

Date: <u>Nov. 9, 2010</u>

## **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

| Registration Statement -  | COMMITTEE                      | Council  |                     |
|---|--------------------------------|--|---------------------|
| Please Print 20227  Agenda No. 72   | PLEASE<br>Name<br>Address      | EPRINT NAME CLEARLY  Colin A. Kley  933 N. Fair  Madison, WI   | hr<br>Oaks<br>53714 |
| Please check one:   | AND                            | Please check:  |                     |
| <ul><li>☐ Support</li><li>☐ Oppose</li></ul>  | <u> </u>                       | Wish to Spe  | eak                 |
| Neither Support Nor Opp   | 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<br>uestion.) | of this form. If you answered "yestation you are representing: |                     |
| Madison Arts  | Comm                           | ission)  |                     |
|   |                                | <u> </u>   |                     |
| Are you being paid for your representation?   |                                | ☐ Ye   | es No               |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)   |                                |  |                     |
| Speaking Limits: Public Hearing (Com-<br>Information Hearing.<br>Other Items  |                                | 3 minutes  |                     |



| Date: | 11/4/10 |
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| Registration Statement -   | COMMITTEE                                   | ouncil                           |                               |                 |                          |
|--|---|----------------------------------|-------------------------------|-----------------|--------------------------|
| Please Print   |   | PRINT NA                         | ME CLEA                       | RLY             |                          |
| Agenda No. 77 An HOC   | Name Address                                | 17<br>N                          | Mero!                         | U Cre           | 25+ Dr.                  |
| Please check one:  | AND   | Plea                             | se check                      | <b>K:</b>       | 25705                    |
| □ Support  |   |                                  | Wish to                       | o 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 (<br>question.)         | of this form. <u>l</u>           | f you answe                   |                 | ☐ No<br>provide the name |
| <u></u>  | J. Francisco                                | 15t                              | 25 (                          |                 |                          |
|  | 1   | SCME                             | 60                            |                 |                          |
| **************************************   |   |                                  |                               |                 |                          |
| 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 pers<br>t complete the rest | on or organiz<br>of this form. I | ation?<br><i>If you answe</i> | Yes ered "yes," | No go on to the next     |
| Speaking Limits: Public Hearing (Com<br>Information Hearing<br>Other Items   | 3   | minutes                          |                               |                 |                          |



| Registration Statement  | Common Council COMMITTEE   |
|---|--|
| Agenda No. 271, 72  | PLEASE PRINT NAME CLEARLY  Name Joe Seitert  Address 321 Southing Grange  Cottage Grove WI                                 |
| Please check one:   | AND Please check: 53527  |
| Support   | Wish to Speak  |
| Oppose  |  |
| Neither Support Nor Opp   | oose   |
| 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 of this form. If you answered "yes," provide the name uestion.)  |
| P.O. Box 989  |  |
| Madison W/ 537  | 0/   |
| Are you being paid for your representation?   | ☐ Yes ☐ No duties for this person or organization? ☐ Yes ☐ No  |
| Are you appearing as part of your other paid of (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<br>3 minutes<br>3 minutes   |



Date: 11 - 9 - 10

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

| Registration Statemen  | t - Common C   | Council                            |                         |                      |
|--|--|------------------------------------|-------------------------|----------------------|
| Please Print   | PLEASE   | PRINT NAI                          | ME CLEARLY              |                      |
| Agenda No. 71 572  | Name Address   | Lori<br>4413<br>Mad                | Fief<br>Due Cross       | 179 Tr<br>53704      |
| Please check one:  | AND  | Plea                               | se check:               |                      |
| <b>Support</b>   |  | A                                  | 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 no.  Name, address and telephone number of | d not complete the rest ext question.)               | of this form. Ij                   | f you answered "yes," , | 1                    |
|  |  |                                    |                         |                      |
| Are you being paid for your representati   | on?  |                                    | ☐ Yes                   | \(\frac{1}{2}\)No    |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.)   | paid duties for this pers<br>d not complete the rest | son or organiza<br>of this form. I | ation?                  | No go on to the next |
| Information Hea  | Common Council)                                      | 3 minutes                          |                         |                      |



| Date:///9/10 | , |
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## **CITY OF MADISON**

