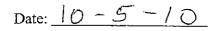


Date: $\frac{1D/5/\iota U}{}$

WISH TO SPEAK FORM

Registration Statement -		ouncil	
	COMMITTEE		
Please Print	PLEASE	PRINT NAME CLEARL	Y
Agenda No. 33	Name Address	DAVIN PICKE 17 Memill (Madison, W.	Nest Dr. 1 53705
Please check one:	AND	Please check:	
Support		Wish to S	Speak
Oppose		DX Audal	le For Question
Neither Support Nor Op	ppose	1271 / IValac	IR 100 CYLLESTICAL
At this meeting are you representing an organism (If you answered "no," STOP; you need not of who you represent and go on to the next of t	ot complete the rest	,	Yes No No 'yes," provide the name
Name, address and telephone number of each	ch person or organi	zation you are representing:	
	AFSCME	LOCAL 60	· · · · · · · · · · · · · · · · · · ·
<u> </u>	IA	TSE LOCAL	25/
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)	l duties for this per ot complete the rest	son or organization? of this form. If you answered] Yes No if "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	,	3 minutes	





WISH TO SPEAK FORM

CITY OF MADISON

Registration	on Statement -	COMMITTEE	Council	·
Please Print	·	PLEASE	_	ME CLEARLY
Agenda No. 3	3	Name Address	Lucy 4610	na Shenker Waukesha St 53705
Please check on	ie:	AND	Plea	se check:
⊠ Support			\geq	Wish to Speak
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 and go on to the next q	t complete the rest uestion.)	of this form.	If you answered "yes," provide the name
	eart of your other paid			Yes No Tation? Yes No If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes	



Date:	10/5/10	

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common (Council	
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Agenda No. 33	Name Address	Hathles HOS N	n Rideout Boldwin 10t
Please check one:	AND	Plea	se check:
Support			Wish to Speak
Oppose			
Neither Support Nor Op	pose		
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Name, address and telephone number of each	ch person or organ	ization you are	representing:
Afseme Logal 60	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
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)	duties for this per t complete the res	rson or organiz t of this form. I	ation? Yes No If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes	



Date: 10/5/0

WISH TO SPEAK FORM

CITY OF MADISON

Registration Stat	ement - Com	mon Col	uncil	
Please Print Agenda No. 7	1	Name	RINT NAME CLEAF LUIS Gauth 2125 Davis H	il 1
Agonda 110.		Address 2	Plong WI	53593
Please check one:	A	ND	Please check	
Support			Wish to	Speak
Oppose				·
Neither Support	Nor Oppose			
At this meeting are you represent (If you answered "no," STOP; of who you represent and go on	you need not complete			Yes No No Yed "yes," provide the name
Name, address and telephone m	imber of each person	or organizat	ion you are representing	2. 3.
1602 S. Park	5 ST. #2	724		<u></u> :
Madison S	3715			
Are you being paid for your rep	resentation?			Yes No
Are you appearing as part of yo (If you answered "no," STOP; question)	ur other paid duties fo you need not complet	or this person te the rest of	n or organization? this form. If you answe	Yes No No rred "yes," go on to the next
Informa	learing (Common Coution Hearing	3 n	ninutes	



Date:	

WISH TO SPEAK FORM

CITY OF MADISON

Registration Stat	tement - <u>Common Counc</u>	<u>il</u>
	COMMITTEE	
Please Print	PLEASE PRIN	T NAME CLEARLY
Agenda No. 33	Name Address 23	Alban Jones Chain 34 West Loun adison 53711
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose	,	<u>.</u>
Neither Support	Nor Oppose — Sa	port OCA
	nting an organization or a person other you need not complete the rest of this to the next question.)	
Name, address and telephone nu	ımber of each person or organization y	ou are representing:
Are you being paid for your rep	resentation?	Yes No
	ur other paid duties for this person or o you need not complete the rest of this	rganization? Yes No No Yes," go on to the next
Informat	Iearing (Common Council) 5 minut tion Hearing 3 minut ems 3 minut	es



Date: 10.5 10

Registrat	ion Statement	Common Col	ıncil	
		COMMITTEE		
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		Name (Tobert Stickne	
Agenda No.	<u> </u>	大大,大人,是一个一个人,不一个人的人,只要把一块大手拿一个一个人	352 Superior	
		<u> </u>	which WI.5	
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			Local G)
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Name, address and te	lephone number of each	person or organizati	on you are representing:	
I Suppor	+ Keeping	Cityens	loyees at the	2
Overture	() () () () () ()	J	0	
Are you being paid fo	r your representation?		☐ Yes	⊠No
Are you appearing as (If you answered "no, question.)	part of your other paid of "STOP; you need not	duties for this person complete the rest of	or organization? Yes this form. If you answered "yes," g	☐ No go on to the next
Speaking Limits:	Public Hearing (Com		inutes	
	Information Hearing Other Items	"直通","我们,""我们,""我们,""我们,""我们,""我们们"	inutes inutes	



Date: 10 15/10

DO NOT WISH TO SPEAK FORM

Registration Statement	Common C	<u>ouncil</u>
Please Print Agenda No.	Name	PRINT NAME CLEARLY Alexis Turner Richie Road Verona W
Please check one:	AND	Please check:
✓ Support☐ Oppose☐ Neither Support Nor Oppose	oose	Do not wish to speak
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 question of who you represent and go on to the next question of each which we have a supplied to the control of the	complete the rest uestion.) a person or organiz	of this form. If you answered "yes," provide the name ration 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 not question)		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 minutes minutes



