unless you are registered with the
3.	그는 그 그는 아들은 독일 가입니다. 그는 이번 살아 아들이 되어 살을 하였다.	e principal must file	than \$1,000 for lobbying services in any reporting expense statements with the City Clerk for the
Room 103 (to the City Clerk's web of the City-County Buildin		son.com/clerk/index.html of go to the Clerk's Office at information)
		Print Name	harole schoeffer



Date: _

Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY Name Delight O elevich
Agenda No. 3, 10, 22 + 10 4	Address Blue Herm De 53562
Please check one:	AND Please check:
Support	Do not wish to speak
⊠ Oppose 5	
Neither Support Nor O	ppose
(If you answered "no," STOP ; you need of who you represent and go on to the nex	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.) each person or organization you are representing:
Are you being paid for your representation Are you appearing as part of your other pa	aid duties for this person or organization? Yes No
(If you answered "no," STOP; you need question.)	not complete the rest of this form. If you answered "yes," go on to the next
Information Heari	ommon Council)5 minutes ng3 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.)
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Date /	18/10 Signature Del sout Below Ch
	Print Name



Date:

CITY OF MADISON

Registra	ition Statement -	Common Co	uncil		
Please Print		PLEASE I	PRINT NAME CLE	ARLY	
Agenda No. 3	6 22 64	Name <u>↓</u> Address	Jonica 5 Mon Madr	-Du. avv 14	20 - 0 vde 21
Please check	one:	AND	Please chec	k:	רודל
Support			Do not	wish to	speak
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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	3 1	ninutes		

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	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? \qquad \qquad Yes \qquad \qquad 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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	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	16/0 Signature Movice Derm
	Print Name Monja



Dat	te:	5/	1	3/	/ / d
		/		Year.	Applied.

Registration Stateme	ent - Common Council	
<u>Please Print</u>	PLEASE PRINT NA	ME CLEARLY
Agenda No.	Name Marc	
Please check one: Support 3/6/2	AND Plea	se check: Do not wish to speak
 ○ Oppose ○ Neither Support No	r Oppose	
(If you answered "no," STOP; you n of who you represent and go on to the	그런데 그 씨는 회사의 시간 시험에 가득하는 사람들이 되었다. 그 사람들이 다른 전문에 되었다면 하는 것이다.	If you answered "yes," provide the name
Are you being paid for your represent	tation?	☐ Yes ☐ No
	ner paid duties for this person or organiz need not complete the rest of this form.	eation?
Information H	g (Common Council) 5 minutes Iearing 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? 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.)
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:

CITY OF MADISON

Registra	tion Statement - ַ	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLI	EARLY	
Agenda No. 3	6,22,64	Name _ Address	11M She 41,89 Rose MiddleTos	119 2 CC 1, WI	5356
Please check of	one:	AND	Please che	eck:	
Support			Do no	ot wish to	speak
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga o, " STOP; you need not t and go on to the next q elephone number of eacl	complete the rest of uestion.)	f this form. If you an.		No provide the name
Are you appearing as	or your representation? s part of your other paid o, "STOP; you need not			☐ Yes ☐ Yes eswered "yes,"	No No No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 i	ninutes		

(SEE BACK)

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 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:

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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 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

Signature

Print Name



Date:

CITY OF MADISON

Registrat	ion Statement - ַ	Common Cou	ıncil		
Please Print Agenda No. 3	-22-86	PLEASE PI Name Address	RINT NAME CLE DESMY 1	EARLY Knapp BTWood	O Ship
Please check o	ne:	AND	Please che	ck:	
Support			Do no	t wish to s	speak
Oppose Neither S	Support Nor Op	pose			
(If you answered "no	ou representing an orga ," STOP; you need not and go on to the next q	t complete the rest of t		☐ Yes swered "yes,"	
Name, address and te	lephone number of eacl	h person or organizatio	on you are represen	iting:	
Are you being paid fo	r your representation?			Yes	/N₀
	part of your other paid." STOP; you need not			☐ Yes ☐ Yes swered "yes,"	No go on to the next
Speaking Limits:	Information Hearing.	mon Council)5 mi 3 mi 3 mi	inutes		

(SEE BACK)

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?					
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)					
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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	18.0 Signature Serry Knapp Print Name Serry Knapp					



Date:

CITY OF MADISON

Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 3 (, 422, 6	Name Jin Lowhart Address 85. E. Gorhan Mail: 5
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor C	Oppose
(If you answered "no," STOP; you need of who you represent and go on to the ne	rganization or a person other than yourself: No not complete the rest of this form. If you answered "yes," provide the name at question.) 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 p	
Information Heari	Common Council) 5 minutes ng 3 minutes 3 minutes

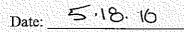
(SEE BACK)

	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.)
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Date	Signature
	Print Name



Registration Statement -	Common C	<u>ouncil</u>
Please Print	PLEASE	PRINT NAME CLEARLY
	Name _	Jessica Zedler
Agenda No. $3, 4, 6, 22, \cancel{\cancel{L}}$	Address	
		Oregon WI 53575
Please check one:	AND	Please check:
⊠ Support		Do not wish 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 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		
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?
	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 fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name





