

Date:	8 -	3-	10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -		Council	
Please Print	COMMITTEE		
	PLEASE	E PRINT NAME CLEA	RLY
Agenda No57	Name Address	ROSEMARON WILL	LEE SON
animals	·	53103	
Please check one:	AND	Please check	κ:
Support		Wish to	o 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," previde 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.)	_	<u> </u>	Yes No No ered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	3	3 minutes	

(SEE BACK)

_	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
100	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: 8-3-10



AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement -	Common Council
-	COMMITTEE
	PLEASE PRINT CLEARLY
	Name RITA KELLIHER
Agenda No. 57	Address 6222 OLD MIDDLE FON RI
	MADISON WI 53705
Please check one:	AND Please check:
Support	Available to answer
Oppose	questions
	noso
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	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion.)
Name, address and telephone number of each	h person or organization you are representing:
MADISON FESTIVALS IN	UC.
2981 CAHILL MAIN	SUITE 2
MADISON WI 53711	608.310.7294
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 No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	mon Council) 5 minutes 3 minutes 3 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.)
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Date	B. 3	3, 10 Signature Atelliha-

Print Name

RITA KELLIHER

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M.	-	-	J	-

	할 이 일본 글로 보다 모르는 사람이 있다.	
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/ /	< > 1 /)	
Date:		
Duit		

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Co	uncil
Please Print	PLEASE P	RINT NAME CLEARLY Mary Carbino
Agenda No.	Address	Mary Carbino 3122 Herminast Madison, WIS3711
Please check one: Support Oppose Neither Support Nor Op	ppose	Please check: Do not wish to speak
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 ea	ot complete the rest of 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 paid	d duties for this person	☐ Yes ☐ No or organization? ☐ Yes ☐ No
(If you answered "no," STOP; you need no question) Speaking Limits: Public Hearing (Cor Information Hearing	nmon Council) 5 m 3 m 3 m	this form. If you answered "yes," go on to the next inutes 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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Date	Signature
	Print Name



DO NOT WISH TO SPEAK FORM

Date: 8-3-2010

CITY OF MADISON

Registration Statement -	Common C	<u>ouncil</u>
Please Print	DI FASE	PRINT NAME CLEARLY
	Name	SCOTT B. THORNTON
Agenda No.	Address	1104 JENIFER ST
		MADISON, WI 53703
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	ot complete the rest (question)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)		on or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	3.	minutes

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Date	Signature
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