

Date: Og Vario

# **WISH TO SPEAK FORM**

Registration Statement	COMMITTEE	Council
Please Print 19348  Agenda No. 75		PRINT NAME CLEARLY  Timothy Baker  9 5 Bartelt Ct  Madison, WI 53704
Please check one:	AND	Please check:
<ul><li>☐ Support</li><li>☐ Oppose</li></ul>		Wish to Speak
Neither Support Nor Opp	ose	
of who you represent and go on to the next que.  Name, address and telephone number of each	complete the rest uestion.) person or organiz	of this form. If you answered "yes," provide the name
Friends of Cheroke PO Box 3390, Madis	w WI S	
info Q cherokee mars		
Are you being paid for your representation?	<i>(</i> )	☐ Yes      Yo
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question.)		on or organization?  Yes No No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comm Information Hearing Other Items	3	minutes



Date:  $\frac{1}{-10} - 10$ 

# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registra	tion Statement -	Common Co	ouncil		
Please Print		PLEASE Name	PRINT NAME	E CLEARLY Kail	
Agenda No	15	Address			
Please check of	one:	AND	Please	e check:	
Support Support			V V	Wish to Speak	
Oppose			v		
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organ, "STOP; you need no and go on to the next quelephone number of eac	t complete the rest o nuestion.)	f this form. If yo	ou answered "yes," p	No provide the name
Ara you baing paid f	or your representation?			☐ Yes	M No.
Are you appearing as	part of your other paid	duties for this perso t complete the rest o	n or organization of this form. If y	on? Yes	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3 1	ninutes		



Date: 9 NOV 2011

# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registra	tion Statement	COMMITTEE	Council	<del></del>
Please Print  Agenda No.		PLEASE Name Address	EPRINT NAME CLEARLY  JON BELLER  4233 KENWOOD S	ìr.
Please check	one:	AND	Please check:	
Support	; ;		Wish to Speak	
At this meeting are (If you answered "no of who you represent	nt and go on to the next qu	nization or a perso complete the rest uestion.)	on other than yourself: Yes to f this form. If you answered "yes," providing ization you are representing:	No de the name
Are you appearing a	for your representation? s part of your other paid o, "STOP; you need not			No No 1 to the next
Speaking Limits:	Public Hearing (Communication Information Hearing Other Items	***************************************	3 minutes	



# **WISH TO SPEAK FORM**

Registration Statement -	Common C	ouncil		
Please Print	PLEASE	PRINT NAME CLEARLY		
Agenda No.	Name _ Address _	ahar Tortorice 1520 Drawy dn Madron, W		
Please check one:	AND	Please check: 53704		
Support		Wish to Speak		
Oppose		( )		
☐ Neither Support Nor Op	pose	<b>'</b> .		
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 ouestion.)	of this form. If you answered "yes," provide the name		
2702 the terr	enorker	J Än		
Madson	537	001		
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.)	duties for this person complete the rest of	on or organization?		
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes		

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  No				
(If you answe this form. If yo	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 are beithat:	ing 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?				
(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 Maddice.  Print Name Char Tortorice			



Date: 4/9/10

# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Statement	- Common C	Council	
Please Print  Agenda No	PLEASE Name Address	E PRINT NA	MECLEARLY  a A. Brinkmay  solf Course R4
Please check one:	AND	Plea	se check:
Support Oppose Neither Support Nor O	ppose		Wish to Speak
At this meeting are you representing an org (If you answered "no," STOP; you need no f who you represent and go on to the next Name, address and telephone number of each	ot complete the rest question.)	of this form. I	f you answered "yes," provide the name
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.)			
Information Hearing	mmon Council)5 g3	minutes	

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 ☐ No

(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.)

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

Signature

Print Name



Date:	11	19	ko

# **WISH TO SPEAK FORM**

Registration Statement -	Common (	Council		
Please Print	PLEASI	E PRINT NA	ME CLEA	RLY
Agenda No. 75		815 F	-OF WA	NNONI IND DRIVE Ul 53711
Please check one:	AND	Plea	ise check	<b>ζ:</b>
<b>⊠</b> Support		X	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 not of who you represent and go on to the next question and the statement of each of the statement of each organization.	t complete the rest uestion.)	of this form. I	If you answe	ered "yes," provide the name
INDEPENDENT L		•		
815 FORWARDE				
MADISON, WI	53711	· 		COROR -
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.)				☑ Yes ☐ No ered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes		

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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 bei that:	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 the City-County Building, Madison, for more information.)

