

Date: 5/3/10

WISH TO SPEAK FORM

Registra	ation Statement -	Common C	ouncil
Please Print			PRINT NAME CLEARLY
Agenda No	4	NameAddress	ELIZABETH MYED 2218 Westbrook LAN Mydison WI
Please check	one:	AND	Please check:
Support	t		Wish to Speak
Oppose			
Neither	Support Nor Op	pose	
(If you answered "i of who you represe	nt and go on to the next q	t complete the rest (question.)	other than yourself: Yes No of this form. If you answered "yes," provide the name ation you are representing:
Ara yay haing mid	for your convenients of		
	for your representation?		☐ Yes ☐ No
Are you appearing a (If you answered "raquestion)	as part of your other paid no." STOP; you need not	duties for this person t complete the rest of	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		minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?			
		ed "yes" to the question, 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 and that:	re 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	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?			
(Please Room 10	go to 93 of th	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			



AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council PLEASE PRINT CLEARLY Agenda No Please check one: AND Please check: **Support** vailable to answer auestions **Oppose Neither Support Nor Oppose** ☐ Yes 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? 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," question.) Public Hearing (Common Council) 5 minutes Speaking Limits:

(SEE BACK)

Information Hearing 3 minutes
Other Items 3 minutes

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No		
	vered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
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Date	Signature		
	Print Name		



Date: 7/3/1/2

DO NOT WISH TO SPEAK FORM

Registration Statement	COMMITTEE	ouncil
Please Print		
	PLEASE	PRINT NAME CLEARLY
401	Name	Jamie me Covalle
Agenda No.	Address	121 5. But CER ST # 3
		madson W: 53203
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor O	nnose	
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	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ch person or organiz	ation you are representing:
- UEdo not m	eed alco	one) at Drug stoke
Are you being paid for your representation		☐ Yes ☐ 🕅 🗆
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)		on or organization?
Information Hearing	mmon Council) 5 3 3	minutes
Outer remaining		HILLIUS EL LA LEGISTE EL LEGISTE DE LA LIGITA DELLA LIGIT

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 unswered "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 3 (3)	Signature James McCossole Print Name James McCossole				



•	Date:		

CITY OF MADISON

WISH TO SPEAK FORM

Registration Statement - Common Council COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Chet Gerlach Agenda No. 2, 3, 4, 4 5 100 Wisconsin Ave. # 700 Please check one: AND 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? Yes (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 Information Hearing 3 minutes

(SEE BACK)

Other Items 3 minutes

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



WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	ouncil
Please Print Agenda No	PLEASE Name Address	PRINT NAME CLEARLY Celia Jackson 3205 Quinen Are
Please check one:	AND	Please check:
Support		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	complete the rest uestion)	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	duties for this pers	Yes No on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing) Other Items		minutes

(SEE BACK)

•	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?					
	red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)					
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Date	Signature					
	Print Name					



Date:	
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WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement -	Common C	Council			<u>- ·</u>
Please Print Agenda No. #2	CHS_	PLEASE Name Address		me clearly reen bo Gray f		echi
Please check o	ne:	AND	Plea	se check:		
Support				Wish to S	peak	
Oppose						
Neither S	Support Nor Op	pose				
(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	complete the rest uestion.)	of this form. I	f you answered		No ide the name
	or your representation?	1				No
	part of your other paid," STOP; you need not					No n to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	4 - 14 - 14 - 14 - 14 - 18 - 14 - 14 - 14 -				

(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?				
	nswered "yes" to the question, STOP. You need not complete the rest of this form, excep If you answered "no" to the question, go on to the next question.)	ot that you must sign			
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(Please go Room 103 d	go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to th 3 of the City-County Building, Madison, for more information.)	e Clerk's Office at			
Date <u></u>	Jug 3, 2010 Signature Maureen Musicala Print Name Maureen Busala	alaudi ecchi			



Date: 8	13/10	
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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	Council	
Please Print	PLEASE	PRINT NAME CLEARL	<i>(</i>
Agenda No. 233 4	Name	Carol Lobe 5103 N. A	
	Address	McFarland	
Please check one:	AND	Please check:	
Support		Wish to S	peak
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 \(\sqrt{No}\) "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.)			Yes No 'yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	***************************************	3 minutes	

(SEE BACK)

Are you an elother governn	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.)		
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Date	3/10 Signature Van Der		
- /	Print Name Carol hobes		



Date: 8-3-10

WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement -	Common C	ouncil		_
Agenda No. 2	3, 4.45		PRINT NAME CLE ROSEMBRY W W():	EARLY Le E	
Please check o Support	ne:	AND	Please che	eck: 1 to Speak	
Oppose Neither Support Nor Oppose					
(If you answered "no of who you represent	ou representing an organ, "STOP; you need no and go on to the next of lephone number of each	t complete the rest question.)	of this form. If you an	☐ Yes ☐ Yes swered "yes," provide	the name
Are you being paid for	or your representation?			Yes No)
	part of your other paid," STOP; you need no			Yes No	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes		