Registration Statement	: - Common Co	uncil	
Please Print	PI FASE E	RINT NAME CLEARLY	
		BICH LYNICH	
Agenda No. 3, 6, 4	Name		
	– Address	725 HURON HI	
22,44		MADILON	
Please check one:	AND	Please check:	
⊠ Support		Do not wish to s	speak
Oppose			
Neither Support Nor (Innose		
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	not complete the rest of xt question.)	this form If you answered "yes,"	⊠ No provide the name
Are you being paid for your representation	on?	☐ Yes	⊠No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)			No go on to the next
Information Hear	Common Council) 5 n ing 3 n 3 n	ninutes	

	elected official or empormental body?	ployee who is appear	ring solely on behalf of your of	ffice or for your municipality or Yes No			
	vered "yes" to the que 'you answered "no" to			form, except that you must sign			
If you are b that:	peing paid for your re	presentation, or if yo	our appearance is part of other	r paid duties, please be advised			
1.	Before you engage with the City Cler	이 나는 나의 원인이 되었다. 그 하는 나는 그는 것 같은 사람들은 사람들이 없다.	obyist, you or your principal m	ust file an authorization			
2.	Your principal is City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.		, the principal must	ore than \$1,000 for lobbying s file expense statements with				
	to the City Clerk's f the City-County Buil		The state of the s	or go to the Clerk's Office at			
Date	5.18.10	Signature Print Name	RLD, R. LYMCH				



Date: May 18, 2010

DO NOT WISH TO SPEAK FORM

Registra	tion Statement	Common Co	ouncil		
Please Print		PLEASE,	RRINT NAM E CLE	-≱RLY	
Agenda No. 3	622,64	Name	Luet 15	sent	
			Madison	WI 53	3717
Please check of	one:	AND	Please che	ck:	
Support			Do not	t wish to spea	ak
Oppose					
Neither S	Support Nor Opp	oose			
(If you answered "no of who you represent	ou representing an organ o," STOP; you need not t and go on to the next que elephone number of each	complete the rest o	f this form If you ans	wered "yes," prov	No ride the name
Are you being paid f	or your representation?			Yes	No
	s part of your other paid on the paid of t				No on to the next
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3	minutes		

としてのが、 (声が)してい しゅうしきょ	an elected official or employee who is appearing solely on behalf of your or ermmental body?	ffice or for your municipality or Yes No					
	iswered "yes" to the question, STOP. You need not complete the rest of this If you answered "no" to the question, go on to the next question.)	form, except that you must sign					
If you are b that:	e being paid for your representation, or if your appearance is part of othe	r paid duties, please be advised					
1.	Before you engage in lobbying as a lobbyist, you or your principal n with the City Clerk.	nust file an authorization					
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 speriod (half year), the principal must file expense statements with remainder of the calendar year?	services in any reporting the City Clerk for the					
	go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> 3 of the City-County Building, Madison, for more information.)	or go to the Clerk's Office at					
Date	Signature						
	Print Name						

			8.1	
Dat				



Registrati	on Statement	Common Co	ouncil		
Please Print		PLEASE Name	PRINT NAME CLE	ARLY Sign Si	
Agenda No. 3	664,22	Address	138 Lorill	and Ct	
Please check or	1e:	AND	Please chec	.k :	
Support			Do not	wish to speak	
Oppose					
Neither S	upport Nor Opp	oose			
(If you answered "no, of who you represent o	u representing an orgar "STOP; you need not and go on to the next que ephone number of each	complete the rest o uestion)	f this form. If you ansv	wered "yes," provide the nan	ne
Are you being paid for	vous representation?			☐ Yes ÆNo	
Are you appearing as j	part of your other paid	그런 그는 그는 사람이 나는 그들은 그들은 그는 그 나는 그를 가지 않는 것이 없는 것이다.		Yes No wered "yes," go on to the ne	ext
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3	minutes		

Are you an el other governr		g solely on behalf of your office or for your municipality or Yes \(\sum \)Yes		
	ered "yes" to the question, STOP. You need you answered "no" to the question, go on to	not complete the rest of this form, except that you must sign 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 lobby with the City Clerk.	rist, 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.	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.cityofmac</u> the City-County Building, Madison, for mor	lison.com/clerk/index.html or go to the Clerk's Office at e information.)		
Date	<u> ≤′ / δ</u> Signature	Dovee Cains Renée Cairne		



Date: 5/8/2010

DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Committee	ouncil		
Please Print					
		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No. 3416	, al 1,4		Tina Yura		
Agenda No.		Address _	1251 Felacio	5 (353)	
Please check on	e:	AND	Please chec	k:	
∑ Support			Do not	wish to s _]	peak
Oppose			/		
Neither Si	ipport Nor Opp	ose			
of who you represent a	' STOP; you need not nd go on to the next qu	complete the rest of testion.)	n other than yourself: of this form. If you answ ation you are representi		□ No provide the name
Are you being paid for				Yes	∐ No <u></u>
Are you appearing as p (If you answered "no," question.)			on or organization? of this form. If you ansv	☐ Yes wered "yes," ş	∐No 30 on to the next
Speaking Limits:	Public Hearing (Comr 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 be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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ar tita kan da karing 🕶 karing	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: $\frac{5}{1}$, $\frac{5}{10}$

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil
Please Print	DI FASE	PRINT NAME CLEARLY
Agenda No. <u>3, 4, 6, 22, 64</u>	Name _	Sharen A. Zelaglac 18 High Point Woods Pr Apt 203, Madison, W153719
Please check one:	AND	Please check:
∑ Support		Do not wish to speak
Oppose Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	complete the rest of 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.)		on or organization?
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes

医多种氏征多性皮肤 阿蒙 医皮肤结合症 经收益 化氯化 化二氯	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 both	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: 5/18/10

DO NOT WISH TO SPEAK FORM

Registration Statement -		ouncil		
	COMMITTEE			
Please Print	PLEASE	PRINT NAME CLE	ARI Y	
	Name	SANOY LEWS		
Agenda No. 3, 4, 6, 22, 64		2424 White (
	Address			
		Oregon, w		
Please check one:	AND	Please chec	k:	
□ Sunnort				
Support			wish to s	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	ot complete the rest (question)	of this form. If you ansy	vered "yes,"	₩ No provide the name
Are you being paid for your representation?			☐ Yes	™No ™No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)			☐ Yes wered "yes,"	
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	,	minutes		

ing a serveries. The experience in the first serveries	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.)
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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: <u>5/18/10</u>

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil			
Please Print					
Agenda No. 3, 6, 4, 22, 64	PLEASE Name Address	PRINT NAME CLEARLY Dave Knoche 5806 Old Soulc Madison WI			
Please check one:	AND	Please check:			
Support Oppose		Do not wish to speak			
☐ Neither Support Nor Op	pose				
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? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		☐ Yes ☐ No on or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the next			
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes			

化氯化 经净净 医动物性 医皮肤 医皮肤	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.)
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Date	Signature
	Print Name





CITY OF MADISON

Registration Statement -	Common Col	uncil
Please Print		
<u>ricase riiii</u>	PLEASE P	RINT NAME CLEARLY
	Name	JUDD SCHEMMEL
Agenda No. <u>3, 6, 4, 22, 4, 64</u>	Address	7614 SASMILL RA
		MAN'SON, CUI 537/7
Please check one:	AND	Please check:
Support		Do not wish 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 of question.)	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.)		or organization? Yes No this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 n 3 n	ninutes

(SEE BACK)

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



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

Registra					
<u>Please Print</u>		COMMITTEE PLEASE	PRINT NAME CLE	ARLY	
Agenda No. <u>#3</u> # .	4,# 6 ,#22,#4	Name _ Address _	Paul (LUZS UCKNEY	
Please check	one:	AND	Please chec	:k:	
			◯ Do not	wish to speak	
At this meeting are y (If you answered "no of who you represen	Support Nor Op you representing an orga o, "STOP; you need no t and go on to the next q elephone number of eac	anization or a person t complete the rest o question.)	f this form. If you ansy		he name
Are you appearing as	for your representation? Is part of your other paid It is, "STOP; you need not			☐ Yes ☐ No ☐ Yes ☐ No wered "yes," 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?
	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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	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:

Registra	tion Statement	Common Co	ouncil		
Please Print Agenda No. 3,4	,4,22,64	PLEASE Name Address	PRINT NAME CLEA William R.) 4822 W. Madisun, W.	RLY, Vh.14 2095UN 11 5371,	4-
Please check	one:	AND	Please checl	c	
Support Oppose			Do not	wish to speal	k
(If you answered "n of who you represen	you representing an organ o," STOP; you need not at and go on to the next que celephone number of each	complete the rest o uestion)	f this form. If you answe		
Are you appearing a	for your representation? s part of your other paid o," STOP; you need not			☐ Yes ☐ N ☐ Yes ☐ N ☐ Yes ☐ N pered "yes," go on	
question.) 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
	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 file City-County Building, Madison, for more information)
Date	Signature Will PMite
	Print Name VVI/I a us K N/h, 12



Date: 5/18/10

Registrati	on Statement		ouncil	
Please Print Agenda No. 36	3/5	Name <u>(</u> Address _	大声传播的复数形式 经收款帐 化双氯化物 医二甲基氏原虫病 化硫酸二甲烷基基苯甲烷基酚	ed FRINGS those Avenue
Please check or	1e:	AND	Please chec	k:
Support 2	3		Do not	wish to speak
Oppose 5	\overline{S}			
Neither S	upport Nor Opj	pose		
(If you answered "no, of who you represent a	and go on to the next qu	complete the rest ouestion.)		☐ Yes ➢ No vered "yes," provide the nam ing:
Are you being paid for	your representation?			☐ Yes ☐ No
Are you appearing as j (If you answered "no, question.)				☐ Yes ☑ No wered "yes," go on to the nex
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3	minutes	

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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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 Clerk's Office at the Clerk's Madison, for more information.)
Date \int	8/10 Signature Market SACA DELONG S



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

Registration State	nent - <u>Common Council</u>
Please Print 3 5 Agenda No. 362264	PLEASE PRINT NAME CLEARLY Name CARY FRINGS Address 22/5 VAN HTSE AVE MADISON WI 53726
Please check one:	AND Please check:
⊠ Support ≥	Do not wish to speak
Neither Support	or Oppose
(If you answered "no," STOP ; yo of who you represent and go on to	g an organization or a person other than yourself: Yes No a need not complete the rest of this form. If you answered "yes," provide the name the next question.) where of each person or organization you are representing:
Are you being paid for your repre-	entation? Yes 🗐 Yes
	other paid duties for this person or organization? Yes No in need not complete the rest of this form. If you answered "yes," go on to the next
Informatio	ing (Common Council)5 minutes Hearing