Print Name



Date: 11-9-2010

# **WISH TO SPEAK FORM**

Registration Sta	tement - Common COMMITTEE	Council
Please Print	PLEAS	SE PRINT NAME CLEARLY
Agenda No. <u>75</u>	Name Address	LYDIA MAURER 1913 SHELLEY Cand MADISON WI 5370
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support	Nor Oppose	
of who you represent and go on  Name, address and telephone nu	you need not complete the rest to the next question.)	st of this form. If you answered "yes," provide the name
Are you being paid for your representation of you appearing as part of you (If you answered "no," STOP; y question.)	ar other paid duties for this per	Yes No erson or organization? Yes No st of this form. If you answered "yes," go on to the next
Speaking Limits: Public H Informat	earing (Common Council) ion Hearing ms	3 minutes

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
		red "yes" to the question, on answered "no" to the q		ed not complete the rest of this for to the next question.)	orm, except ti	hat you must sign
If you that:	are bei	ng paid for your represen	tation, or if yo	our appearance is part of other p	paid duties, p	lease be advised
	1.	Before you engage in lob with the City Clerk.	obying as a lob	byist, you or your principal mus	st file an auth	orization
	2.	Your principal is not per City Clerk.	rmitted to auth	orize you to lobby unless you a	are registered	with the
	3.		orincipal must	ore than \$1,000 for lobbying ser file expense statements with the		
		the City Clerk's website he City-County Building, M		adison.com/clerk/index.html or ore information.)	go to the C	Clerk's Office at
Date _	11-		Signature Print Name	yds Mai	M.D.	urer.
			rnnt Name	- UIDIA	VYITT	UICO



# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Statement -	COMMITTEE	Council		
Please Print	PLEASE	E PRINT NAME CL	EARLY	
Agenda No. 75	Name Address	DAVE BRUI 1865 NOR Madison	us 2th port W/s	DR
Please check one:	AND	Please ch	eck:	
<b>Support</b>		Wis	h to Speak	
<b>Oppose</b>				
☐ 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 question.)	of this form. If you a	nswered "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.)			☐ Yes nswered "yes,"	No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	***************************************	3 minutes		

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answer	(If you answered "yes" to the question, <b>STOP.</b> 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.)				
If you are beithat:	ing 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?				
(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	Signature David W. BRUNS  Print Name David W. BRUNS				

Date: 11/9/10



# \_\_\_\_AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Cou	uncil		
		PLEASE P	RINT CLEARLY		
Agenda No7				121AN1	
Agenda No.		Address	='	SHERMAN C	
Please check	one:	AND	Please chec	ek:	
Support	:		Availal	ole to answer	
Oppose	•		questic	ons	
Neither	Support Nor Op	pose			
(If you answered "n	you representing an orga to," STOP; you need no at and go on to the next o	t complete the rest of	ther than yourself: this form. If you ans	Yes No wered 'yes," provide th	e name
Name, address and t	telephone number of eac	ch person or organizati	on you are represent	ing:	
CHENO	NEE DOR	K INC.			
		•			
Are you being paid	for your representation?			☐ Yes ☐ No	
Are you appearing a (If you answered "n question.)	s part of your other paid o," STOP; you need no	duties for this person to complete the rest of	or organization? this form. If you ans	Yes No wered "yes," go on to t	he next
Speaking Limits:		nmon Council)5 m			

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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 are bei that:	ing 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.)
Date	Signature Dour



# \_\_\_\_\_AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statemen	rt - Common Council
	PLEASE PRINT CLEARLY
Agenda No. 75	- Name CRAG MAKELA  Address 319 (typh view La
	Columbus w/ 53925
Please check one:	AND Please check:
Support	Available to answer
Oppose	questions
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 n	organization or a person other than yourself: Yes No No d not complete the rest of this form. If you answered "yes," provide the name ext question.)
Name, address and telephone number of	f each person or organization you are representing:
5000 N Sterma	in Are
Madisoi un S	
Are you being paid for your representati	,
	paid duties for this person or organization? \( \overline{\sqrt{Y}} \) Yes \( \overline{\sqrt{N}} \) No d not complete the rest of this form. If you answered "yes," go on to the next
	Common Council)5 minutes ring

