

| Date: | 5-18-17 | ٥ |
|-------|---------|---|
| | | |

WISH TO SPEAK FORM

CITY OF MADISON

| Registration Statement - | COMMITTEE | ouncil |
|--|--|--|
| Please Print | PLEASE | PRINT NAME CLEARLY |
| Agenda No. 22 | Name _ Address _ | PETER DETLEMO 533 W. Man |
| Please check one: | AND | Please check: |
| Support | | Wish to Speak |
| Oppose | | |
| Neither Support Nor Opp | pose | |
| of who you represent and go on to the next quality. Name, address and telephone number of each | complete the rest of uestion.) 1 person or organize | f this form. If you answered "yes," provide the name tion you are representing: |
| Mansin Hill Dies | end of Co | ap 201 Neighborhood |
| • | | |
| 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? Yes No f this form If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Com Information Hearing Other Items | | minutes |

| • | elected official or empl nmental body? | oyee who is appear | ing solely on behalf of your office or for your municipality or Yes No |
|--|--|-----------------------|---|
| | vered "yes" to the quest you answered "no" to | | ed not complete the rest of this form, except that you must sign to the next question.) |
| If you are t that: | peing paid for your rep | resentation, or if yo | our appearance is part of other paid duties, please be advised |
| 1. | Before you engage with the City Clerk | | byist, 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. | | |
| 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 w of the City-County Build | | nadison.com/clerk/index.html or go to the Clerk's Office at ore information.) |
| Date | 5-16-10 | Signature | 20,00 |
| | | Print Name | YETEZ UNING |



Date: 5/18/0

WISH TO SPEAK FORM

CITY OF MADISON

| Registration Statement - | Common C | Council | |
|---|-----------------|--|--|
| Please Print Ok 76 | BE LI PLEASE | AST E PRINT NAME CLEARLY | |
| Agenda No | Name Address | Brence Lonkel 30 N Hancock Madsing W1 53703 | |
| Please check one: | AND | Please check: | |
| Support | | Wish to Speak | |
| Oppose | | | |
| Neither Support Nor Op | pose | | |
| 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 (If you answered "no," STOP; you need no question) | | rson or organization? Yes No t of this form. If you answered "yes," go on to the next | |
| Speaking Limits: Public Hearing (Cor Information Hearing Other Items | 5 | 3 minutes | |

| (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 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.) | ₹ | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
|--|------|--|
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| 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.) | - | eing 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 at 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 at 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 Signature | | |
| Print Name | Date | |



Date: <u>5-18-2010</u>

WISH TO SPEAK FORM

CITY OF MADISON

| Registration Statement - | | Council | | · |
|--|------------------------------------|---------------------------------------|-----------------------------|---|
| DI D' | COMMITTEE | | | |
| Please Print | PLEASI | E PRINT NA | ME CLEARLY | |
| 3.0 | Name | Robbie | - Webber | |
| Agenda No. <u>22</u> | Address | 2613 | Stevens St | <u>t. </u> |
| | | Madis | son, WI 537 | 05 |
| Please check one: | AND | Plea | ase check: | |
| Support | | \boxtimes | Wish to Speak | |
| Oppose | | | | |
| Neither Support Nor Op | pose | | | |
| At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each | ot complete the resi question.) | t of this form. | If you answered "yes," prov | No vide 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) | | | |] No on to the next |
| Speaking Limits: Public Hearing (Cor Information Hearing Other Items | 5 | 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 | | | |
|------------------|--|--|--|--|
| 10/ | 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 | | | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. | | | |
| 3. | If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? | | | |
| | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.) | | | |
| Date | Signature | | | |
| | Print Name | | | |



Date: $\frac{-78-2010}{}$

WISH TO SPEAK FORM

CITY OF MADISON

| Registration | Statement | COMMITTEE | ouncil | | |
|--|--|--------------------------------|---------------------------------|---|----------------------|
| Please Print Agenda No. | 2) | PLEASE Name Address | PRINT NA Stept 138 Mcd | MECLEARLY len Ci Lankin 1500 5 | anoni 57. 3705 |
| Please check one | : | AND | Plea | se check: | |
| Support | | | | Wish to Spea | ak |
| Oppose | | | | | |
| Neither Sup | port Nor Opp | oose | | | |
| At this meeting are you re (If you answered "no," So of who you represent and Name, address and teleph | TOP; you need not go on to the next qu | complete the rest uestion.) | of this form. I | If you answered "ye. | |
| Are you being paid for yo | our representation? | | | ☐ Ye: | s |
| Are you appearing as par (If you answered "no," S question) | t of your other paid of | | | zation? | s 🗌 No |
| In | ublic Hearing (Comr formation Hearing ther Items | | 3 minutes | | |

| Are you an el | lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? | | |
|---------------------|--|--|--|
| | red "yes" to the question, 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 | Signature | | |
| | Print Name | | |



| Date: $\frac{5/i8/i0}{}$ | |
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WISH TO SPEAK FORM

