

Date:	4/10
	1 /

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	Common C	ouncil		
Please Print 19944 Agenda No. Flaffing	PLEASE Name Address	PRINT NA	ME CLEARLY JA Werrit Madson	(Csest)(
Please check one:	AND	Plea	se check:	53 105
☐ Support☐ Oppose			Wish to Spea	ık
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 quality of the	complete the rest			
Name, address and telephone number of each	n person or organiz	ation you are	representing:	
		TAP	E 751	
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not	duties for this pers	on or organiz	Yes Tation? Yes	No No
question.)	·		g you unswered yes	,, , go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes		



Date:///9/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	COMMITTEE	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No. 70,71,72	Name Address	Alexis London 1825 Melrose St. Madison, WI 53704
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor C	Oppose	
At this meeting are you representing an o (If you answered "no," STOP; you need of who you represent and go on to the next Name, address and telephone number of e	not complete the rest xt question.)	t of this form. If you answered "yes," provide the name
Are you being paid for your representation	n?	☐ Yes ☐ No.
Are you appearing as part of your other pa	aid duties for this pers	/
Information Heari	ommon Council)5 ng3	3 minutes



Date:	
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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statemer	nt - Common C	Council
Please Print		
	PLEASE	E PRINT NAME CLEARLY
70,71,72,7300	Name	SAMANTHA CROWNOVER
Agenda No	— Address	2702 KENDALL AVE
		MADISON, UI 53705
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor	Oppose	
of who you represent and go on to the no	d not complete the rest ext question.)	of this form. If you answered "yes," provide the nam
Name, address and telephone number of		
BACH DANCING ?	•	POCIFIA
P.W. Box 234	8	
MADISON, WI		· · · · · · · · · · · · · · · · · · ·
Are you being paid for your representati	on?	☐ Yes ☐ No
Are you appearing as part of your other fall (If you answered "no," STOP; you need question.)	-	son or organization?
Information Hear	Common Council)	3 minutes

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Madison
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Date:	11/9/10	
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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Co	uncil	
Please Print	PLEASE P	RINT NAI	ME CLEARLY
	Name	100	N CXRTO
Agenda No. 70,71,72 erc	Address	16	Cornucopia Ct.
Please check one:	AND	Pleas	se check:
Support		Ø	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	t complete the rest of question.) The person or organization	this form. If	f you answered "yes," provide the name representing:
<u>Overtire</u>	Censur	201	State ST.
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	t complete the rest of	this form. If	
Information Hearing	nmon Council)5 m 3 m 3 m	inutes	



AVAILABLE TO ANSWER QUESTIONS FORM

Registrati	on Statement	Common Cou	uncil	
Agenda No. 70/.	71,72,73	Name	RINT CLEARLY LYDIA MAUre 1913 SHELLEY LADISON W/ 5:	
Please check or	ne:	AND	Please check:	
☐ Support☑ Oppose			Available to answer questions	•
Neither S	upport Nor Opj	pose		
(If you answered "no, of who you represent of	and go on to the next qu	complete the rest of tuestion.)	ther than yourself: Yes X this form. If you answered "yes," provious on you are representing:	
Are you being paid for	your representation?		☐ Yes	No
Are you appearing as partial (If you answered "no, question.)	part of your other paid on a strop; you need not	duties for this person complete the rest of t	or organization? Yes this form. If you answered "yes," go on	No n to the next
Speaking Limits:	Public Hearing (Comr Information Hearing	3 m	inutes	

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

this form. If you answered "no" to the question, go on to the next question.)

other governmental body?

Yes

If you a that:	are bei	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.	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?
		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.)

Signature

Print Name



Date:	_//_	Z	

CITY OF MADISON

Registrati	on Statement	Common Co	uncil
Please Print		PLEASE P	PRINT NAME CLEARLY
Agenda No. <u>70</u> //	7,72	Name	JAMES EDWARDS 526 WOODSIDE TERRA MADISON WE 53711
Please check or	ne:	AND	Please check:
Support Oppose		,	Do not wish to speak
Neither S	upport Nor Opp	pose	
(If you answered "no, of who you represent of	" STOP; you need not and go on to the next qu	complete the rest of uestion.)	other than yourself:
	part of your other paid of		☐ Yes ☐ No n or organization? ☐ Yes ☐ No This form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3 m	ninutes

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?					
	" to the question, STOP. You n ered "no" to the question, go o	eed not complete the rest of this form, except that you must sign n to the next question.)			
If you are being paid that:	for your representation, or if	your appearance is part of other paid duties, please be advised			
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
-	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
period	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 Ci Room 103 of the City-	ty Clerk's website <u>www.cityof</u> County Building, Madison, for i	madison.com/clerk/index.html or go to the Clerk's Office at more information.)			
Date <u>//-09-</u> /	Signature	JAMES C. EDWARDS			
	Print Name	JAMES C. EDWARDS			