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form. If	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?
(Please go t Room 103 of	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 Signature
	Print Name Crais Makels



# DO NOT WISH TO SPEAK FORM

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

#### **CITY OF MADISON**

Registr	ation Statement - ַ	Common Co	ouncil	
Please Print		PLEASE	PRINT NAME CLEARLY	
Agenda No	75	Name _ Address _	Tom & Johnn 25 Golf PKwy Madison 53	Dowg
Please check	one:	AND	Please check:	
Suppor	t		Do not wish to sp	eak
Oppose			£	
At this meeting are (If you answered ";	Support Nor Oppose you representing an organon," STOP; you need not not and go on to the next quant	nization or a person complete the rest o	other than yourself:  Yes [  of this form. If you answered "yes," pr	No ovide the name
Name, address and	telephone number of each	n person or organiza	ntion you are representing:	
Are you being paid	for your representation?		☐ Yes	
	as part of your other paid to," <b>STOP</b> ; you need not		on or organization?	∄No on to the next
Speaking Limits:	Public Hearing (Communication Information Hearing Other Items	3	minutes	

Are you an el other governn	ected official or employe nental body?	e who is appear	ing solely on behalf	of your office o	or for you Yes	r municipality or No
(If you answer	red "yes" to the question, ou answered "no" to the c	STOP. You ned question, go on	ed not complete the to to the next question.,	rest of this form, )	, except ti	hat you must sign
If you are beithat:	ing paid for your represe	ntation, or if yo	our appearance is pa	rt of other paid	duties, p	lease be advised
1.	Before you engage in lowith the City Clerk.	obbying as a lob	byist, you or your p	rincipal must fi	le an auth	orization
2.	Your principal is not po	ermitted to auth	orize you to lobby t	ınless you are 1	registered	with the
3.	If your principal spends period (half year), the remainder of the calendary	principal must	ore than \$1,000 for land file expense statem	obbying service ents with the (	es in any : City Cleri	reporting k for the
(Please go to Room 103 of t	the City Clerk's websi he City-County Building,	te <u>www.cityofm</u> Madison, for m	adison.com/clerk/ind ore information.)	<u>dex.html</u> or go	to the C	Clerk's Office at
Date //-(	7-10	Signature Print Name	Tom &	Jona Dough	blus u e	,





# DO NOT WISH TO SPEAK FORM

Registrat	tion Statement -	Common Co	ouncil	
Please Print		PLEASE F	PRINT NAME CLEARLY	
Agenda No.	5	Name Address	Logie Walley 529 Lake Mew Ar Madusen, Wi 5375	<u>e</u> 54
Please check of	one:	AND	Please check:	
<b>Support</b>			Do not wish to speak	
Oppose			,	
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	and go on to the next q	t complete the rest of uestion.)	other than yourself: Yes No f this form. If you answered "yes," provide the thin you are representing:	e name
Are you appearing as	or your representation? part of your other paid p," STOP; you need not		Yes No on or organization? Yes No of this form. If you answered "yes," go on to th	'ie nexi
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 r	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.)

Yes

If you that:	are bei	ing 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?
(Please Room I	e go to 103 of t	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.)

other governmental body?

Date 11 01 10



# DO NOT WISH TO SPEAK FORM

Date: \_\_\_\_

### **CITY OF MADISON**

Registra	tion Statement -	Common Council			
Please Print		PLEASE	PRINT NAME CLE	ARLY	•
Agenda No			John Ko 53 Golf MADISON		
Please check the ap	ppropriate box:	Please check the appropriate box:			
<ul><li>Support</li><li>Oppose</li></ul>		AND	AND Do not wish to speak		
Neither !	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orga o," STOP; you need no t and go on to the next q elephone number of eac	t complete the rest nuestion.)	of this form. If you ans	swered "yes,"	∭ No " provide the name
Are you being paid t	for your representation?			Yes	□ No
	s part of your other paid o," STOP; you need no			☐ Yes swered "yes,	☐ No " go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	•••••	3 minutes		