| Registration Statement -  | Common C                           | Council              |                 |                     |
|---|------------------------------------|----------------------|-----------------|---------------------|
| Please Print  | PLEASE                             | PRINT NAME (         | CLEARLY         |                     |
| 000110  | . Name                             | Alexis               | London          |                     |
| Agenda No. + 0 + 1, 7   | Address                            | 1825 1               | Melrose         | St.                 |
| (73)  |                                    | Madiso               | n, WI           | 53704               |
| Please check one:   | AND                                | Please c             | heck:           |                     |
| Support   |                                    | W                    | ish to Speak    | <b>C</b>            |
| Oppose  |                                    |                      |                 |                     |
| Neither Support Nor Op  | pose                               |                      |                 |                     |
| At this meeting are you representing an orge (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 | ot complete the rest<br>question.) | 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.)  |                                    |                      |                 | No on to the next   |
| Speaking Limits: Public Hearing (Con Information Hearing Other Items  | 3                                  | minutes              |                 |                     |



| Date: |  |
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|-------|--|

#### **CITY OF MADISON**

| Registration Statement  | Common (                       | Council  |
|---|--------------------------------|--|
| Please Print  | PLEASE                         | E PRINT NAME CLEARLY   |
| 70,71,72,73000<br>Agenda No.  |                                | SAMANTHA CROWNOVER<br>2702 KENDALL AVE.<br>MADISON, WI 53705                         |
| Please check one:   | AND                            | Please check:  |
| Support   |                                | Wish to Speak  |
| Oppose  |                                |  |
| Neither Support Nor Opp   | ose                            |  |
| of who you represent and go on to the next qu   | complete the rest<br>vestion.) | of this form. If you answered "yes," provide the name                                |
| Name, address and telephone number of each  | -                              |  |
| P.O. BOX 2348   | 191/101110                     | 30017  |
| MADISON WI  |                                |  |
| Are you being paid for your representation?   |                                | ☐ Yes ☐ No   |
| Are you appearing as part of your other paid of (If you answered "no," STOP; you need not of question.) |                                | son or organization?  Yes -No of this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Comm<br>Information Hearing<br>Other Items                             | 2                              | 3 minutes  |



| Date: | 1 | 1 | 9 | 1 | (( | ) |
|-------|---|---|---|---|----|---|
|       |   |   |   |   |    |   |

## **CITY OF MADISON**

| Registration Statement  | - Common Co                           | uncil               |                     |                            |
|---|---------------------------------------|---------------------|---------------------|----------------------------|
| Please Print  | PLEASE P                              | RINT NAME CI        | _EARLY              |                            |
|   | Name                                  | TOM (               | XRTO                |                            |
| Agenda No. 70, 71, 72 erc   | Address                               | 16 Corn             | vcopia Ct.          |                            |
| Please check one:   | AND                                   | Please ch           | eck:                |                            |
| Support   |                                       | Wis                 | sh to Speak         |                            |
| <b>Oppose</b>   |                                       | 7                   |                     |                            |
| Neither Support Nor O   | ppose                                 |                     |                     |                            |
| At this meeting are you representing an or (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 | not complete the rest of t question.) | this form. If you a | nswered "yes," prov |                            |
| Overture  | Cenvo                                 | 201 St.             | rte St.             | ·                          |
| Are you being paid for your representation  Are you appearing as part of your other pa  (If you answered "no," STOP; you need no  question.)                                | id duties for this person             |                     |                     | No<br>No<br>on to the next |
| Information Hearin  | mmon Council)5 m<br>3 m               | inutes              |                     |                            |



# Date: 11-9-2010 AVAILABLE TO ANSWER QUESTIONS FORM

| Registrat   | ion Statement - ַ   | Common Cou   | ıncil                                       |                       |                         |
|---|---|--|---|-----------------------|-------------------------|
| Agenda No. 7  | 71, 72, 73  | Name (   | RINT CLEARLY<br>YDIA<br>R 1913 S<br>Ladison |                       |                         |
| Please check o  | ne:   | AND  | Please chec                                 | k:                    |                         |
| <ul><li>☐ Support</li><li>☑ Oppose</li></ul>                      |   |  | Availab<br>questio                          | ole to ans            | wer                     |
| At this meeting are you (If you answered "no of who you represent | Support Nor Oppour representing an organ," STOP; you need not and go on to the next quelephone number of each | nization or a person ot<br>complete the rest of the<br>uestion.) | his form. If you ansv                       |                       | No<br>provide the name  |
| 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 of complete the rest of the               | or organization?<br>his form. If you ansv   | ☐ Yes<br>vered "yes," | No<br>go on to the next |
| Speaking Limits:  | Public Hearing (Communication Hearing   | 3 mi   | nutes                                       |                       |                         |

#### **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?

| If yo that: | u are be  | eing paid for your representation, or if your appearance is part of other paid duties, please be advised   |
|-------------|-----------|--|
|             | <b>1.</b> | 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? |
|             |           | o 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        | 11-       | 9-2010 Signature Way Mays  |