CITY OF MADISON

| Registration Sta | atement - Common | Council |
|---|--|--|
| Please Print Agenda No. | PLEAS Name Addres | |
| Please check one: | AND | MADISON Please check: |
| Support Oppose Neither Support | rt Nor Oppose | Wish to Speak |
| of who you represent and go o | ; you need not complete the re in to the next question) | erson other than yourself: Yes W No rest of this form. If you answered "yes," provide the name anization you are representing: |
| Are you being paid for your re | • | ☐ Yes ☐ No |
| Are you appearing as part of y (If you answered "no," STOP question.) | | person or organization? Yes No rest of this form. If you answered "yes," go on to the next |
| Inform | 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? |
|-----------------------|--|
| | vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question) |
| If you are b that: | being paid for your representation, or if your appearance is part of other paid duties, please be advised |
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| | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |



Date: 5/18/10

WISH TO SPEAK FORM

CITY OF MADISON

| Registration | Statement | Common C | ouncil | | |
|---|--|--|--|--|-------------------|
| Please Print Agenda No. | | Name | PRINT NAME CL Michae, Strategic Milwau Kr | Hospitalit | 1 Y esoavee |
| Please check one: | | AND | Please ch | eck: | |
| Support | | | ∠ Wis | sh to Speak | |
| Oppose | | | , | | |
| Neither Supp | ort Nor Oppo | ose | | | |
| At this meeting are you rep (If you answered "no," ST of who you represent and g Name, address and telepho | OP; you need not cogo on to the next que | omplete the rest stion) person or organi | of this form. If you a zation you are repres | inswefed "yes," provide | |
| Are you being paid for you | ir representation? | | | ⊠Yes □ No | 1 |
| Are you appearing as part (If you answered "no," ST question.) | of your other paid du rop; you need not co | ities for this per complete the rest | son or organization? tof this form. If you o | ☐ Yes 反 No answered "yes," go on to | the next |
| Info | olic Hearing (Commo ormation Hearing ner 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 the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |



Date: 5/18/2010

WISH TO SPEAK FORM

CITY OF MADISON

| Registration | n Statement | COMMITTEE | uncil | | |
|--|--|---|------------------------------|---------------------------------------|----------------------------|
| Agenda No. | | PLEASE P Name Address | PRINT NAM Lucy 71 C | ME CLEARLY Mathia Orton | K |
| Please check one | : | AND | Plea | se check: | |
| Support | | | X | Wish to Speal | K |
| Oppose | | | | | |
| Neither Su | pport Nor Opp | ose | | | |
| At this meeting are you a (If you answered "no," of who you represent an | STOP; you need not o | complete the rest of | other than y | rourself: X Yes If you answered "yes, | ☐ No " provide the name |
| Name, address and telep | thone number of each | for my | tion you are | representing: | lected |
| School I | 2) Strict J | Board s | 10 | ucation. | |
| Are you being paid for y | our representation? | | 0 | ☐ Yes | ĭ₹No |
| Are you appearing as pa (If you answered "no," a question) | rt of your other paid of STOP; you need not | luties for this perso complete the rest of | n or organiz f this form. | tation? | No go on to the next |
| I | Public Hearing (Common of Communication Hearing (Communication Hearing (Communica | 3 1 | 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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| | 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: | | |
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| | 10 110111 | |

WISH TO SPEAK FORM

CITY OF MADISON

| Registration | Statement - C | ommon C | ouncil | | · · · · · · · · · · · · · · · · · · · | |
|---|--|---------------------------------|---------------------------------------|--------------------------|---------------------------------------|-------------------------|
| Please Print | | PLEASE | PRINT NAM | ME CLEAR | LY | · |
| Agenda No. 22 | · | NameAddress | TOM 525 L MADITON | Zipswi v. Jella wi | | |
| Please check one: | | AND | Pleas | se check: | | |
| Support | | | | Wish to | Speak | |
| Oppose | | | | | | |
| Neither Supp | ort Nor Oppos | e | | | | |
| At this meeting are you rep (If you answered "no," ST of who you represent and g Name, address and telephore | OP; you need not come on to the next questi | plete the rest | of this form. Ij | f you answer | | No provide the name |
| Are you being paid for you | representation? | | · · · · · · · · · · · · · · · · · · · | | ☐ Yes | __\No |
| Are you appearing as part of (If you answered "no," ST question) | of your other paid dutie | es for this persuplete the rest | son or organize of this form. I | ation? If you answer | ☐ Yes red "yes,"? | No go on to the next |
| Info | lic Hearing (Common rmation Hearing er Items | | 3 minutes | | | |