(SEE BACK)

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 you answered "no" to the question, go on to the next question.)		
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Date	Signature		
	Print Name		



Date:	8/3/2010	
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WISH TO SPEAK FORM

CITY OF MADISON

Registration Sta	atement - Common C	Council		
Please Print	PLEASI		ME CLEARLY	
Agenda No. 2 3	Name Address	7237	GERMAN ELMWEOD LETON, WI	The same of the sa
Please check one:	AND	Plea	se check:	
Support		X	Wish to Speak	
Oppose				
Neither Suppor	t Nor Oppose			
(If you answered "no," STOP, of who you represent and go of	enting an organization or a person you need not complete the rest not to the next question.) number of each person or organical	t of this form.	If you answered "yes," p	No provide the name
Are you being paid for your re	presentation?		☐ Yes	□No
	our other paid duties for this per you need not complete the rest			☐ No go on to the next
Informa	Hearing (Common Council) tion Hearing tems	3 minutes		

(SEE BACK)

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No	
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Date	Signature	
	Print Name	



WISH TO SPEAK FORM

Registration Statement		Council		
Please Print Www. Last on thes	COMMITTEE Speak PLEASE	O	a a	
		Jenna	Guan	
Agenda No. 2, 3, 4, 5	Address	311 6	Chicago St., Ste 410	
		Milw	enicago St., Ste 410 anker, w/ 532er	
Please check one:	AND		se check:	
Support			Wish to Speak	
Oppose				
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:				
Walgreens			LIMM	
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 (Com- Information Hearing Other Items	hadand 1 F FB ka - annalized Bakanad I I ka	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?		
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Date <u>B</u>	3 2000 Signature Print Name Signature Sunny Yuan		

Date:	8/3/10	_



AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Co	ouncil		
		PLEASE	PRINT CLEARLY		
Agenda No 之-	5		Ty HeMurtry, 1749 N. Prospec		uau Keo, wi
Please check	one:	AND	Please check	ζ:	
Support	<u> </u>		Availabl	le to ans	swer
Oppose			question	18	
Neither	Support Nor Op	pose			
(If you answered "r of who you represer	you representing an organo," STOP; you need not and go on to the next question telephone number of each	t complete the rest o nuestion.)	f this form. If you answe		☐ No ' provide the name
Are you being paid	for your representation?			Yes	□No
	as part of your other paid no." STOP; you need no.			☐ Yes ered "yes,'	\times No " go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3			

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 X 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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Date	Signature Instry & McMutz, To Print Name TMOthy L McMutz, IT			

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Da	te:	81	31	10		

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common C	ouncil		
Please Print					
		PLEASE	PRINT NAME CLE	ARLY	
		Name	Dennes M.		
Agenda No. 2		Address	2915 TU	-60+ D	rico
			Maderyn	3 3	713
Please check or	1e:	AND	Please chec	∶k:	
Support			Do not	t wish to	speak
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent o	" 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 cation you are represent	wered "yes,"	☑No provide the name
Are you being paid for	your representation?				
Are you being paid for	your representation?			∐ Yes	∐No
Are you appearing as a (If you answered "no, question)	part of your other paid "STOP; you need not	duties for this pers t complete the rest	on or organization? of this form. If you ans	Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing		minutes		
	Other Items		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?
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Date &	Signature John Mcan
	Print Name Deunis McClacy



Date: 8/3/10

DO NOT WISH TO SPEAK FORM

Registration	Statement	Common (Council		
Please Print		PLEASI	E PRINT NAME CLE	ARLY	
Agenda No. <u> </u>	4	Name Address	Judy Golre 6216 Sout McJarlan	No. 10 No. 1 No. 1 No. 1	5355E
Please check one		AND	Please chec	: k:	
☐ Support☐ Oppose			Do not	wish to	speak
At this meeting are you reflected (If you answered "no," So of who you represent and Name, address and teleph	STOP; you need not did not go on to the next qu	complete the res estion)	t of this form. If you ans	wered "yes,"	□ No provide the name
Are you being paid for yo	our representation?			☐ Yes	□ No
Are you appearing as par (If you answered "no," Squestion)				☐ Yes wered "yes,'	☐ No " go on to the next
İr	ublic Hearing (Comn formation Hearing ther Items		5 minutes 3 minutes 3 minutes		

	elected official or employee imental body?	who is appearing solely on behalf of your office or for your municipality or Yes \(\Boxed{\square}\) No
		STOP. You need not complete the rest of this form, except that you must sign question, go on to the next question.)
If you are b that:	eing paid for your represer	ntation, or if your appearance is part of other paid duties, please be advised
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3.		or will owe more than \$1,000 for lobbying services in any reporting principal must file expense statements with the City Clerk for the ar year?
		te <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Madison, for more information.)
Date		Signature
		Print Name