Print Name



| Date: _ | 11-09-10 |
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|         |          |

#### **CITY OF MADISON**

| Registration Statement -  | Common Co               | uncil   |
|---|-------------------------|---|
| Please Print  | DIFACE                  | SPINIT MARKE OF EARLY   |
| Agenda No. <u>79, 71, 72</u>  | NameAddress             | PRINT NAME CLEARLY  JAMES EDWARDS  S26 WOODSIDE TERRY  MADISON WIF 53711    |
| Please check one:   | AND                     | Please check:   |
| <ul><li>Support 70</li><li>Oppose 7 \$72</li></ul>  | ,                       | Do not wish to speak  |
| 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 | t complete the rest of  | other than yourself:  |
| Name, address and telephone number of each  | h person or organizat   | ion 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.)                                   |                         | or organization? Yes No this form. If you answered "yes," go on to the next |
| Information Hearing.  | nmon Council)5 m<br>3 m | ninutes   |

#### **REGISTRATION STATEMENT - PAGE 2**

|                   |          | ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?   |
|-------------------|----------|--|
|                   |          | ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)  |
| If you a<br>that: | are bein | 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.   |
| •                 |          | 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 the City-County Building, Madison, for more information.)  |
| Date              | //-      | 19-10 Signature Fames C. EDWARDS   |
|                   | *        | Print Name JAMES C. EDWARDS  |



Date: 11/9/10

## DO NOT WISH TO SPEAK FORM

| Registration   | on Statement   | Common Co                         | uncil   |  |
|--|--|-----------------------------------|---|--|
| Please Print   |  | 1                                 | PRINT NAME CLEARLY  |  |
| Agenda No. <u> </u>  | 7, 72  | Name Address                      | Athleen Rica<br>Yas N Bal<br>Madison  | dwin   |
| Please check on  | e:   | AND                               | Please check:   |  |
| Support Suppose  | 70<br>71 & 72  |                                   | Do not wis  | h to speak   |
| Neither Su   | pport Nor Opp  | oose                              |   |  |
| (If you answered "no," of who you represent an                                   | STOP; you need not and go on to the next qu                | complete the rest of<br>sestion.) | other than yourself: []  Ithis form. If you answered  ion you are representing: | Yes  No No we will now we will not |
|  | Ass PA   |                                   |   |  |
| Are you being paid for Are you appearing as pa (If you answered "no," question.) | art of your other paid o                                   |                                   |   | Yes No Yes No "yes," go on to the next                                 |
|  | Public Hearing (Comn<br>Information Hearing<br>Other Items | 3 m                               | ninutes   |  |



Date:  $\frac{1}{9}/9$ 

# DO NOT WISH TO SPEAK FORM

| Registration   | n Statement - <u>Co</u>  | ommon Cou                             | ıncil   | <del></del>                             |
|--|--|---------------------------------------|---|---|
| Please Print   |  | PLEASE P                              | RINT NAME CLEA                                | RLY                                     |
| Agenda No. 70, 70  | 72   | Address                               | pavid Wise<br>3116 Ivy S<br>Nadison Wi.       | 53714                                   |
| Please check one   | •  | AND                                   | Please check                                  | <b>::</b>                               |
| Support 7  |  |                                       | Do not v                                      | wish to speak                           |
| Oppose 7   | 1:72   |                                       |   |   |
| Neither Suj  | pport Nor Oppose   | ;                                     |   |   |
| (If you answered "no," I                                     | representing an organization  STOP; you need not comp  If go on to the next question | lete the rest of t                    | ther than yourself:<br>his form. If you answe | Yes No                                  |
|  | hone number of each person   | on or organizati                      | on you are representing                       | g:                                      |
|  |  | <u> </u>                              |   |   |
| Are you being paid for y                                     | our representation?  |                                       |   | ☐ Yes No                                |
| Are you appearing as par (If you answered "no," ! question.) | t of your other paid duties STOP; you need not comp                                  | for this person<br>lete the rest of t | or organization?<br>his form. If you answe    | Yes No No reed "yes," go on to the next |
| In   | ublic Hearing (Common C<br>nformation Hearing<br>other Items                         | 3 m                                   | inutes  |   |