| Are you an elected official other governmental body | | g solely on behalf of your office or for | r your municipality or es No |
|---|--|--|------------------------------|
| | the question, STOP. You need "no" to the question, go on to | l not complete the rest of this form, exc the next question.) | ept that you must sign |
| If you are being paid for that: | your representation, or if you | r appearance is part of other paid dut | ies, please be advised |
| 1. Before yo with the C | | yist, you or your principal must file an | authorization |
| 2. Your prin City Clerk | - | rize you to lobby unless you are regis | tered with the |
| period (ha | | re than \$1,000 for lobbying services in file expense statements with the City | |
| | Clerk's website <u>www.cityofma</u> inty Building, Madison, for moi | dison.com/clerk/index.html or go to re information.) | the Clerk's Office at |
| Date | Signature | Tan 2 | |
| | Print Name | Fram Zlornik | |



Date: 5/18/2010

WISH TO SPEAK FORM

CITY OF MADISON

| Registration Statement - | | Council | <u>. </u> | | |
|--|-----------------------------------|---------------|--|----------------|-------------------|
| Please Print | COMMITTEE | E PRINT NA | ME CLEARL | _ Y | |
| Agenda No. <u>22</u> 11 <u>F</u> | Name | Steve | Andlo 1. Hamil | *** | reet |
| Please check one: | AND | Plea | se 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 answere | Yes N | No pvide the name |
| Are you being paid for your representation? | | | F | Yes | |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.) | | | _ | Yes | No 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: <u> \$\int 1\text{8}(0</u>

WISH TO SPEAK FORM

CITY OF MADISON

| Registration Statement - | | Council |
|--|------------------------------------|---|
| | COMMITTEE | |
| Please Print | PLEASE | PRINT NAME CLEARLY |
| Agenda No. | Name Address | FREN MOTES |
| Please check one: | AND | Please check: |
| Support | | Wish to Speak |
| Oppose | | |
| 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 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 pair | d duties for this per | |
| Speaking Limits: Public Hearing (Confidence Information Hearing Other Items | g | 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.) |
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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 | Signature |
| | Print Name |



| Date: | |
|-------|--|
| | |

WISH TO SPEAK FORM

CITY OF MADISON

| Registrati | ion Statement - | Common C | ouncil | | |
|--|---|-----------------------------------|---|--------------------------|---------------------|
| Please Print Agenda No. | 22 | PLEASE Name Address | EPRINT NAME CLEA Leall Zel 510 N. (| ARLY Voljs Varvoli | 18 |
| Please check of | ne: | AND | Please chec | ck: to Speak | |
| Support Oppose Neither S | Support Nor Op | pose | Wish | to Speak | |
| (If you answered "no of who you represent | and go on to the next q | t complete the rest question.) | on other than yourself: of this form. If you answ zation you are represent | | No vide the name |
| | | | | | |
| Are you being paid for | or your representation? | | | ☐ Yes 💢 |] No |
| | part of your other paid," STOP; you need no | | son or organization? of this form. If you ans | ☐ Yes 🗶 | _No |
| 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? | | | | |
|------------------------|--|--|--|--|--|
| | 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 | Signature | | | | |
| | Print Name | | | | |



Date: 5-18-10

WISH TO SPEAK FORM

CITY OF MADISON

| Registration Statement - | | ouncil | | |
|---|--|--|---|--|
| Please Print Agenda No. #22, 64 | PLEASE Name Address | PRINT NAME CLEAF LUNAM S 2/0 Mar | enelly Tr. | |
| Please check one: Support | AND | Please check Wish to | : Speak | |
| | | | - | |
| □ Oppose □ Neither Support Nor Oppose | | | | |
| At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next | ot complete the rest o | | ☐ Yes ☐ No red "yes," provide the name | |
| Name, address and telephone number of each | ch person or organiz | ation you are representing | g: | |
| 122 W. W. | <u>v.</u> | | | |
| 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) | duties for this pers ot complete the rest | on or organization? of this form. If you answe | Yes No No wred "yes," go on to the next | |
| Speaking Limits: Public Hearing (Con Information Hearing Other Items | g., | minutes | | |

| Are you an eleother government | ected official or employed ental body? | ee who is appea | uing solely on beh | alf of your office | e or for you Yes | r municipality or |
|--------------------------------|--|-------------------|---------------------|--------------------|---------------------|-------------------|
| | red "yes" to the question ou answered "no" to the | | | | m, except ti | hat you must sign |
| If you are bei that: | ng paid for your represe | entation, or if y | your appearance is | part of other pa | id duties, p | please be advised |
| 1 | Before you engage in l with the City Clerk. | obbying as a lo | obbyist, you or you | r principal must | file an auth | norization |
| 2 | Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. | | | | | |
| 3 | If your principal spend period (half year), the remainder of the calend | principal mus | | | | |
| | the City Clerk's webs he City-County Building | | | | go to the (| Clerk's Office at |
| Date <u>5 -/</u> | 18-10 | Signature | Suba | n Sch | mits | |
| | , | Print Name | • | | į | |



WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council Please Print PLEASE PRINT NAME CLEARLY Agenda No. Address AND Please check one: Please check: **Support** Wish to Speak **Oppose Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: Yes (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.) Public Hearing (Common Council) 5 minutes Speaking Limits: Information Hearing 3 minutes 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? | | | |
|----------------------------------|--|--|--|--|
| (If you answe this form. If y | ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question) | | | |
| If you are be that: | 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. | 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 i Room 103 of | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information) | | | |
| Date | Signature | | | |
| | Print Name | | | |



Date: 5 [18 (60

WISH TO SPEAK FORM

CITY OF MADISON

| Registration Statement - | Common C | Council |
|--|---|--|
| Please Print | • | E PRINT NAME CLEARLY |
| Agenda No. 22 | Name Address | Allen Anatsey |
| Please check one: | AND | Please check: |
| Support S | • | 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) ch person or organi | st 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 paid (If you answered "no," STOP; you need no question) | d duties for this per | erson or organization? |
| 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? | | | | |
|----------------------|--|--|--|--|--|
| 1 2 2 | If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign his form If you answered "no" to the question, go on to the next question.) | | | | |
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| , – | 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 | Signature Print Name Alle-Avutse | | | | |



| Date: | |
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WISH TO SPEAK FORM

CITY OF MADISON

| Registration Sta | tement - Common C | Council | <u>. </u> |
|--|---|--|--|
| Please Print | PLEASE | E PRINT NAME CLEARLY | |
| Agenda No. 22 | Name Address | My Supple 7908 Shuit Cur Verenz WI | Drix (in cle |
| Please check one: | AND | Please check: | |
| Support | | Wish to Spe | eak |
| Oppose | | | |
| Neither Suppor | t Nor Oppose | | |
| | n to the next question.) | t of this form. If you answered "y | es," provide the name |
| Are you being paid for your rep | our other paid duties for this per | | es No |
| (If you answered "no," STOP ; question) | you need not complete the res | t of this form. If you answered "y | ves," go on to the next |
| Informa | Hearing (Common Council) ation Hearing | | |

| • | | 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 u answered "no" to the question, go on to the next question.) | | |
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| Date _ | 5- | Signature Print Name Print Name | | |
| | | ' 1 '' | | |



| Date: | | |
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WISH TO SPEAK FORM

CITY OF MADISON

| Registrati | on Statement | COMMITTEE | ouncil |
|---|--|--------------------------------|--|
| Please Print Agenda No. | 23 | PLEASE Name Address | PRINT NAME CLEARLY Holy Whole SIN PINICIPLY |
| Please check or | ie: | AND | Please check: |
| Support | · | | Wish to Speak |
| Oppose | | | |
| Neither S | upport Nor Opp | ose | |
| (If you answered "no, of who you represent of | and go on to the next qu | complete the rest uestion.) | of this form. If you answered "yes," provide the name ration 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? (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 (Comr Information Hearing Other Items | 1.000.000 60.00000000000 | minutes |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or imental 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: 3-18-10

WISH TO SPEAK FORM

CITY OF MADISON

| Registratio | n Statement | Common C | ouncil | | |
|---|--|---|----------------------|------------------------------|-------------------------|
| | | COMMITTEE | | | |
| Please Print | | PLEASE | PRINT NAME | CLEARLY | |
| Agenda No. 22 | | - | 7506 BR | | ,—,· |
| Agenda Ivo. | | | MADISON | | |
| Please check one | e: | AND | Please | check: | |
| Support | | | ⊠ w | ish to Speak | : |
| Oppose | | | | | |
| Neither Su | pport Nor Opp | pose | | | |
| At this meeting are you (If you answered "no," of who you represent and Name, address and telep | STOP; you need not ad go on to the next que the number of each | complete the rest uestion.) h person or organiz | of this form. If you | u answered "yes," resenting: | |
| Are you being paid for you appearing as pa | art of your other paid | | | | No No go on to the next |
|] | Public Hearing (Com Information Hearing Other Items | | minutes | | : |

| - | ted official or employee who is appearing solely on behalf of your office or for your municipalit ntal body? Yes No | y or | |
|---------------------|--|------|--|
| | d "yes" to the question, STOP . You need not complete the rest of this form, except that you must answered "no" to the question, go on to the next question.) | sign | |
| If you are that: | g paid for your representation, or if your appearance is part of other paid duties, please be adv | ised | |
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| | the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office c City-County Building, Madison, for more information) | e at | |
| Date | Signature | | |
| | Print Name | | |



AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

| Registration Statement - Common Council | | | | |
|---|--|--------------------------------|---|---------------------------------------|
| | | COMMITTEE | | |
| | | _ | PRINT CLEARLY | |
| _ | 7 7 | Name | SAM LAUREN | C 6 |
| Agenda No. | | Address | WOODBURN j | >k |
| | | • | MADISON | |
| | | - | 1 | |
| Please check o | ne: | AND | Please che | ek: |
| ⊠ Support | | | X Availa | ble to answer |
| Oppose | | | questi | |
| | | | | |
| Neither S | Support Nor Opp | pose | | |
| (If you answered "no of who you represent Name, address and te | and go on to the next quality and go on the next quality and go | complete the rest uestion.) | of this form. If you ans | wered "yes," provide the name |
| | UDCRF1F | | 1 | |
| | S BEDFORD S | <u> </u> | | |
| M | 40 190N | | *************************************** | |
| Are you being paid for | or your representation? | | | ☐ Yes |
| 7 11 0 | part of your other paid," STOP; you need not | - | _ | 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 nmental body? Yes No | | |
|-----------------------|--|--|--|
| | vered "yes" to the question, SIOP . 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 | | |

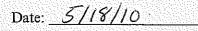


| Date: | |
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WISH TO SPEAK FORM

| Registration | on Statement - | Common C | ouncil | | |
|--|--|---|---|--|---------|
| | | COMMITTEE | | | |
| Please Print | | PLEASE | PRINT NAI | ME CLEARLY | · |
| Agenda No | <u> </u> | Name _Address _ | | SUSHORE, WA | |
| Please check on | e: | AND | Plea | se check: | |
| Support | | | X | Wish to Speak | |
| Oppose | | | | | |
| Neither Su | ipport Nor Opj | pose | | | |
| of who you represent as | STOP; you need not nd go on to the next qu | complete the rest uestion.) n person or organiz | of this form I | If you answered "yes," provide the representing: | e name |
| Are you being paid for | your representation? | | • | ✓ Yes □ No | |
| Are you appearing as pa (If you answered "no," question) | · - | _ | _ | cation? | he next |
| | Public Hearing (Com Information Hearing | | | | |

| • | 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.) | |
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| Date | Signature | |
| | Print Name | |





| Registration Statement - | Common C | ouncil | | |
|---|-------------------------------------|----------------------------|--|--------|
| Please Print | | | | |
| | PLEASE | PRINT NAME CLEA | RLY | |
| μ | Name _ | Lisa Pfaff | | |
| Agenda No. 422 | Address _ | 2106 Center 1 | he #4 | |
| | | Madison, W.F. | 53704 | |
| Please check one: | AND | Please check | ⟨ : | |
| Support | | Do not | wish to speak | |
| ◯ Oppose | | | | |
| Neither Support Nor Op | IDOSA | | | |
| At this meeting are you representing an orgalist (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 answe | | 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.) | | | ☐ Yes ☐ No ered "yes," go on to the | ? next |
| Speaking Limits: Public Hearing (Con- Information Hearing Other Items | 3 | minutes | | |

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



Date: <u>5//8//0</u>

| Registra | tion Statement - | Common Co | ouncil | | |
|--|---|---|--|----------------------|--------------------------|
| Please Print Agenda No. 22 | | | PRINT NAME CLEA WILLIAM PEDO LLONGDON Mapizon, WI | -N | |
| Please check of | one: | AND | Please check | | |
| Support | | | Do not v | wish to | speak |
| Oppose | | | | | |
| At this meeting are y (If you answered "no | Support Nor Op You representing an orga to, "STOP; you need now to and go on to the next q | nization or a person t complete the rest o | other than yourself: f this form. If you answe | ☐ Yes red "yes," | ☑ No provide the name |
| Name, address and t | elephone number of eac | h person or organiza | tion you are representin | g. | |
| Are you being paid f | or your representation? | | | Yes | ☑No |
| | s part of your other paid o, " STOP; you need not | | n or organization? f this form. If you answe | ☐ Yes ered "yes,' | No go on to the next |
| Speaking Limits: | Public Hearing (Com Information Hearing. Other Items | 3 | minutes | | |

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| Date | Signature | |
| | Print Name | |



Date:

