Date:	11-0	7-10	

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print 20248 Agenda No. 13	PLEASE PRINT NAME CLEARLY Name Pamela Keehn Address 1012 Waban Hill Madison, W1 53711
Please check the appropriate box:	Please check the appropriate box:
(If you answered "no," STOP; you need of who you represent and go on to the ne	organization or a person other than yourself: \(\sum \) Yes \(\sum \) No d not complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representati	on? Yes XÎ No
	paid duties for this person or organization? Yes No No d not complete the rest of this form. If you answered "yes," go on to the next
• •	Common Council)5 minutes ring3 minutes

Date:
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CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print	P	LEASE PRIN	IT NAME CLEA	RLY	
Agenda No.		ddress 250	Etta Lev Femite ONONA 5		- C
Please check the app	propriate box:		Please check the	appropria	te box:
Support Oppose Neither Su	AN pport Nor Oppose	D	Wish to speakDo not wish toAvailable to a	o speak	itions
(If you answered "no, of who you represent	ou representing an organization of "STOP; you need not complete and go on to the next question.) Substitute the properties of each person or the person of each person or the person of each person or the person o	the rest of this	form. If you answe		⊠ No provide the name
Are you being paid fo	r your representation?			☐ Yes	⊠ No
	part of your other paid duties for "STOP; you need not complete			Yes ered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Common Cour Information Hearing	3 minut	tes		

		ected official or employ ental body?	ee who is appea	aring solely on behalf of your of	fice or for you	ur municipality or No
		ed "yes" to the questio u answered "no" to th		eed not complete the rest of this not the next question.)	form, except i	that you must sign
If you that:	are bei	ng paid for your repres	sentation, or if y	your appearance is part of other	paid duties,	please be advised
	1.	Before you engage in with the City Clerk.	lobbying as a lo	obbyist, you or your principal m	ust file an aut	horization
	2.	Your principal is not City Clerk.	permitted to au	thorize you to lobby unless you	are registered	d with the
	3.		e principal mus	nore than \$1,000 for lobbying so		
		the City Clerk's web. ne City-County Building		madison.com/clerk/index.html o nore information.)	r go to the	Clerk's Office at
Date _	1,	1-9-10	Signature	arlella E. Re	verall	<u>e</u>
	•		Print Name	Arlella E. Les	verelli	<u> </u>



Date:	
	-

CITY OF MADISON

Registration Statement -	COMMITTEE	Council		
Please Print	PLEASE	PRINT NAME	CLEARLY	
Agenda No. <u>73</u>			Rice old Gote i	
Please check one:	AND	Please	check:	
Support		V	Vish to Speak	c
Oppose				
Neither Support Nor Oppose				
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 quality Name, address and telephone number of each of the state of the	t complete the rest vuestion.) h person or organi	of this form. If yo	ou 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 not question.)				No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes		

Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No		
(If you answe this form. If y	red "yes" to the question, STOP. 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 are be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
1.	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.)		
Date 11/	9/10 Signature Duy Riv		



Date:	11/a/10	
	• / /	

CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil
Agenda No. 73	PLEASE Name	PRINT NAME CLEARLY DAVIN PICKELL 17 Magrill Leest &. Madison, WI 53705
Please check one:	AND	Please check:
Support Oppose		Wish to Speak
Neither Support Nor O	opose	
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 o	n other than yourself: Yes No of this form. If you answered "yes," provide the nan
Name, address and telephone number of ea	ch person or organiza ム ど	ation you are representing:
	//	TATSE 25/
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 no question.)	d duties for this person ot complete the rest o	on or organization? Yes No of this form. If you answered "yes," go on to the nex
Information Hearing	mmon Council)5 33	minutes



Date:	
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CITY OF MADISON

Registration Statement -	Common C	Council	
Please Print	PLEASE	E PRINT NAME CLEARLY	
70+73 Agenda No. 73	. Name Address	Stephen Fleischmun Mudison Museum of Cont. An 227 Skare Sveet	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose		Available to assur	
Neither Support Nor Oppose Gues Mons			
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	on other than yourself: Yes No of this form. If you answered "yes," provide the name	
Name, address and telephone number of each			
227 Shr Shree			
	3		
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.)		son or organization? Tes No No of this form. If you answered "yes," go on to the next	
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing			

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 VNo				
(If you answered this form. If you	d "yes" to the question, STOP. 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 are being that:	g paid 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.			
p	f 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	Print Name Stopher Fleischman			



Date:///9/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	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	
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 quality Name, address and telephone number of each	nization or a person t complete the rest o	t of this form. If you answered "yes," provide the nan	ne
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.)		Yes No rson or organization? Yes No t of this form. If you answered "yes," go on to the ne	
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	3 minutes	



Date:	
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CITY OF MADISON

Registration Statement	Common (Council
Please Print	PI FASI	PRINT NAME CLEARLY
70,71,72,73 (Constitution of the Agenda No	Name	SAMANTHA CROWNOVER 2702 KENDALL AVE MADISON, UI 53705
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
☐ 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 que. Name, address and telephone number of each	complete the rest vestion.)	of this form. If you answered "yes," provide the name
BACH DANCING & DY		
P Box 2348		
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 a question.)		son or organization? Yes Ano of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comn Information Hearing Other Items		3 minutes

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Madison

Date:	11	19	1	10	
Date.	· ·			-	

CITY OF MADISON

Registration Statement -	Common Co	uncil	·
Please Print	PLEASE P	PRINT NAME CLEARLY	
	Name	TOM CXRTO	
Agenda No. 70,71,72 erc	Address	TOM CXRTO 16 Cornucopia Ct.	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose		7	
Neither Support Nor Op	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 Name, address and telephone number of each	complete the rest of uestion.)	this form. If you answered "yes," prov	
O vert se	Censu	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 not question.)		n or organization?	No No n to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3 m	ninutes	



AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registra	tion Statement -	Common Council COMMITTEE	
		PLEASE PRINT CLEARLY	
20	7177 R	Name LYDIA MAUrer	
Agenda No/	,71,72,B	Address @ 1913 SHELLEY Lan	Q
		Madison WI 5370	DL/
Please check	one:	AND Please check:	,
Support		Available to answer	
Oppose		questions	
	Support Nor Op	pose	
(If you answered "n		nization or a person other than yourself: \[\sum \text{Yes} \sum \text{No} \] It complete the rest of this form. If you answered "yes," provide the restion.)	name
Name, address and t	elephone number of each	h person or organization you are representing:	
Are you being paid f	for your representation?	☐ Yes ☐ No	
Are you appearing as (If you answered "no question.)	s part of your other paid o," STOP; you need not	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the	next
Speaking Limits:		mon Council)5 minutes	

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	u are be	ring 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?
		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 MAIN MAIN

Print Name



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Stateme	ent - Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT NAME CLEARLY
Agenda No. 10-75	Name NON BALDWIN Address Say 30 LAGE LAND MA-0 15M
Please check the appropriate box:	Please check the appropriate box:
Support□ Oppose	AND Do not wish to speak
Neither Support No	r Oppose
At this meeting are you representing a (If you answered "no," STOP; you not of who you represent and go on to the	an organization or a person other than yourself: \tag{Yes} \tag{No} No eed not complete the rest of this form. If you answered "yes," provide the name next question.)
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

		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, STOP. You need not complete the rest of this form, except that you must sign on 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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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date _	<u>l</u> (19/10 Signature Lung BAGD 4) W