Date: 11/9/16

## DO NOT WISH TO SPEAK FORM

#### **CITY OF MADISON**

| Registra                                     | tion Statement -   | Common Co   | uncil  |
|--|--|---|--|
| Please Print                                 |  |   |  |
|  |  | PLEASE F  | PRINT NAME CLEARLY   |
| Agenda No                                    |  |   | John Ne. 5<br>2002 EIKA Land<br>10001 (00  |
| Please check of                              | one:   | AND   | Please check:  |
| <b>Support</b>                               | 70   |   | <b>Do not wish to speak</b>  |
| <b>Oppose</b>                                | 71,72  |   |  |
| Neither 8                                    | Support Nor Op   | pose  |  |
| (If you answered "no<br>of who you represent | and go on to the next q                                    | t complete the rest of question.)  h person or organizati | other than yourself: Yes No this form. If you answered "yes," provide the name ion you are representing: |
|  |  |   |  |
|  | or your representation?                                    |   | ☐ Yes ☐ No   |
|  | part of your other paid ," STOP; you need not              |   | or organization?   |
| Speaking Limits:                             | Public Hearing (Com<br>Information Hearing.<br>Other Items | 3 m   | inutes   |



| Date: | 11/09/10 |  |
|-------|----------|--|
|       |          |  |

| Registration Statement  | Common C             | <u>ouncil</u>   |
|---|----------------------|---|
| Please Print  |                      | PRINT NAME CLEARLY  |
| Agenda No. 70, 71, 72   | Address              | Ben Patliffe<br>IIIS E. Wilson St #415<br>Madison WI 53703                                    |
| Please check one:   | AND                  | Please check:   |
| <ul><li>Support # 70</li><li>✓ Oppose # 71 ≥ 72</li></ul>   |                      | Do not wish to speak  |
| Neither Support Nor Opp   | ose                  |   |
| 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 quantum of the next quantum of the next quantum of the next quantum or the | complete the rest of | n other than yourself: Yes \(\sum \) No of this form. If you answered "yes," provide the name |
| Name, address and telephone number of each  | person or organiz    | ation you are representing:   |
| AFSCME LOCAL 60   | ·<br>                |   |
|   |                      |   |
| Are you being paid for your representation?   | <u> </u>             | ☐ Yes ☐ No  |
| Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)  |                      | on or organization?   |
| Speaking Limits: Public Hearing (Comm<br>Information Hearing<br>Other Items   | 3                    | minutes   |



Date: 1 9 1

## DO NOT WISH TO SPEAK FORM

| Registrat                | ion Statement -         | Common Council COMMITTEE   |
|--------------------------|-------------------------|--|
| Please Print  Agenda No. | 0,71,72                 | PLEASE PRINT NAME CLEARLY  Name  Shawn A Bondov  Address  509 Aztala ND-   |
| Please check the app     | 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     |                         | nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name nuestion.) |
| Name, address and te     |                         | h person or organization you are representing:   |
|                          |                         | · · · · · · · · · · · · · · · · · · ·  |
| Are you being paid for   | or your representation? | ☐ Yes ☐ No   |
|                          |                         | duties for this person or organization?   Yes No t complete the rest of this form. If you answered "yes," go on to the next            |
| Speaking Limits:         | Information Hearing.    | amon Council)5 minutes<br>   |



Date: \_\_\_\_\_

#### **CITY OF MADISON**

| Registration Statement  | - Common Council COMMITTEE  |
|---|---|
| Please Print  | PLEASE PRINT NAME CLEARLY  Name Lina Sinkley  |
| Agenda No. 70,71,70   | Address   |
| Please check one:   | AND Please check:   |
| <ul><li>Support # 70</li><li>✓ Oppose # 71+7</li></ul>                                    | Do not wish to speak  |
| Neither Support Nor O   | ppose   |
|   | rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.) |
| Name, address and telephone number of e   | each person or organization you are representing:   |
| Local 60  |   |
| Are you being paid for your representation  |   |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need nation.) | nid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next               |
| Information Hearin  | ommon Council)5 minutes ng3 minutes   |



## **CITY OF MADISON**

| Registration Statement  | - Common Council  |
|---|---|
| Please Print  | PLEASE PRINT NAME CLEARLY   |
| Agenda No   | Name LUNA BALDWIN  Address SO LAGE LAND  MADISM   |
| 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 of who you represent and go on to the nex                   | rganization or a person other than yourself: \(\sum\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |
| MCAO  |   |
| Are you being paid for your representation  | n?  |
| Are you appearing as part of your other pa<br>(If you answered "no," STOP; you need<br>question.) | aid duties for this person or organization?   Yes No not complete the rest of this form. If you answered "yes," go on to the next |
|   | ommon Council)5 minutes ng3 minutes   |