CITY OF MADISON

| Registrat | ion Statement | Common Co | <u>ouncil</u> |
|---|--|--------------------------------|--|
| Please Print Agenda No. | 2_ | PLEASE Name Address | PRINT NAME CLEARLY SETER WOLFF 945 Jungs St. Mading 53703 |
| Please check o | ne: | AND | Please check: |
| Support | | | Do not wish to speak |
| Oppose | | | |
| (If you answered "no of who you represent | and go on to the next qu | complete the rest of testion (| n other than yourself: Yes No No of this form. If you answered "yes," provide the name ation you are representing: |
| Are you appearing as | r your representation? part of your other paid of '' STOP; you need not | | ☐ Yes ☐ No on or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the next |
| question.) Speaking Limits: | Public Hearing (Comr Information Hearing Other Items | 3 | minutes |

(SEE BACK)

| | lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No |
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| | 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 |



Date: 18 May 2010

| Registra | ition Statement - | Common Co | <u>ouncil</u> | | |
|--|--|--------------------------------------|--------------------------------------|----------------------|-------------------------------|
| Please Print 22 Agenda No. | £ | Name <u>[</u> | PRINT NAME CLE AUC O LEA 134 E MITTA | -N 19/12 S | |
| Please check | one: | AND | Please che | ck: | |
| ☐ Support☐ Oppose☐ Neither | Support Nor Op | pose | ' ⊠ Do no | t wish to | speak |
| (If you answered "n of who you represen | you representing an organo," STOP; you need not at and go on to the next quelephone number of each | t complete the rest of question.) | f 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 Wered "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? Yes No |
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| Date | Signature |
| | Print Name |



Date: 5/18/10

DO NOT WISH TO SPEAK FORM

| Registration Statement | - Common Co | uncil |
|---|--|--|
| Please Print | PLEASE F | PRINT NAME CLEARLY |
| Agenda No. 22 | Name - Address | CHELCY BOULES LLANGOON ST. |
| Please check one: | AND | Please check: |
| Support | | Do not wish to speak |
| Oppose | | |
| At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the next Name, address and telephone number of e | not complete the rest of xt question) | this form. If you answered "yes," provide the name |
| Are you being paid for your representation | n? | ☐ Yes ☐ No |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need question.) | | n or organization? |
| Information Heari | ommon Council)5 n ng3 n 3 n | ninutes |

| tanta termingga Tabun tahun balan berasal dari | lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
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| | 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 1 Room 103 of | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |



Date: 18 MAY 7010

DO NOT WISH TO SPEAK FORM

| Registration Staten | nent - <u>Common Co</u> | uncil | |
|---|---|--|------------------------------------|
| Please Print Agenda No. #22 | PLEASE P | RINT NAME CLEARLY MARK WCFADDS 513 ELMSIDE | <u>2N</u> Ri VD |
| | Address | MADISON | D-, 5 |
| 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 numb | need not complete the rest of he next question.) | this form. If you answered "yes,' | i X No "provide the name |
| Are you being paid for your represe | ntation? | ☐ Yes | ØNo |
| Are you appearing as part of your of (If you answered "no," STOP; you question.) | | | No go on to the next. |
| Information | ng (Common Council)5 m Hearing 3 m 3 m | inutes | |

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

| Registra | tion Statement | Common C | ouncil |
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| Agenda No. <u></u> | | Address | Barbara Williams Langdon Madisov, Wi |
| Please check | one: | AND | Please check: |
| Support Oppose | | | Do not wish to speak |
| Neither | Support Nor Op | pose | |
| (If you answered "n of who you represen | t 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 name eation you are representing: |
| Are you appearing a | for your representation? s part of your other paid o, " STOP; you need not | | ☐ 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 |

| | 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 |
| I. | 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? |
| a tanan sa kacamatan da kacamata | 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:

CITY OF MADISON

| Registra | tion Statement - | COMMITTEE | <u>Council</u> |
|--|---|--|--|
| Please Print | | | |
| | | PLEAS | E PRINT NAME CLEARLY |
| | | Name | Lucy Glbson |
| Agenda No. | 22 | Address | 1610 Angel Crest Way |
| | | | Madison W1 53716 |
| Please check | one: | AND | Please check: |
| Support | | | Do not wish to speak |
| Oppose | | | |
| Neither | Support Nor Op | 0000 | |
| (If you answered "n of who you represen | t and go on to the next q | complete the resuestion) | son other than yourself: Yes No it of this form. If you answered "yes," provide the name ization you are representing: |
| Are you appearing as | or your representation? s part of your other paid o, " STOP ; you need not | duties for this pe complete the res | ☐ Yes ☐ No rson or organization? ☐ Yes ☐ No t of this form. If you answered "yes," go on to the next |
| Specking Ta-24 | Dublic Harris VC | | |
| Speaking Limits: | Public Hearing (Comu Information Hearing | | |
| | Other Items | | |