	REGISTRATION STATEMENT - FAGE 2
Are you an el other governm	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 betthat:	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 \int	18/2010 Signature Han M. D.
	Print Name GARY M. FRINGS



Date: __

Registra	tion Statement	Common C	Council		
Please Print No	40 yes ves , 6,22,64	PLEASE Name Address	E PRINT NAME CLE 1 29 HER 11 Cam	Spain	1 KMAN
Please check of	ne:	AND	Please che	ck:	
Support			Do no	t wish to s	speak
Oppose					
Neither !	Support Nor Opp	oose			
(If you answered "no of who you represen	you representing an organg," STOP; you need not and go on to the next quelephone number of each	complete the restuestion.)	of this form. If you ans	swered "yes,"	No provide the name
	or your representation?			∐ Yes	I⁄ No
	s part of your other paid o, "STOP; you need not			☐ Yes swered "yes,"	
Speaking Limits:	Public Hearing (Coming Information Hearing Other Items		3 minutes		

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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 state of the s	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	118/10 Signature Lath Jounham Print Name



Date: $\frac{5/(8/(0))}{}$

Registra	tion Statement -	Common C	<u>ouncil</u>		
Please Print Agenda No.	5, 6 ,20 +64	PLEASE Name Address	PRINT NAME CLE Iva er 9010 As Maddson	T. G	o 1] 5rouch L 5371
Please check	one:	AND	Please che	ck:	
Support Oppose Neither	#5) Support Nor Op	pose	Do no	t wish to s	speak
(If you answered "n of who you represen	you representing an orga o," STOP; you need not at and go on to the next q selephone number of eac	t complete the rest uestion)	of this form. If you ans		No provide the name
Are you being paid	for your representation?			☐ Yes	∑Nq.
	s part of your other paid o," STOP; you need not			☐ Yes swered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		minutes		

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?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign bou 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 5/	Signature Con John Print Name Traci T. G()



Date: 5 9 2010

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Co	ouncil		
Please Print		PI FASE	PRINT NAME CLE	ΔΡΙ Υ	
26)77/all	Name]	Rose M.	Byrd	
Agenda No. <u> </u>	4,64	Address _	P.O.Box 26 Madism,	023S W\C	3726
Please check o	ne:	AND	Please che	ck:	
Support			Do not	t wish to s	speak
Oppose	#S				
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organ, "STOP; you need no and go on to the next of each of	t complete the rest o question.)	f this form If you ans		No provide the name
Are you being paid fo	or your representation?			∐ Yes	□No
	part of your other paid," STOP; you need no			Yes Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		

医克里氏病 医多生性 医多生性 医多生性 医多生性	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? \(\sum Yes \sum No \)
	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 beth	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 fithe City-County Building, Madison, for more information.)
Date <u>S</u>	19-2010 Signature DAY Print Name ROSE M. BYRD



CITY OF MADISON

Registration Statement -Common Council Please Print PLEASE PRINT NAME CLEARLY Address Please check one: Please check: AND Support Do not wish to speak **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Speaking Limits: Public Hearing (Common Council) 5 minutes

(SEE BACK)

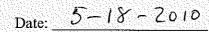
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	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)									
If you are l that:	being paid for your representation, or if your appearance 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 <u>5</u>	1/8/10 Signature Jeanne Starr Print Name Leanne Starr									



Date: 5/18/10

Registration	Statement - Comm		
Please Print Agenda No. 3/6, 2	Na	EASE PRINT NAME CLI me James A Va dress 1602 S. Pan Madown wt	ull K St
Please check one:	ANI	Please che	ek:
Support Oppose C No Neither Supp	ورک Port Nor Oppose	Do no	ot wish to speak
(If you answered "no," ST of who you represent and g Name, address and telephore	化二氯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甲基甲基甲	he rest of this form. If you an organization you are represen	swered "yes," provide the name
	St Room 202 2 53715		
Are you being paid for you Are you appearing as part of	of your other paid duties for the	nis person or organization?	Yes No Yes No swered "yes," go on to the next
Info	lic Hearing (Common Counc rmation Hearinger Items	3 minutes	

	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?										
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you mi you answered "no" to the question, go on to the next question.)	ıst sign									
If you are bothat:	eing paid for your representation, or if your appearance is part of other paid duties, please be a	advised									
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.										
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.										
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?										
(Please go Room 103 oj	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's O _o the City-County Building, Madison, for more information.)	ffice at									
Date	Signature										
	Print Name										





Registration Statement	COMMITTEE	ouncil		
Please Print				
	PLEASE	PRINT NAME CLEA	RLY	
	Name _	MIKE DRAK	e	
Agenda No. $3, 6, 22, 64$	Address _	2401 BERIC	Ley D	rive
		M401500 L	3۱ ک	719
Please check one:	AND	Please checl	∠:	
Support		Do not	wish to s	peak
\square Oppose (5)				
Neither Support Nor Opp	oose			
(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	uestion)			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.)			Yes ered "yes,"	⊠No go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes		

	en filosophie in contraction	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	that is the fact of the state of	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bei	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-	-18-2010 Signature Michael D.C.
4124133		Print Name MICHARC DRAICR