CITY OF MADISON

Registration Statement - ___ Common Council Please Print PLEASE PRINT NAME CLEARLY Name Poble Tesfasillasie
Address 9 Strabel ct # 407 Agenda No. 33 Please check one: Please check: AND Do not wish to speak **Support Oppose Neither Support Nor Oppose** 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.) 20CAL 60 Name, address and telephone number of each person or organization you are representing: ppor 2002/ 60 at Objentur Ce. ☐ Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No (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

(SEE BACK)

Other Items 3 minutes



Date: 10/5/2010 DO NOT WISH TO SPEAK FORM

Registra	tion Statement - ַ	Common Committee	Council
Please Print Agenda No. 35	2		EPRINT NAME CLEARLY June Goglio (Go-LEO) 944 & Wayton St. Madison
Please check o	one:	AND	Please check: Do not wish to speak
Oppose Neither	Support Nor Op	pose	
(If you answered "no of who you represent	t and go on to the next q	complete the rest of uestion)	on other than yourself: Yes No of this form. If you answered "yes," provide the name HESCME Local 60 zation you are representing:
Support Over Ture		ig local jets Cent	
	ω_{c}		Thankyon
Are you being paid f	or your representation?		U∏Yes Ç\No
Are you appearing as (If you answered "no question.)	part of your other paid of "STOP; you need not	duties for this perso complete the rest o	son 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	100 100 100 100 100 100 100 100 100 100	5 minutes 3 minutes 3 minutes



Date:

Registra	tion Statement -	Common (Council		
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			E PRINT NAME CL		
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Agenda No. <u>ろご</u>		Address	3701 MI	Iwankee St	
			<u> Madison</u>	(\mathcal{U})	
Please check	one:	AND	Please cho	ek:	
Support			Do no	ot wish to speak	
Oppose					
Neither .	Support Nor Op	pose			
Maintair	hocal lel	jobs@	the Ove	vature Cen	ter
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Name, address and t	elephone number of eac	ch person or organ	ization you are represe	nting:	
ALSOME	= horal lo	0			
	<u> </u>				
				[설명] 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Are you being paid	for your representation?			☐ Yes 💢 No	
	s part of your other paid o," STOP; you need no			Yes No uswered "yes," go on to the i	next
Speaking Limits:	Public Hearing (Cor	nmon Council)	5 minutes		
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	Other Items		5 minutes		



Registra	tion Statement - ַ	Common	Council		
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Are you appearing as	or your representation? part of your other paid o," STOP; you need not	duties for this po complete the re	erson or organization? st of this form If you o	Yes	⊠No ⊠No o on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		.3 minutes		



CITY OF MADISON

Registration Statement	Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT NAME CLEARLY
Agenda No. 53	Name Dixor Address III wwilson # 605 Madison 53703
Please check the appropriate box:	Please check the appropriate box:
Support [AND Do not wish to speak
Neither Support Nor Op	pose Maintain City Vision job S
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 to complete the rest of this form. If you answered "yes," provide the name
하는 사이 그림, 그리면 생각하다고 아이를 보면 보다고 아	h person or organization you are representing:
Local 60 suppor	fing vaion workers
Are you being paid for your representation?	☐ Yes
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 to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	umon Council)5 minutes

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Date:	1	0/4		
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Registration Statement -	Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT NAME CLEARLY
Agenda No. 33	Name UAY YOUNG Address
Please check the appropriate box:	Please check the appropriate box:
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Neither Support Nor Op	pose
At this meeting are you representing an organism (If you answered "no," STOP; you need not of who you represent and go on to the next of t	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing: 9 25/
OFFOSE ADOFTIO	NOF AMS FOCUS PLAN
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 person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 53 minutes 3 minutes



Date:

Registrati	on Statement	Common C	ouncil		
Please Print Agenda No.	3	PLEASE Name Address	PRINT NAME CI Telipa 42 Ma MADISE	LEARLY LEDOCC LILBURA IN, WI	
Please check or	ne: [AND	Please ch	ieck:	
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Are you being paid for	r your representation?			☐ Yes \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
	oart of your other paid on some of some of the source of t			Yes Xno inswered "yes," go on to	o the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3			



Date:

Registration Statement -	Common Co	uncil
Please Print		
ritiga terlija tradition i propinski propinski propinski propinski propinski propinski propinski propinski pro Propinski propinski p	PLEASE	PRINT NAME CLEARLY
267	Name	John Neis
Agenda No.	Address	2002 Elka 1 173
		Masison 53714
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor Op	nose	
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	t complete the rest of	other than yourself: \times Yes \tag No this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organiza	tion you are representing:
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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)		n or organization? Yes No Yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	3 r	ninutes ninutes ninutes



Date: __

Registration Statement -	Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT NAME CLEARLY
Agenda No. #33	Name Veff Fiscus Address 105 N. Thompson A madison Wi 53714
Please check the appropriate box:	Please check the appropriate box:
Support Oppose	AND Do not wish to speak
☐ 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	ot complete the rest of this form. If you answered "yes," provide the name
	ch person or organization you are representing: Supports Maintaning Local
Ge dobs a	overfore on in city
Parking Renger	
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 person or organization? Yes No of complete the rest of this form. If you answered "yes," go on to the next
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