#### **REGISTRATION STATEMENT - PAGE 2**

| -              |         | ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  |  |  |
|----------------|---------|--|--|--|
|                |         | red "yes" to the question, <b>STOP.</b> 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.)  |  |  |
| If you arthat: | re bein | ng paid for your representation, or if your appearance is part of other paid duties, please be advised   |  |  |
| 1              | l.      | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.   |  |  |
| · 2            | 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 a clerk's City-County Building, Madison, for more information.)  |  |  |
| Date           | [i]     | 9/10 Signature Sui Duelu   |  |  |
|                |         | Drint Nama ( - La) / ( A) / (A)  |  |  |



Date: 11/9/10

## DO NOT WISH TO SPEAK FORM

| Registrat                                    | ion Statement -   | Common Council   |
|--|---|--|
| Please Print  Agenda No.                     | 3.72  | PLEASE PRINT NAME CLEARLY  Name June Goglio (Go LEO)  Address 944 E. Dayton St.  Madison   |
| Please check the ap                          | propriate box:  | Please check the appropriate box:  |
| Support Oppose                               | Support Nor Op  | AND Do not wish to speak   |
| (If you answered "no<br>of who you represent | o," <b>STOP;</b> you need no<br>and go on to the next q                 | anization or a person other than yourself:  If you answered "yes," provide the name question.)  The person or organization you are representing: |
| Are you appearing as                         | or your representation? s part of your other paid o," STOP; you need no | Yes No I duties for this person or organization? Yes No It complete the rest of this form. If you answered "yes," go on to the next              |
| Speaking Limits:                             | Information Hearing   | nmon Council)5 minutes<br>3 minutes<br>3 minutes   |



| Date: | The second secon | 9 | 10 |  |
|-------|--|---|----|--|
|       |  |   |    |  |

| Registration Statement -  | Common Council  |
|---|---|
| Please Print  | PLEASE PRINT NAME CLEARLY   |
| Agenda No.  | Name Sue Thompson  Address 3201 Milwaukee St  Mad   |
| Please check the appropriate box:   | Please check the appropriate box:   |
| ☐ Support Oppose  | AND Do not wish to speak  |
| ☐ Neither Support Nor Op  | ppose   |
| 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  |
| Name, address and telephone number of each  | ch 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.)                                | d duties for this person or organization?  Yes No ot complete the rest of this form. If you answered "yes," go on to the next |
|   | nmon Council)5 minutes g3 minutes 3 minutes   |



#### **CITY OF MADISON**

| Registra   | tion Statement -  | Common C             | ouncil   |  |
|--|---|----------------------|--|--|
| <u>Please Print</u>                                |   | PLEASE               | PRINT NAME CLEA                                  | RLY                                    |
| Agenda No.   | 1 + 72  | NameAddress          | JOS NIT  | 15CUS<br>TWMPSM<br>W: 13714            |
| Please check the ap                                | propriate box:  |                      | Please check the                                 | appropriate box:                       |
| <ul><li>Support</li><li>Oppose</li></ul>           |   | AND                  | Do not   | wish to speak                          |
| At this meeting are y (If you answered "n          | Support Nor Opyou representing an orga o," STOP; you need not t and go on to the next q | nization or a person |  | Yes No<br>ered "yes," provide the name |
| Name, address and t                                | elephone number of each   | h person or organiz  |  | ng:                                    |
|  | For your representation?  | A. C. O.             | · · · · · · · · · · · · · · · · · · ·            | ☐ Yes ☐ No                             |
| Are you appearing a (If you answered "n question.) | s part of your other paid o," STOP; you need not  | t complete the rest  | on or organization?<br>of this form. If you answ | ered "yes," go on to the next          |
| Speaking Limits:                                   | Public Hearing (Com<br>Information Hearing.   | 3                    |  |  |



#### **CITY OF MADISON**

| Registration State  | ment - Common Council   |
|---|---|
| Please Print  | PLEASE PRINT NAME CLEARLY   |
| Agenda No. 7/avd 7  | Name //a// Sack 501<br>Address 3/66 /awkin500 Rd<br>2000 114 63675  |
| Please check the appropriate bo                                   | x: Please check the appropriate box:  |
| Support Oppose  | AND Do not wish to speak  |
| Neither Support N   | Nor Oppose  |
| (If you answered "no," STOP; yo of who you represent and go on to | ber of each person or organization you are representing:  |
|   |   |
| Are you being paid for your repres                                | sentation?  |
|   | other paid duties for this person or organization? Yes No u need not complete the rest of this form. If you answered "yes," go on to the next |
| Information   | ring (Common Council)5 minutes n 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?  Yes Yes No  |  |  |
|---------------------|---|--|--|
|                     | 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: | 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 Cat Substitute  Print Name Matt Tack Substitute  Print Name Matt Substit  Print Name Matt Substitute  Print Name Matt Substitute  Print |  |  |