Date: 11/9/10

DO NOT WISH TO SPEAK FORM

Registration	on Statement -	Common Co	ouncil	
Please Print Agenda No. 70	7) 72		PRINT NAME CLEAR othleen Ri 405 N Bo	deocet
Please check on	ie:	AND	Please check:	
Support Oppose	70 71 & 72		Do not w	ish to speak
Neither Su	ipport Nor Op	pose		
of who you represent a	' STOP; you need not nd go on to the next q	t complete the rest of uestion.)	-	☐ Yes ☐ No ed "yes," provide the name
Are you being paid for	your representation?		[Yes No
Are you appearing as p. (If you answered "no," question.)				Yes No if yes," go on to the next
	Public Hearing (Com Information Hearing. Other Items	3 r	ninutes	



Date: 11/9/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	uncil	· · · · · · · · · · · · · · · · · · ·	_
Please Print		PLEASE F	PRINT NAME CLEA	ARLY	
Agenda No. 70	71,72	Address	Savid Wise 3316 Ivy: Madison Wi		
Please check or	ie:	AND	Please chec	k:	
Support			Do not	wish to speak	(
Oppose	7/172		*		
Neither S	upport Nor Opp	pose			
(If you answered "no,	u representing an organ " STOP; you need not und go on to the next qu	complete the rest of	other than yourself: this form. If you answ	Yes No	
Name, address and tele	ephone number of each	~	ion you are representi	ng:	
		\$ ************************************		,	
Are you being paid for	your representation?			☐ Yes ☐ No	0
Are you appearing as partial (If you answered "no, question.)	part of your other paid on the state of your other paid of the state o	duties for this persor complete the rest of	n or organization? Tthis form. If you answ	Yes Novered "yes," go on t	
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3 m	ninutes		



Date: ///9/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	ouncil	
Please Print				
		PLEASE	PRINT NAME CLEARLY	
		Name _	John Ne. 5	
Agenda No		Address _	2002 ELKA La	and
			local Coo	
Please check on	ie:	AND	Please check:	
Support	70		Do not wish t	o speak
Oppose	71,72			
Neither St	ipport Nor Opp	ose		
of who you represent a	' STOP; you need not on the next qu	complete the rest o estion.)	other than yourself: Yes this form. If you answered "yes tion you are representing:	
	Loca	L 600		
Are you being paid for	your representation?		☐ Yes	□ No
Are you appearing as p. (If you answered "no," question.)	-	-	n or organization?	
	Public Hearing (Comm Information Hearing Other Items	3 1	ninutes	



DO NOT WISH TO SPEAK FORM

Registration	Statement - Co	ommon Co	ouncil		
Please Print		PLEASE	PRINT NAME C	LEARLY	
Agenda No. 70 7	1,72	Address _	Ben Patliff 1115 E. Will Madison Wil	son st #4,	/5
Please check one:		AND	Please ch		
 Support # 7 Oppose # 7 			Do n	ot wish to s	peak
Neither Sup	port Nor Oppose	9			
At this meeting are you re (If you answered "no," S of who you represent and	TOP; you need not comp	olete the rest o	other than yourself f this form. If you a	f: Yes inswered "yes," j	☐ No provide the name
Name, address and teleph	_	on or organiza	tion you are repres	enting:	
AFSCME LO	CAC 9 U				
Are you being paid for yo	ur representation?			Yes	No
Are you appearing as part (If you answered "no," Statement question.)				Yes Yes "yes,"	No go on to the next
Inf	blic Hearing (Common Cormation Hearingher Items	3 1	ninutes		



Date: 11910

DO NOT WISH TO SPEAK FORM

Registra	tion Statement	Common Council	
Please Print Agenda No.	0,71,72	PLEASE PRINT NAME CLEARLY Name Shawn A. Bondo Address 509 Aztaland	υK
Please check the ap	propriate box:	Please check the approp	riate box:
Support Oppose		AND Do not wish	to speak
Neither !	Support Nor Op	oose	
(If you answered "n	you representing an orga o," STOP; you need not t and go on to the next q	nization or a person other than yourself: Yes complete the rest of this form. If you answered "yes testion.)	
Name, address and t	_	person or organization you are representing:	
Are you being paid f	for your representation?	☐ Yes	s 🗌 No
		duties for this person or organization? Yes complete the rest of this form. If you answered "yes	
Speaking Limits:	Information Hearing.	non Council)5 minutes 3 minutes 3 minutes	



Date:

CITY OF MADISON

Registrati	on Statement	Common Cou	uncil
Please Print Agenda No.	7 / 1	PLEASE PI Name Address	RINT NAME CLEARLY
	te: # 70 # 71+72 upport Nor Opp		Please check: Do not wish to speak
At this meeting are you (If you answered "no," of who you represent a	'STOP; you need not	complete the rest of t	ther than yourself: Yes No No his form. If you answered "yes," provide the name
Name, address and tele	phone number of each	person or organization	on you are representing:
Are you being paid for Are you appearing as p (If you answered "no," question.)	art of your other paid d		☐ Yes ☐ No or organization? ☐ Yes ☐ No this form. If you answered "yes," go on to the next
, ,	Public Hearing (Comn Information Hearing Other Items	3 mi	inutes



Registration Stateme	ent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 70-73	Name FUNA BADWIN Address SO GAGE CAND MA-015M
Please check the appropriate box:	Please check the appropriate box:
✓ Support✓ Oppose	AND Onot wish to speak
Neither Support Nor	Oppose
At this meeting are you representing a (If you answered "no," STOP; you not of who you represent and go on to the	n organization or a person other than yourself: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name, address and telephone number	of each person or organization you are representing:
MCAD	
Are you being paid for your represent	ation?
	er paid duties for this person or organization? Yes No eed not complete the rest of this form. If you answered "yes," go on to the next
Information H	g (Common Council)5 minutes earing

REGISTRATION STATEMENT - PAGE 2

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?			
	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.)			
If you are that:	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 Sur Backer Print Name Land BAGOW W			



Date: 11/9/10

DO NOT WISH TO SPEAK FORM

Registrat	tion Statement -	Common Co	uncil		
Please Print Agenda No.	372	,	PRINT NAME CLEA LUNE Goglic 144 E. Dag Madison	<i>(</i>	(EO)
Please check the ap	propriate box:		Please check th	e appropriate	e box:
Support Oppose		AND	Do no	t wish to	speak
At this meeting are y (If you answered "no of who you represent	Support Nor Op You representing an orga To, "STOP; you need no It and go on to the next of the elephone number of each	nnization or a person t complete the rest of question.)	f this form. If you answ	AFSC	E I T
Are you appearing as	or your representation? s part of your other paid o, "STOP; you need no	l duties for this perso	n or organization? f this form. If you ansv	☐ Yes ☐ Yes wered "yes," g	No No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		



Registration	Statement	COMMITTEE	Council		<u> </u>	
Please Print		PLEASI	E PRINT NA	AME CLEA	RLY	
Agenda No.	7>	Name Address	<u>Sue</u> 3201 Mu	1	son Sau k	Lee 5+
Please check the approp	riate box:		Pleas	se check the	appropria	te box:
Support Oppose		AND		Do not	wish to	o speak
Neither Sup	port Nor Opp	ose				
At this meeting are you re (If you answered "no," S of who you represent and	TOP; you need not c	complete the resi	on other than to of this form.	yourself: If you answe	X Yes ered "yes,"	☐ No provide the name
Name, address and teleph	one number of each	person or organi	zation you ar	e representin	g:	
	<u>.</u>					
Are you being paid for yo	ur representation?				Yes	No
Are you appearing as part (If you answered "no," S' question.)					☐ Yes ered "yes,"	No go on to the next
Int	blic Hearing (Comm formation Hearing			·		



Date: _____

CITY OF MADISON

Registration Statement	- Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 7/+ 72	Name JCFF FISCUS Address 105: N Thumpson Madyn W: 13714
Please check the appropriate box:	Please check the appropriate box:
☐ Support☑ Oppose	AND Do not wish to speak
(If you answered "no," STOP; you need to of who you represent and go on to the next Name, address and telephone number of e	rganization or a person other than yourself: No not complete the rest of this form. If you answered "yes," provide the name at question.) each person or organization you are representing:
Are you being paid for your representation Are you appearing as part of your other pa	· · · · · · · · · · · · · · · · · · ·
	ommon Council)5 minutes ng3 minutes



CITY OF MADISON

Registrat	ion Statement - ַ	Common C	Council
Please Print		PLEASE	E PRINT NAME CLEARLY
Agenda No	1an 73.	Name Address	10011 Soul 501 3166 Hawkinson Rd ARGON, 1114 63575
Please check the ap	propriate box:		Please check the appropriate box:
Support Oppose		AND	Do not wish to speak
Neither S	Support Nor Op	pose	
(If you answered "no	ou representing an orga o," STOP; you need not and go on to the next q	t complete the rest	on other than yourself: Yes No Yof this form. If you answered "yes," provide the name
Name, address and to	elephone number of each	_	zation you are representing:
Are you being paid for	☐ Yes ☐ No		
	part of your other paid o, " STOP; you need not		rson or organization? Yes No t of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing.		

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?			
	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.)			
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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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	11-9-10 Signature Wall Tack Sch			