(SEE BACK)

| Are you an ele | ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? |
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| (If you answer this form. If yo | ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign on answered "no" to the question, go on to the next question.) |
| If you are bei that: | ng paid for your representation, or if your appearance is part of other paid duties, please be advised |
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| 2. | Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. |
| 3. | If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? |
| (Please go to Room 103 of t | the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |



Date: MAY 18 2010

DO NOT WISH TO SPEAK FORM

| Registra | tion Statement - | Common C | <u>ouncil</u> | | |
|--|--|-------------------------------------|--------------------------|------------------------|-----------------------------|
| Please Print | | DIF10F | | | |
| | | PLEASE | PRINT NAME CLE | | |
| | 77 | Name | DANIEL | U, C | SQ1ENN |
| Agenda No. | | Address | 1105. F | PANX | -(N() |
| | | | MADL | 경찰 이번 시민은 경기에 가다. | |
| Please check | one: | AND | Please che | ck: | |
| Support | | | Do no | t wish to | speak |
| Oppose | | | | | |
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| | Support Nor Op | | | | |
| (If you answered "n of who you represen | you representing an organo," STOP; you need no at and go on to the next question to the next question of each and go on the next question of each and go on the next question of each and go on the next question. | t complete the rest (question.) | of this form. If you ans | swered "yes," | ☑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 swered "yes,' | □ No " go on to the next |
| Speaking Limits: | Public Hearing (Com | mon Council)5 | minutes | | |
| | Information Hearing | 3 | minutes | | |
| | Other Items | 3 | minutes | | |

| | elected official or employee who is appearing solely on behalf of your office or for your municipal mental body? | lity or |
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| | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you mus you answered "no" to the question, go on to the next question.) | t sign |
| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, please be ad | lvised |
| 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 Offi the City-County Building, Madison, for more information.) | ìce at |
| Date | Signature | |
| | Print Name | |



| Registratio | n Statement | Common Co | ouncil | |
|---|---|---------------------------------|--|--------------------------------------|
| Please Print | | | | |
| Agenda No |]2 | Name Address | PRINT NAME CLEAI ARON (R) 107 PROB MADIKON | AMDARL ADETT ST |
| Please check one | • | AND | Please check | : |
| Support | | | Do not v | wish to speak |
| Oppose | | | | |
| Neither Sup | port Nor Opj | pose | | |
| At this meeting are you in (If you answered "no," Is of who you represent and Name, address and telep | STOP; you need not l go on to the next q | complete the rest o uestion) | f this form. If you answe | ☐ Yes |
| Are you being paid for y | our representation? | | | ☐ Yes ☐ No |
| Are you appearing as par (If you answered "no," Squestion.) | | | | Yes No Pred "yes," go on to the next |
| Īr | ublic Hearing (Com formation Hearing ther Items | 3 | minutes | |

| al alian talah da Talih balan da Kabula da ka | elected official or employee mmental body? | ho is appearing solely on behalf of your office or for your municipali Yes No | ty or |
|---|---|--|-------|
| | 가게 하는 이 사람들이 되면 보면 보다 보고 있다면 하는 것이다. 그는 사람들은 사람들이 되었다면 보다 되었다. 그렇게 되었다면 보다 되었다면 보니 되었다면 보다 되었다면 보다 되었다면 보다 되었다면 보니 되었 | FOP. You need not complete the rest of this form, except that you must estion, go on to the next question.) | sign |
| If you are l that: | being paid for your represent | tion, or if your appearance is part of other paid duties, please be adv | vised |
| 1. | Before you engage in lob with the City Clerk. | oying as a lobbyist, you or your principal must file an authorization | |
| 2. | Your principal is not per City Clerk. | nitted to authorize you to lobby unless you are registered with the | |
| 3. | 사람이 가는 사람들이 되었다. 그 사람들은 아이들은 사람들은 사람들은 사람들이 되었다. 그 사람들은 | r will owe more than \$1,000 for lobbying services in any reporting incipal must file expense statements with the City Clerk for the year? | |
| | | <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Offic adison, for more information.) | ce at |
| Date | | Signature | |
| | | Print Name | |



Date: 5-18-2010

CITY OF MADISON

| Registration Statement - | Common C | <u>ouncil</u> | |
|--|--|--|----------|
| Please Print | | | |
| | | PRINT NAME CLEARLY | |
| | Name | Scott B. THORNTON 1104 JENIFER ST | <u>)</u> |
| Agenda No. <u> </u> | Address _ | 1104 JENIFER ST | |
| | | MADISON | |
| 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 the complete the rest of the complete the compl | of this form. If you answered "yes," provide | the name |
| Are you being paid for your representation? | | □ Yes □ No | |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.) | | on or organization? Yes No | |
| 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 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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| | 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 S=B-D- | | |
| | Print Name Scort B. THURNTON | | |



