

16662

Date: 9/21/6

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil	·
Please Print	PLEASE	EPRINT NA	AME CLEARLY
Agenda No. 65	Name Address	2708	White 8 Lakeland Ave Madism
Please check one:	AND	Plea	ase check:
□ Support		\square	Wish to Speak
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an organized (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each of the next of th	ot complete the rest question)	of this form.	If you answered "yes," provide the name re 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.)			
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	,	3 minutes	



WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council	<u> </u>
Please Print	PLEASE	PRINT NA	ME CLEARLY
Agenda No	Name Address	Scott 777 U. Madiso	every the #1431
Please check one:	AND	Plea	se check:
Support		X	Wish to Speak
Oppose		,	
Neither Support Nor O	ppose		
At this meeting are you representing an org (If you answered "no," STOP; you need not 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 pai (If you answered "no," STOP; you need nequestion)	d duties for this per ot complete the rest	son or organiz	
Speaking Limits: Public Hearing (Confinement of Information Hearing Other Items	g , , , , , , , , , , , , , , , , , ,	3 minutes	



Date:	9	121	110	
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CITY OF MADISON

Registration	Statement	COMMITTEE	ouncil			
Please Print		PLEASE	PRINT NAM	ME CLEAR	RLY	
Agenda No		Name Address	Saah 316 h Deect	Harr- claine S eld, W	j J	31
Please check one		AND	Pleas	se check	•	
Support Oppose Neither Sup	port Nor Opp	oose		Wish to	Speak	
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. Ij	f you answer		No Frovide the name
Are you being paid for yo	our representation?		· · · · · · · · · · · · · · · · · · ·		☐ Yes	□ No
Are you appearing as par (If you answered "no," S question.)					Yes red "yes," ;	No go on to the next
In	ablic Hearing (Comu formation Hearing ther Items	3	minutes			



WISH TO SPEAK FORM

Registrati	ion Statement -	COMMITTEE	ouncil	·	
Please Print Agenda No. 65		Name	Brant 119 N.	ECLEARLY on Kun Fairchild	<u>z</u>
Please check o	ne:	AND	Please	e check:	
Support				Wish to Speal	k
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga," STOP; you need no and go on to the next questions of each of	t complete the rest question.)	of this form. If y	vou answered "yes,	
Are you being paid for	or your representation?			☐ Yes	No
Are you appearing as (If you answered "no question)	part of your other paid," STOP; you need no	l duties for this per tt complete the rest	son or organization of this form. If y	tion?	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	,	3 minutes		



WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	ouncil
Please Print	PLEASE	PRINT NAME ÇLEARLY
Agenda No.	NameAddress	Decek House 777 University Ave #608 MADISON, WI SZ715
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		y
Neither Support Nor O	ppose	
At this meeting are you representing an orgalist (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," provide the name
Are you being paid for your representation		Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need n question.)	nd duties for this pers	son or organization?
Information Hearin	ommon Council)	3 minutes



Date: 4-71-10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Sta	tement - Common (Council
Please Print	PLEAS	SE PRINT NAME CLEARLY
Agenda No. <u>05</u>	Name Address	Myssa Helenbrand-Best 504 Bridlewood Cu Wasertown, WI 53094
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		1
Neither Suppor	t Nor Oppose	
At this meeting are you represe (If you answered "no," STOP; of who you represent and go on Name, address and telephone n	you need not complete the res to the next question.)	est of this form. If you answered "yes," provide the name
Are you being paid for your rep	oresentation?	Yes No
Are you appearing as part of yo (If you answered "no," STOP; question)		erson or organization? Yes No est of this form. If you answered "yes," go on to the next
Informa	Hearing (Common Council) tion Hearing ems	3 minutes



Date: _					_
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CITY OF MADISON

Registration Statemer	it - <u>Common C</u>	ouncil
Diagon Daine	COMMITTEE	
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 65	Name C	14800 Sandey
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor	Oppose	
At this meeting are you representing an (If you answered "no," STOP; you need of who you represent and go on to the r	ed not complete the rest next question.)	of this form. If you answered "yes," provide the name
Are you being paid for your representat	tion?	☐ Yes ☑ No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)		son or organization?
Information Hea	(Common Council)	3 minutes



Date: 09.21.10

WISH TO SPEAK FORM

Registration Statement -		Council	
	COMMITTEE		
Please Print	PLEAS	E PRINT NAME CLEAF	RLY
	Name	Margaret wo	itson
Agenda No.		U743 Rolling	
		verona u	J 53593
Please check one:	AND	Please check	:
Support		Wish to	Speak
Oppose	•		
Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest ruestion.)	t of this form. If you answe	•
Are you being paid for your representation?			Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			Yes No Yes No red "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	r sa kara esk k kojinoji i i in opini in aratini ji je j	.3 minutes	