Date: <u>9810</u>

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement	Common Co	uncil		
Please Print Agenda No. 3, 4	10,22/09-M 5-NO	PLEASE P Name Address	PRINT NAME CLE Sover 318/204/	ARLY Y-	
Please check of Support Oppose	ne: 3,4,6,22,69 #5	AND	Please chec	ek: wish to spe	ak
	Support Nor Opp	pose			
(If you answered "no of who you represent	ou representing an organ," STOP; you need not and go on to the next que lephone number of each	complete the rest of uestion)	this form. If you ansy	vered "yes," pro	No vide the name
Are you appearing as	or your representation? part of your other paid "STOP; you need not			☐ Yes	No No on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 m	ninutes		

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
The state of the control of the cont	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
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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 the City-County Building, Madison, for more information.)
Date <u>5</u> 78	Signature Swell Print Name TO Bouchtle



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Registrati	on Statement	Common Co	ouncil		
Please Print Agenda No. 3	9 \$6,22,	Name _	PRINT NAME CLEATION TIM VAIENTYN 2352 COSS GO VERONE, C		L 1593
Please check or	1e:	AND	Please chec	k:	
Support Oppose (Neither S	5) upport Nor Op	pose	Do not	wish to s	speak
of who you represent o	" STOP; you need not and go on to the next q	t complete the rest of uestion.)	other than yourself: If this form If you answ It is going the second of the second o		凹No provide the name
Are you being paid for Are you appearing as a (If you answered "no, question.)	part of your other paid	and the state of the contract	on or organization? If this form. If you answ	☐ Yes ☐ Yes ☑ Yes vered "yes,"	☐ No ☐ No ☐ on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No								
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)								
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised								
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.								
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?								
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)								
Date 5	18/10 Signature Dim d. Valentin Print Name TIM d. VALENTYN								



Registra	tion Statement -	Common Co	uncil		
Please Print Agenda No.		PLEASE I Name \(\sum_{\text{Address}} \)	PRINT NAME CL Nayac 1945 W	EARLY R. Pete Oakbr	97 CIN 110 M
	one: 43代弁4,#2 ーサラ Support Nor Op		Please cho	eck: ot wish to spo	eak
(If you answered "r of who you represer	you representing an orga ao," STOP; you need no at and go on to the next q telephone number of eac	t complete the rest of question.)	f this form. If you an	swered "yes," pro	No wide the name
Are you appearing a	for your representation? as part of your other paid ao," STOP; you need no	I duties for this perso		☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ go	No No on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes Z No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are 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: 5/14/2010

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CLE	EARLY	
Agenda No.		Name Address	Kathy Pe	terson Oakbroo	k Circle
Please check o	ne:	AND	Please che	ck:	
Support 5	#3, 46, #4,#	D2 +64	Do no	t wish to	speak
Oppose	upport Nor Op				
(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 eacl	t complete the rest westion)	of this form. If you ans		□No 'provide the name
Are you being paid fo	т your representation?			Yes	□ No
	part of your other paid "STOP; you need not			☐ Yes swered "yes,	☑No "go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		3 minutes		

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?
(If you answer	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 5	Signature Kathy Peterson Print Name Kathy Peterson



Date: 5-18-10

Registra	tion Statement -	Common C	ouncil		
Please Print					
		PLEASE	PRINT NAME CLEA	RLY	
		Name	Allin III	minkan	
Agenda No. 3	564 1		That E	. Id	
135	11111	Address _			
				<u> </u>	<u> </u>
Please check	one:	AND	Please chec	k:	
Support	3,4,6,22+6	4	Do not	wish to speal	ζ.
Oppose	#5				
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orgation," STOP; you need not at and go on to the next quelephone number of each	t complete the rest (juestion)	of this form. If you answ		
	2/1/10 JU	Muss			
Are you being paid	for your representation?			☐ Yes ☐ N	0
	s part of your other paid o," STOP; you need no			☐ Yes N vered "yes," kgo on	o to the next
Speaking Limits:	Public Hearing (Com	ımon Council)5	minutes		
	Information Hearing	3	minutes		
	Other Items	3	minutes		

经债券的复数形式 医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	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.)
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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 fifthe City-County Building, Madison, for more information.)
Date	1810 Signature 431(w44)
	Print Name



Date:

CITY OF MADISON

Registrati	on Statement - ַ	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
		Name _	JOHN A. BA	UTES	
Agenda No. 3, Q	22,864,4	Address _	5841 SCARU	ET DR.	
			FIRH BORG,	<u>we s</u>	37//
Please check or	1e:	AND	Please chec	:k:	
Support			Do not	wish to sp	peak
Oppose (5)				
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent o	and go on to the next q	complete the rest of uestion)	n other than yourself: of this form. If you answ ation you are representi		TNO provide the name
	part of your other paid		on or organization? of this form. If you answ	☐ Yes ☐ Yes wered "yes," g	□No □No go on to the next
question.) 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? \(\Boxedge\) Yes \(\Boxedge\) 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 betthat:	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 5/	1/8/2010 Signature Julguld Print Name JOHN A. BALTES

Date: 5-18-10



DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	uncil
Please Print	PLEASE F	'RINT NAME CLEARLY
Agenda No. 3, 4, 5, 6, 22, 44	and the contract of the contra	evin (ittle 15 E. Washington Ave
	Address <u>P</u>	adison, WI
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each Greater Madison Chamber (615 E. Washington Ave Madison, WT 53703)	t complete the rest of question.) h person or organizat	this form. If you answered "yes," provide the name ion 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.)		or organization? Yes No No this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items	3 n	ninutes