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

DO NOT WISH TO SPEAK FORM

| Registrat | ion Statement - ַ | Common C | Council | | |
|---|---|----------------------------------|---|----------------------------|-----------------|
| Please Print | | | | | |
| | | PLEASI | PRINT NAME CLE | ARLY | |
| | | Name | Lave Beck | tengel | |
| Agenda No. <u> </u> | | Address | 921 Burnin | Fengel og Wesel Way | |
| | | | Madosen V | | |
| Please check o | ne: | AND | Please chec | :k: | |
| Support | | | Do not | wish to speak | |
| Oppose | | | | | |
| Neither S | upport Nor Op | pose | | | |
| (If you answered "no of who you represent | and go on to the next q | complete the rest uestion) | on other than yourself: of this form If you answ zation you are represent. | | the name |
| Are you being paid fo | r your representation? | | | □Yes □No | |
| | | | | | |
| | part of your other paid "STOP; you need not | 有,我有我们们的自己的,我有一起,是有人们的人们的自己的一点的。 | son or organization? of this form. If you ans | Yes Nowered "yes," go on t | 电双流电路 医乳腺性白色性畸形 |
| Speaking Limits: | Public Hearing (Com | | | | |
| | Information Hearing. Other Items | | | | |
| | | | | | |

| Are you an el other governr | lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No |
|-----------------------------|--|
| | 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 |



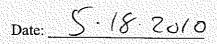
Date:

CITY OF MADISON

| Registra | ation Statement | Common Co | ouncil | | |
|--|--|----------------------|--|-------------------------|---------------------------|
| Please Print | | | PRINT NAME OF | | |
| Agenda No. | 22_ | Name Address | PRINT NAME CLE KATH LV 7422 FAI MADCUST | EARLY VEB PMONGTO | IDWKA N WAS |
| Please check | one: | AND | Please che | ck: | |
| Suppor | • | | Do no | t wish to | speak |
| □ Oppose□ Neither | Support Nor Opp | pose | | | |
| (If you answered " | you representing an organ no," STOP; you need not nt and go on to the next qu | complete the rest of | | | D≥≥No provide the name |
| Name, address and | telephone number of each | person or organiza | tion you are represen | ting: | |
| Are you being paid | for your representation? | | | ☐ Yes | D∏No |
| | as part of your other paid not not | | | ☐ Yes swered "yes,' | No go on to the next |
| Speaking Limits: | Public Hearing (Coming Information Hearing Other Items | 3 1 | ninutes | | |

(SEE BACK)

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
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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 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 following from the Clerk's Office at the City-County Building, Madison, for more information.) |
| Date \int | 13/10 Signature Katha Brahall |
| | Print Name |





| Registration St | tatement - Common C | <u> Council</u> |
|---|---|--|
| Please Print | | |
| | PLEASE | E PRINT NAME CLEARLY |
| Agenda No. 22 | Name Address | JEFF POLTAUSKY 350 S. Hamilton St. #2 MADISON, WI 53 |
| Please check one: | AND | Please check: |
| Support | | Do not wish to speak |
| Oppose | | |
| Neither Suppo | rt Nor Oppose | |
| of who you represent and go o | P; you need not complete the rest on to the next question.) number of each person or organiz | of this form. If you answered "yes," provide the name zation you are representing: |
| Are you being paid for your re | enrecentation? | |
| Are you being paid for your it | spresentation? | ☐ Yes ☐ No |
| Are you appearing as part of y (If you answered "no," STOP question.) | your other paid duties for this perse; you need not complete the rest | son or organization? Yes No of this form. If you answered "yes," go on to the next |
| Inform | Hearing (Common Council) 5 lation Hearing 3 Items 3 | 3 minutes |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
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| (If you answ this form. If | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
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| | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fifther City-County Building, Madison, for more information. |
| Date | 7. (8.20) Signature JEFF POLTAWSKY Print Name JEFF POLTAWSKY |

Date: 5-18-10



DO NOT WISH TO SPEAK FORM

| Registration Statement | - Common Co | ouncil | |
|---|--|---|---------------------------|
| Please Print | | | |
| Agenda No. 22 | PLEASE Name Address — | PRINT NAME CLEARLY TOM ADNHOLO 350 S. Hemilt Madison, WI | <u>on ST#204</u> 53703 |
| Please check one: | AND | Please check: | |
| Support Support | | Do not wish | to speak |
| Oppose | | V | |
| 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. Name, address and telephone number of each | not complete the rest of t question.) | f this form. If you answered "yo | |
| Are you being paid for your representation Are you appearing as part of your other pa | | ∏ Ye п or organization? | |
| (If you answered "no," STOP; you need n question.) | | | |
| Information Hearin | ommon Council)5 g3 | 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? |
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| | 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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| | 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>5-1</u> | B · 10 Signature TOW AD UW d |