Date:	

Registrat	ion Statement -	Common C	ouncil			
Please Print				ME CLEARL	-	
Agenda No.	65	Name Address	2 5.	y Micha Weffle	e Chri	- Langetzi
Please check o	ne:	AND	Plea	ise check:		
Support				Wish to S	Speak	
Oppose						
Neither S	Support Nor Op	pose				
(If you answered "no of who you represent Name, address and to	ou representing an organ, "STOP; you need no and go on to the next quellephone number of each	t complete the rest question.) th person or organiz	of this form.	If you answered		No vide the name
<u> </u>	100,000				,	
Are you being paid for	or your representation?				Yes	No
	part of your other paid, "STOP; you need no					No on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes			



Date:	9-21-10	

Registration Statement -	COMMITTEE	Council		·
Please Print	PLEASE	PRINT NA	ME CLEARLY	
Agenda No. <u>65</u>	Name Address	1040 Sp	n Williams oring S+ A on, WI	
Please check one:	AND	Plea	ase check:	
⊠ Support		\boxtimes	Wish to Sp	eak
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 rest question) ch person or organi	of this form.	If you answered ") e representing:	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 greation)	d duties for this per			Yes No
question) Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes		

REGISTRATION STATEMENT - PAGE 2

Are you an eother govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(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:	sing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date <u>9-2</u>	1-10 Signature Bul Allic. Print Name Brandon Williams



CITY OF MADISON

Registration	on Statement - ַ	Common C	ouncil		 -
Please Print			PRINT NA	MECLEARLY	
Agenda No. <u>45</u>		Name \(\) Address	LURI Madi	DRINK Acodia C Son, Wit	n
Please check on	e:	AND	Plea	ase check:	
Support			\square	Wish to Spea	ak
Oppose					
Neither Su	ipport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	' STOP; you need not nd go on to the next q	t complete the rest suestion.)	of this form.	If you answered "ye	
Are you being paid for	your representation?			☐ Ye	s 🗌 No
Are you appearing as p (If you answered "no," question)					
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes		



Date: 9 - 21 - 10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	ouncil		
Please Print Agenda No. 65	Name	PRINT NAME C JAMES 1202 Re MADISON	STOPPL egent 17	
Please check one:	AND	Please cl	heck:	
Support		✓ Wi	sh to Speak	
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form. If you	answered "yes," j	☑ No 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	l duties for this per	_		⊠No □ No go on to the next
question.) Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes		



WISH TO SPEAK FORM

Registration Stater	nent - Common C	Council	
Please Print Agenda No		\	***
Please check one: Support	AND	Verona, w\ 53593 Please check: Wish to Speak	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Oppose Neither Support N	or Oppose	•	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to a Name, address and telephone numbers.	need not complete the rest the next question.)	t of this form. If you answered "yes," pr	No ovide the name
Are you being paid for your repress	other paid duties for this per		
question.) Speaking Limits: Public Hear	ineed not complete the resulting (Common Council)	st of this form. If you answered "yes," go	on to the next



Date: 931 10

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil		
Please Print Agenda No	PLEASE Name Address	PRINT NAI Nancy 702 Madisa	ME CLEARLY Tensen N. High Poin 4 WI	f Pd.
Please check one:	AND	Plea	se check:	
Support		X	Wish to Speak	ζ
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an organized (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 Apartment Association of Marient Association of Marient Allowson, WI.	t complete the rest question.) The person or organi	of this form.	If you answered "yes,'	☐ No " provide the name
Are you being paid for your representation?			Yes	No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this per ot complete the res	rson or organize t of this form	zation? Yes If you answered "yes,	☐ No "go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes		

Date: 9-21-10



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrat	tion Statement -	Common Co	uncil		
Please Print Agenda No.	65	Name	PRINT NAME CLE Scott Fai 210 N. B. Madison	ust asset st	
At this meeting are y (If you answered "n	propriate box: Support Nor Op you representing an orga o, "STOP; you need now t and go on to the next q	mization or a person t complete the rest of	Please check the Do not other than yourself:	he appropriate be of wish to s	ox: peak (No
Name, address and t	elephone number of eac	h person or organiza	ation you are represen	ting:	
Are you appearing a	for your representation? s part of your other paid o," STOP; you need no	l duties for this perso		☐ Yes ☐ Yes ☐ Swered "yes," go	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		



DO NOT WISH TO SPEAK FORM

Date:

CITY OF MADISON

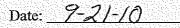
Registrat	ion Statement -	Common (<u>Council</u>		
Please Print		PLEAS	E PRINT NAM	E CLEARLY	
		Name	Mitch Col	24.9	
Agenda No.		Address	6754 Pin	na Dr	
			Midison, U	ng Dr UZ 53715	
Please check the app	propriate box:			check the appropri	ate box:
Support		AND	1 📈.		
Oppose				Oo not wish t	to speak
	Support Nor Op	nose			
(If you answered "no	ou representing an orga o," STOP; you need no and go on to the next o	t complete the res	on other than you t of this form. If	urself: Yes you answered "yes,	∭No " provide the name
Name, address and to	elephone number of eac	h person or organ	ization you are re	epresenting:	
And the land of the				Vac	Χίνο
	or your representation?				∭No ₩
	s part of your other paid o, " STOP; you need no				
Speaking Limits:	Public Hearing (Cor Information Hearing		.3 minutes		



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement	Common C	ouncil		
Please Print Agenda No.	5	₹ T	EPRINT NAME CLEAN CHAO GASS 922 MayFAN MANISON,	NER	<i>5</i> 3 <i>715</i>
Please check the ap	propriate box:		Please check the		
Support Oppose		AND] Do not	wish to	speak
	Support Nor Op	pose			
(If you answered "n of who you represen	t and go on to the next q	t complete the rest uestion)	on other than yourself: of this form. If you answe zation you are representin	ered "yes," j	☑No provide the name
Are you being paid t	for your representation?			☐ Yes	⊡∕No
	s part of your other paid o," STOP; you need not		son or organization? of this form. If you answ	☐ Yes ered "yes,"	☑No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		





DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement -	Common C	<u>Council</u>
Please Print		PLEASE	E PRINT NAME CLEARLY
Agenda No. (65		DAVID KELLER 1102 Windon Dr. Madison, WI 532//
Please check the ap	propriate box:		Please check the appropriate box:
□ Support □ Oppose		AND	Do not wish to speak
	Support Nor Op	pose	
(If you answered "no of who you represent	o," STOP; you need no t and go on to the next o	t complete the rest question)	son other than yourself: Yes XNo it of this form. If you answered "yes," provide the name ization you are representing:
Are you being paid f	or your representation?		☐ Yes ☐ No
Are you appearing as (If you answered "no question.)	s part of your other paid o," STOP; you need no	l duties for this per t complete the res	erson or organization?
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes

Date: 9-21-10



DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Committee	ouncil		
Please Print		JONNIN			
		PLEASE	PRINT NAME CLE	ARLY	
		Name	Plante 1	proran	
Agenda No. O		Address	3118 Caux	Transfer () The little ()) _
		2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MARIAL	11/1 1/2716	3 7
			1 V 10002 300		(
Please check o	ne:	AND	Please che	ck:	
Support			⊠ Do no	t wish to speak	
Oppose					
Neither S	upport Nor Op	nose			
(If you answered "no of who you represent	ou representing an orga," STOP; you need no and go on to the next questions of each	t complete the rest o question)	f this form. If you ans	☐ Yes ♠No wered "yes," provide the na ting:	ıme
Are you being paid fo	r your representation?			☐ Yes ☐ No	
	part of your other paid " STOP; you need no			☐ Yes ☐ No wered "yes," go on to the n	ext
Speaking Limits:	Public Hearing (Con				
	Information Hearing Other Items	"这一类,我们就是一个意思,我们是一种,这就是一个,我们也不是不是我们的,我们还是	Prince and the contract of the		



Date: 9/21/10
DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common Co	uncil						
Please Print Agenda No.	> 5	PLEASE PRINT NAME CLEARLY Name Jeff Howler Address 535 W. Johnson							
Please check	one:	AND	Please checl	K.					
Support Oppose Neither	Support Nor Op	pose	Do not	wish to s	speak				
(If you answered "n of who you represer	you representing an organo," STOP; you need not at and go on to the next question of each	t complete the rest of uestion)	f this form. If you answe		No provide the name				
Are you appearing a	for your representation? as part of your other paid to," STOP; you need not			☐ Yes ☑ Yes ered "yes,"	⊠No □ No go on to the next				
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		minutes						



Date:	i j	i		M									r) L	
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DO NOT WISH TO SPEAK FORM

Registra	tion Statement - ₋	Common C	ouncil		
Please Print Agenda No.	35	Name	PRINT NAME CLE Jason Bat Z106 Sheri	Han	
Please check o)ne:	AND	Please che		
Support Oppose Neither	Support Nor Op	pose			, peak
(If you answered "no of who you represen	you representing an orga o," STOP; you need not t and go on to the next q elephone number of eac	t complete the rest uestion)	of this form. If you ans	swered "yes,"	No provide the name
Are you being paid f	or your representation?			☐ Yes	[]No
	s part of your other paid o, " STOP; you need not			☐ Yes swered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		