Are you an ele	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, STOP. 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 <u>5/19</u>	Signature $\mathcal{K}=\int_{\mathcal{U}}$ Print Name $K_{0,k}$ in L_{i} H_{0}



Date: 6/18/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	ouncil		
Please Print Calgue Agenda No. 3, 4,	vatel hotel 5,6,22 UY	Name <u>(</u>	PRINT NAME CLE. Del. Ra Nes 65 E Nash Madism Wi	when ingthe 1	he
Please check or	1e:	AND	Please chec	k:	
Support			Do not	wish to s	speak
Oppose					
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(If you answered "no, of who you represent of Name, address and telements of the second secon	u representing an organ " STOP; you need not and go on to the next quephone number of each	complete the rest o	of this form. If you answ		□ No provide the name
	rashington Av	e			
Madism	W1 53703			1	
Are you being paid for	your representation?			Yes	□ No
Are you appearing as partial (If you answered "no, question.)	part of your other paid of "STOP; you need not	duties for this perso complete the rest o	on or organization? of this form. If you answ	Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Comr 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
	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 fighther of the Clerk's for more information.)
Date 5	100 Signature Wella Vewtan





Registrat	tion Statement - ַ	Common C	<u>ouncil</u>	
<u>Please Print</u>		PLEASE	PRINT NAME CLEARLY	
Agenda No. <u>3, 5</u>	, 6 , 22 <u>, 64</u>	Name _	Tim Hausmann 4728 Sumac Pd	
Please check of	ne:	AND	Please check:	
Support Support			Do not wish to speak	
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 uestion)	n other than yourself: Yes No of this form. If you answered "yes," provide the no eation you are representing:	ame
Are you being paid for	or your representation?		☐ Yes ☑ No	
	part of your other paid," STOP; you need not		on or organization?	rext
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		minutes	

かきょうがく アイナ かんかん みきん	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 h that:	sing 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: 5/18/2010

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Committee	ouncil		
Please Print	PLEASE	PRINT NA	AME CLEARLY	
Agenda No. <u>3 45 + 6 + 2 み † 6 4 </u>			Faulkner	
Please check one:	AND	Plea	ase check:	
Support		V	Do not wish to	speak
Oppose				
□ Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest of uestion.)	f this form.	If you answered "yes,	∐No "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.)				No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes		

	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
(If you answ this form. If	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 b 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 Room 103 d	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
	Drint Name



Date: Nay 18, 2010

DO NOT WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil
Please Print		PRINT NAME CLEARLY
Agenda No. 3, 6, 6, 22, 64	Address _	Gib Docken 1909 Sherman Ave 122 Midison, WI 53704
Please check one:	AND	Please check:
M Support		Do not wish to speak
Oppose		
At this meeting are you representing an orgalist you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest of question.)	f this form. If you answered "yes," provide the name
Are you being paid for your representation? Are you appearing as part of your other paid	l duties for this perso	
(If you answered "no," STOP ; you need no question.)	ot complete the rest o	of this form. If you answered "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?
	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?
	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



DO NOT WISH TO SPEAK FORM

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

Registrat	ion Statement -	Common C	<u>ouncil</u>	
Diago Print		COMMITTEE		
Please Print		PLEASE	PRINT NAME CLE	ARLY
		Name 🥌	James F Mi	M_{o}
Agenda No./3	5,600 ld	Address	201 Por R	
	/J / ' ' ' ' ' '	Address	301 301	c. 53713
			10012007 WI	
Please check o	ne:	AND	Please che	ck:
Support			Do no	t wish to speak
Oppose				
Neither S	Support Nor Op	pose		
(If you answered "no	ou representing an orga ," STOP; you need not and go on to the next q	t complete the rest		Yes No wered "yes," provide the nam
Name, address and te	lephone number of eac	h person or organiz	ation you are represent	ting:
OPCMIA	599 area	204		
1201 Post	RL			
Maxisin.	W 5371	3		
Are you being paid fo	or your representation?			☐ Yes No
	part of your other paid," STOP; you need not			√Yes ∐No swered "yes," go on to the nex
Speaking Limits:	Public Hearing (Com Information Hearing) Other Items	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? Ves 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 betthat:	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 <u>5-</u>	18-10 Signature James F. Miller Print Name J. James F. Miller



DO NOT WISH TO SPEAK FORM

Date: 5=18-10

Registration Statement -	Common Council	
Please Print Agenda No. 435664 2286	PLEASE PRINT NAME O Name <u>GRICE/io</u> Address <u>4/10 N. PA</u> <u>MAdison</u>	LesCAX-FUEN-
Please check one:	AND Please c	heck:
Support	<u> </u>	not wish to speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next quality Name, address and telephone number of each LOCA LOCA	complete the rest of this form. If you uestion)	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.)		
Information Hearing	mon Council)5 minutes 3 minutes 3 minutes	

Are you an el other governn	ected official or employee who is a nental body?	appearing solely on behalf of y	our office or for your municipality Yes No	or
	red "yes" to the question, STOP. Y ou answered "no" to the question,		of this form, except that you must s	ign
If you are bei that:	ing paid for your representation, o	r if your appearance is part of	f other paid duties, please be advis	sed
1.	Before you engage in lobbying a with the City Clerk.	s a lobbyist, you or your princ	ipal must file an authorization	
2.	Your principal is not permitted to City Clerk.	to authorize you to lobby unle	ss you are registered with the	
3.	If your principal spends or will or period (half year), the principal remainder of the calendar year?			
Room 103 of i	the City-County Building, Madison		<u>html</u> or go to the Clerk's Office	at
Date <u>5</u>	Signatu Print N	200 - 11/S	Lay funts - LESCAX FUEL	Hes



