

Date: 07/20/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	COMMITTEE	Council		
Please Print	PLEASI	E PRINT NAM	ME CLEARL	Y
Agenda No. <u>18283</u> 6	Name Address	1115 E 1	in Patlif Wilson S n. Wl.	57
Please check one:	AND	Pleas	se check:	
Support Oppose		X	Wish to S	Speak
Neither Support Nor Opp	ose			
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next que Name, address and telephone number of each	complete the rest uestion.)	of this form. If	f you answerdd	Yes
INTERNATIONAL SOCIALIS	-	-		
NO ADDREST			70-7-40-	79.74.4
608-358-6827	30.73-17-76-76-76-18-18-18-18-18-18-18-18-18-18-18-18-18-			
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)			ation?	Yes No No d''yes,'' go on to the next
Speaking Limits: Public Hearing (Communication 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 that:	ı are be	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.	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	- Arrama	Signature
		Print Name



Date:	7-20-10

WISH TO SPEAK FORM

CITY OF MADISON

Registration	n Statement -	Common C	Council		
		COMMITTEE			
Please Print		PLEAS	PRINT NAME CLEA	ARLY	
Agenda No. # 6		Name Address	Kosemary l 111 W Wilson 53703	EE	
Please check one	•	AND	Please chec	k:	
Support			Wish	to Speak	
Oppose					
Neither Sup	port Nor Op	pose			
At this meeting are you in (If you answered "no," So of who you represent and Name, address and teleph	STOP; you need not d go on to the next q	t complete the rest uestion)	t of this form. If you answ		DNO provide the name
Are you being paid for y	our representation?			Yes	☐ No
Are you appearing as par (If you answered "no," Squestion)				☐ Yes vered "yes,"	☐ No go on to the next
Ir	ublic Hearing (Com nformation Hearing other Items		3 minutes		

(SEE BACK)

		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 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 _		Signature
		Print Name

Date: 67/20/10

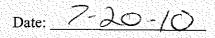


DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	- Common C	ouncil	
Please Print			
	PLEASE	PRINT NAME CLEARLY	
	Name	Ailen Paguo	
Agenda No.	Address	205 Ramsey Ct.	
		Madeso_ W1 5370	
Please check one:	AND	Please check:	
Support		Do not wish to	o speak
Oppose			
Neither Support Nor O	nnasa		
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	ot complete the rest (question)	of this form. If you answered "yes	
INTERNATIONAL SOCIA	아름일 아내를 보고 있다면요		
Are you being paid for your representation		L Yes	IXINO
Are you appearing as part of your other pa (If you answered "no," STOP; you need no question.)			
Information Hearin	mmon Council) 5 g 3 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
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
	하면 보다는 경기를 받는 것이 되었다. 그는 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은





DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement -	Common C	ouncil		
Please Print Agenda No.	6		PRINT NAME CLEA Angle Zob		
Please check o	ne:	AND	Please chec	k:	
Support Oppose Neither S	Support Nor Op	pose	□ Do not	wish to speal	
(If you answered "no	ou representing an orga o," STOP; you need no and go on to the next q	t complete the rest	n other than yourself: of this form. If you answ	∑Yes □ N vered "yes," provide	T-17 - 1 - 1 - 1 - 1
Name, address and te	lephone number of eac	h person or organiz	ation you are representi	ng:	
Totorna	thonal Socia	1/151 Orga	wzatron		
Are you being paid fo	or your representation?			☐ Yes 🕅	<i>,</i> 0
	part of your other paid," STOP; you need no		on or organization? of this form. If you answ	Yes No ered "yes," go on	
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes minutes minutes		

sign ised
ised
e at