

Date: 10/19/10

WISH TO SPEAK FORM

Registration Statement	Common C	Council		
Please Print 19348			ME CLEARLY	,
Agenda No. 49348 12		815 F	GIOY ORWAR ISON U	·
Please check one:	AND	Plea	se check:	
		X	Wish to S _I	peak
Oppose				
Neither Support Nor Opp	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 que Name, address and telephone number of each Tradependent Livia 815 Forward DRIA	complete the rest uestion.) n person or organi wy Zwc	of this form.	If you answered '	Yes
MADISON W1 537	//			
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 per complete the rest	son or organiz of this form.		Yes No No "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items		3 minutes		

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or

other governmental body?	,	∐ Yes	₩ INO
(If you answered "yes" to the question this form. If you answered "no" to the	n, STOP. You need not complete the rest of t question, go on to the next question.)	his form, except ti	hat you must sign
		1	Janea ha advisad

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

- 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 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 10/19/10 Signature Su vou nou i



WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	COMMITTEE	Council	
Please Print 19348 Agenda No. 17348 12	Name	Kenne	MECLEARLY the A Swanson Hillside TRAIL PLANS, WZ
Please check one:	AND	Plea	se check:
∑ Support		X	Wish to Speak
Oppose			
Neither Support Nor Opp	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 que Name, address and telephone number of each	complete the rest uestion.)	of this form.	If you answered "yes," provide the name
THEFENDANT LIVING	MADISON, U	J 608.7	274-7900
	· · · · · · · · · · · · · · · · · · ·	•	
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.)			
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes	

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

	elected official or emplo mental body?	yee who is appea	ring solely on behalf of your of	ffice or for you Yes	ar municipality or No
(If you answ this form. If	vered "yes" to the question you answered "no" to the	on, STOP. You ne se question, go on	eed not complete the rest of this to the next question.)	form, except i	hat yoʻu must sign
If you are b that:	eing paid for your repre	esentation, or if y	our appearance is part of other	paid duties,	please be advised
1.	Before you engage in with the City Clerk.	ı lobbying as a lo	bbyist, you or your principal m	ust file an aut	horization
2.	Your principal is not City Clerk.	permitted to aut	horize you to lobby unless you	are registered	l with the
3.	If your principal sper period (half year), the remainder of the cale	ne principal must	nore than \$1,000 for lobbying set file expense statements with	ervices in any the City Cle	reporting k for the
(Please go Room 103 of	to the City Clerk's wel the City-County Buildin	bsite <u>www.cityofn</u> g, Madison, for n	nadison.com/clerk/index.html	or go to the	Clerk's Office at
Date <u>/o</u> -	-19-10	Signature	La Swarte Kenneth Swar	7	
		Print Name	rennell som	18000	



Date: 10/19/10

WISH TO SPEAK FORM

Registration Statemen	t - Common Council
Please Print 19348 Agenda No. / 2	PLEASE PRINT NAME CLEARLY Name Anita G. Weiev Address 22 Golf Course Rd. Madison, WI 53704
Please check one:	AND Please check:
Support	Wish to Speak
Oppose	
Neither Support Nor	Oppose
(If you answered "no," STOP; you need of who you represent and go on to the no Name, address and telephone number of	organization or a person other than yourself: I not complete the rest of this form. If you answered "yes," provide the name ext question.) Teach person or organization you are representing: The skel Marsh janaly. Com
	on? Yes No Daid duties for this person or organization? Yes No No not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council) 5 minutes ing



Date: 19 OCT 2010

WISH TO SPEAK FORM

Registration Statement -	Common C	Council	
Please Print	PLEASI Name	TON	ME CLEARLY Secretary
Agenda No.	Address	4233 MADI	KENWOOD ST. SON, WI 53704
Please check one:	AND	Plea	ise check:
Support		X	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	complete the rest uestion.)	of this form.	If you answered "yes," provide the name
A			☐ Yes ☐ No
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			ration? Yes No
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	*************	3 minutes	



Date:	10/19	/2010
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DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	COMMITTEE	ouncil		
<u>Please Print</u>	.9348	PLEASE	PRINT NAME CLE	ARLY	
Agenda No/o		Name Address	Harry Read 2545 Van Hise Mudison, W15		
Please check the ap	propriate box:		Please check th	he appropriat	te box:
At this meeting are y (If you answered "n of who you represen	Support Nor Op you representing an orga o, "STOP; you need not t and go on to the next quelephone number of each	mization or a persont tomplete the rest	project. Should be to and closer to on other than yourself: of this form. If you answer	☐ Yes wered "yes,"]	m Charokee ide community
Are you appearing a	for your representation? s part of your other paid o," STOP; you need not Public Hearing (Com Information Hearing	t complete the rest	of this form. If you ans minutes	☐ Yes ☐ Yes wered "yes,"	☐ No ☐ No go on to the next

Date: _			
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AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registrat	ion Statement -	Common Council COMMITTEE	
Please Print	ાવ348	PLEASE PRINT NAME CI	EARLY
Agenda No.	2	Name $\frac{LYO/A}{1913}$ Address $\frac{1913}{Mad150}$	MAUREI SHELLEY 19 IN WF 537
Please check the app	propriate box:	Please check	the appropriate box:
☐ Support☑ Oppose		AND Avai	lable to answer
Neither S	Support Nor Op	-	
(If you answered "no of who you represent	," STOP; you need no and go on to the next	anization or a person other than yourself of complete the rest of this form. If you a question.) ch person or organization you are repres	inswered "yes," provide the name
Are you being paid for	or your representation?		☐ Yes Yoo
Are you appearing as (If you answered "no question.)	part of your other paid." STOP; you need no	d duties for this person or organization? ot complete the rest of this form. If you d	\square Yes \square No answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council)5 minutes 3 minutes 3 minutes	

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign

No

. Yes

this for	rm. If yo	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
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(Please Room	e go to 103 of ti	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	10 -	19-10 Signature Wdw Ma

Print Name

other governmental body?



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

_		COMMITTEE			
Please Print	19348	PLEASE	PRINT NAME C	LEARLY	
Agenda No.		Name	SBID N. MADISAN	J3700	N AUE
Please check the ap	propriate box:		Please check	k the appropriat	e box:
Support Oppose		AND	Do:	not wish to	speak
Neither S	Support Nor Op	pose			
(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 eacl	t complete the rest of question.)	f this form. If you c	unswered "yes," p	□ No provide the name
Are you being paid for your representation?				Yes	□No
	s part of your other paid o," STOP; you need not				☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

(SEE BACK)