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement - ַ	Common Committee	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 3,5,	6,22,64	Name _	JOSEPH OSW 217 N DWG MADISON 53	en Dn	
Please check o	ne:	AND	Please chec	k:	
⊠ Support			Do not	wish to	speak
Oppose -	-5				
Neither S	upport 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 questions of each	t complete the rest of ruestion.)	f this form. If you ansy	vered "yes,"	☑No provide the name
Are you being paid fo	r your representation?			Yes	□No
* 14. ** * * 1 * 4.5 * * 1 * 4. 4. 4. 4. 5. 4. 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	part of your other paid "STOP; you need not			☐ Yes wered "yes,"	☐ No 'go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

	elected official or employee who nmental body?	is appearing solely on behalf of your office or for your municipality or Yes No
	wered "yes" to the question, STO fyou answered "no" to the questi	P. You need not complete the rest of this form, except that you must sign on, go on to the next question.)
If you are b that:	being paid for your representation	n, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying with the City Clerk.	g as a lobbyist, you or your principal must file an authorization
2.	Your principal is not permitted City Clerk.	ed to authorize you to lobby unless you are registered with the
3.		ill owe more than \$1,000 for lobbying services in any reporting pal must file expense statements with the City Clerk for the r?
	to the City Clerk's website ww of the City-County Building, Madi.	w.cityofmadison.com/clerk/index.html or go to the Clerk's Office at son, for more information)
Date	Sigr	ature
	Prin	t Name



Date: 5/15/10

DO NOT WISH TO SPEAK FORM

Registration Stateme	ent - <u>Common Co</u>	<u>ouncil</u>
Please Print		PRINT NAME CLEARLY
Agenda No. 3,5,6,22	NameAddress	KAREN NUMBERS 155 E Wilson # 400 MADISON 53703
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support No	r Oppose	
At this meeting are you representing a (If you answered "no," STOP; you not of who you represent and go on to the Name, address and telephone number	eed not complete the rest of next question.)	f this form. If you answered "yes," provide the name
Are you being paid for your represent	ation?	☐ Yes ☐ No
Are you appearing as part of your othe (If you answered "no," STOP ; you no question.)		on or organization? Yes No If this form. If you answered "yes," go on to the next
Information H	g (Common Council) 5 earing 3 3	minutes

化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	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.)
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: 5/18/10

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common C	<u>ouncil</u>		
Please Print Agenda No.	5-6	Name	医大门氏虫虫病 "我们就没有什么,我们就是这个人,我们就是这个人,我们也不会	CLEARLY FIMMER ATWOOD	AUE
Please check of	ne:	AND	Please	check:	
Support			∑ Do	not wish to spe	ak
At this meeting are y (If you answered "no	Support Nor Op ou representing an orga o," STOP; you need not and go on to the next q	nization or a person	other than yours	self: ☐ Yes ≱ u answered "yes," pro] No vide the name
Name, address and te	lephone number of eacl	h person or organiz	ation you are rep	resenting:	
Are you being paid fo	or your representation?			☐ Yes 💆]No
	part of your other paid," STOP; you need not] No on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

and the print the first first first about the section of the	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 be 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 the City-County Building, Madison, for more information.)
Date <u>5/</u>	Signature Foul Jemmer Print Name PAUL ZIMMER

Date: 18 MY 2010



DO NOT WISH TO SPEAK FORM

Registra	tion Statement - ₋	Common C	ouncil		
Please Print		DI EASE	PRINT NAME CLE	:ABIV	
Agenda No.	336,69,22,8	Name	Nicholas J 2025 ATW Malison W	Jen/CP	3 7 /
Please check	o ne:	AND	Please che	ck:	
Support			Do no	t wish to :	speak
Oppose					
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orga o," STOP; you need not it and go on to the next q elephone number of eac	complete the rest (uestion)	of this form. If you ans	swered "yes,"	MNo provide the name
Are you being paid	for your representation?			Yes	□ No
	s part of your other paid o," STOP; you need not			☐ Yes swered "yes,'	☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information 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?		
	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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.) Signature		
	Print Name		



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Committee	ouncil		
Please Print Agenda No. 3 - 3	-6 5486	PLEASE Name	PRINT NAME CLE Mark Ling 20 25 ATU	me.e.	2
Please check or	ie:	AND	Please che	c k:	
Support			Do no	t wish to s	peak
Oppose					
Neither S	upport Nor Opj	pose			
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" STOP; you need not and go on to the next q	complete the rest of uestion.)	of this form. If you ans		⊠No provide the name
					F
Are you being paid for				Yes	⊠ No
Are you appearing as partial (If you answered "no, question.)				∐Yes wered "yes," ş	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

Alternatives to the first things	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, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are 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 ne City-County Building, Madison, for more information)
Date	18/10 Signature MW Linsmerer Print Name Mark Linsmerer
	Print Name Mark Linsmerer



DO NOT WISH TO SPEAK FORM

Date:

CITY OF MADISON

Registration St	atement - Common C	ouncil		
Please Print Agenda No. 35,66	PLEASE Name Address	EPRINT NAME CLEARLY Corey M. Convers 2025 - ATT awad Ane		
Please check one:	AND	Please check:		
Support		Do not wish to speak		
☐ Oppose☐ Neither Suppose	rt Nor Oppose			
(If you answered "no," STOI of who you represent and go o		of this form. If you answered "yes," provide the name		
	our other paid duties for this pers			
		of this form. If you answered "yes," go on to the next		
Inform	Hearing (Common Council)5 nation Hearing	3 minutes		

(SEE BACK)

Are you an eleother government	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, 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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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	-1810 Signature v. Manuero



DO NOT WISH TO SPEAK FORM

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

Registra	tion Statement -	Common Co	uncil		
Please Print Agenda No. F. dr. eww	22/44 0/AM Jug	PLEASE F Name /	PRINT NAME CLE Andrew S 632 3		1-2 501157
Please check	one:	AND	Please che	:k:	
Support Oppose Neither	Support Nor Op	pose	Do no	t wish to s	speak
(If you answered "n of who you represen	you representing an orga o," STOP; you need no that and go on to the next of the selephone number of each	t complete the rest of question.)	this form. If you ans		∏No provide the name
Are you being paid	for your representation?			Yes	⊠No
	s part of your other paid o," STOP; you need no		나는 그리 그들이 그들어 없는 사람들은 사람들이 없는 것이다.	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 r 3 r 3 r	ninutes		

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



DO NOT WISH TO SPEAK FORM

Date: 5/18 /2010

Registrat	ion Statement -	Common C	ouncil		
		COMMITTEE			
Please Print		PLEASE	PRINT NAME CLI	FARIV.	
Agenda No. HO	3 # # 522 ate#64	Name (Address	Gary S 915 W Madis	Tebr aban son, u	v:+2_ H:11 115371
Please check o	ne:	AND	Please che	:ck:	
Support			Do no	ot wish to s	speak
Oppose					
Neither S	upport Nor Op	nose			
(If you answered "no, of who you represent	ou representing an orga "STOP; you need not and go on to the next quehone number of each	complete the rest uestion.)	of this form. If you ans		☑No provide the name
Are you being paid fo	r your representation?			☐ Yes ☐ Yes	⊠No
	part of your other paid " STOP; you need not			☐ Yes swered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com				
	Information Hearing. Other Items				

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

DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Co	<u>uncil</u>
Please Print 4 Agenda No. 3,64 Agenda No. 2,64	PLEASE I Name Address	PRINT NAME CLEARLY Terri Whealen 4601 Tonyawatha Monona
Please check one: Support Oppose	AND	Please check: Do not wish to speak
At this meeting are you representing an or (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 of the state of t	ganization or a person not complete the rest of t question.)	this form. If you answered "yes," provide the name
question.) Speaking Limits: Public Hearing (Co Information Hearin	id duties for this person	this form. If you answered "yes," go on to the next ninutes

化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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	pered "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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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 fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

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Date:		\sim ι	'0/	10
	Sagara Ingili	Company States and		

DO NOT WISH TO SPEAK FORM

Registration Statement	Common Cour	icil
Please Print Agenda No. 3 14 5 6 22 64	PLEASE PRI Name Address	INT NAME CLEARLY MARK Schemmel 3717 BUSSE ST Madison
Please check one:	AND	Please check:
☑ Support		Do not wish to speak
Oppose		
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 thi uestion.)	is 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.)	かない ちゅうしょ しゅうしょう かいこうしょ マネラ さいかんし みりさい かか	r organization?
Information Hearing	mon Council) 5 min 3 min 3 min	utes

化二氯化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	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	red "yes" to the question, 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 betthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)			
Date	Signature Mat Schempel Print Name			



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

Registration Statemer	nt - Common Co	ouncil			
Please Print	PLEASE I	PRINT NAME CLEARLY			
Agenda No. 3 5 6 4, 4, 2 ≥ 6 4	Name ————————————————————————————————————	Sichard Tatman 55 E Wilson Street Thadison 53703			
Please check one:	AND	Please check:			
Support		Do not wish to speak			
Oppose					
Neither Support Nor	Oppose				
At this meeting are you representing an (If you answered "no," STOP; you nee of who you represent and go on to the no. Name, address and telephone number o	ed not complete the rest of next question.)	f this form. If you answered "yes," provide the name			
Are you being paid for your representat	ion?	Yes No			
Are you appearing as part of your other (If you answered "no," STOP; you nee question.)		n or organization?			
Information Hea	(Common Council)5 1 aring3 1 3 1	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.)
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Salata da la compansión de	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 Mae	118,200 Signature Print Name Hichaed Talman



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

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common C	<u>ouncil</u>		
Please Print Agenda No. 3. 5	6,4,2Z	PLEASE	PRINT NAME CLE Flew Seu 155 & Will Dadison		Sifer) 31 3703
Please check o	ne:	AND	Please chec	:k:	
Support			Do not	t wish to s	speak
Oppose Noither S	Support Nor Op	nose			
(If you answered "no of who you represent	," STOP; you need not and go on to the next q	t complete the rest uestion.)	n other than yourself: of this form. If you answ ration you are represent	wered "yes,"	No provide the name
Are you being paid fo	r your representation?			[문 : 기계] [[] -	⊠No
	part of your other paid "STOP; you need not		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		

	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
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 Aa	y 18, 2010 Signature Eller Science Print Name = 1100 Sou Corr