18937



DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	uncil			
Please Print Agenda No.	7		PRINT NAME CLE	ARLY RIGHTON NON BOAND		
Please check or Support	ne:	AND	Please chec	t wish to speak		
☐ Oppose ☐ Neither Support Nor Oppose						
(If you answered "no, of who you represent of	u representing an organ " STOP; you need not and go on to the next que ephone number of each	complete the rest of uestion.)	f this form. If you ansv			
	·					
Are you being paid for	your representation?			☐ Yes No		
	oart of your other paid of " STOP; you need not			Yes Do wered "yes," go on to the next		
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 r	ninutes			

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 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 www	ww.cityofmadison,com/clerk/index.html	or g	go to	the	Clerk's	Office	at
Room 103 of the City-County Building, Madis	ison, for more/information.)						

Date ///30//0

Signature

Print Namé



Date:	- 71	- 3	0	10

Registration Statement	Common C	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 57	-	David Hogs 601 Bayview Madison, WI 53715
Please check one:	AND	Please check:
Support		Do not wish to speak
Орроѕе		
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 of the rest of the sestion.) person or organiz	of this form. If you answered "yes," provide the name
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 question.)		on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes

Are you are other gove		d official or employee al body?	who is appeari	ing solely o	n behalf of y	our office	or for you ☐ Yes	nr municipality or
		"yes" to the question, in the great "no" to the q		•		of this for	n, except t	hat you must sign
If you are that:	being	oaid for your represen	tation, or if yo	our appearan	ce is part o	f other pai	d duties, p	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?								
(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		0-10	Signature			\$		
	Print Name David M. Haas							



Date:	11/30/10
	/ //

Registration Sta	tement - Common C	Council
Please Print		E PRINT NAME CLEARLY
Agenda No. 5 7	Name Address	Andy Heidt 3802 Johns St Mad 18
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
(If you answered "no," STOP, of who you represent and go of	enting an organization or a person you need not complete the rest	of this form. If you answered "yes," provide the name
	our other paid duties for this per	☐ Yes ☑ No son or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the next
Informa	Hearing (Common Council) ation Hearingtems	3 minutes

Are you an electother governme	eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?				
0 0	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.)				
f you are bein hat:	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.				
	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 e City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				



Date: 11-30-10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Col	uncil		<u> </u>
Please Print		PLEASE P	RINT NAME CLEA	RLY	
Agenda No. <u>5</u> 7		Name <u>5</u> Address <u>4</u>	HARON WAD)	
Please check of	ne:	AND	Please check	ζ:	
Support	_		Do not	wish to s	speak
Oppose					
Neither S	upport Nor Opp	pose			
(If you answered "no, of who you represent Name, address and tel	ou representing an organ "STOP; you need not and go on to the next queen of each and photo and p	complete the rest of uestion.) n person or organization	this form. If you answe		□ No provide the name
Are you appearing as	r your representation?			☐ Yes	No No
(If you answered "no, question.)	" STOP; you need not	complete the rest of	this form. If you answe	ered "yes,"	go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3 m	inutes		

•	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				
	red "yes" to the question, S ou answered "no" to the qu		ed not complete the rest of this form, except that you must sign to the next question.)		
If you are bei that:	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.	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 1/-30-10 Signature Sharm Wasle Print Name SHARON WASE					
]	Print Name	SHARON WADE		



Date:	
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Registration Statemen	t - Common Cour	ncil
Please Print	PLEASE PR	INT NAME CLEARLY
Agenda No	Name 170 — Address	NALD HEANEY
Please check one:	AND	Please check:
Support	,	Do not 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 not	ext question.) f each person or organization	
	V	
Are you being paid for your representati	ion?	Yes No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for this person o d not complete the rest of th	r organization? 🔀 Yes 🔲 No is form. If you answered "yes," go on to the next
Information Hea	Common Council)5 mir ring3 mir 3 mir	nutes

*	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	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		
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~ ~	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		
	Print Name		



Date:	

Registrat	ion Statement -	COMMITTEE	ouncil		
Please Print		PLEASE I	PRINT NAME CLE	ARLY	
Agenda No		Name Address	Melissa. Not has	13	1)
Please check o	ne:	AND	Please che	ck:	
Support			Do no	t wish to s	speak
Oppose					
(If you answered "no, of who you represent	ou representing an orga " STOP; you need not and go on to the next q ephone number of eac	t complete the rest of nuestion.)	f this form. If you ans	wered "yes,"	☐ No provide the name
Are you being paid fo	r your representation?			☐ Yes	Ø No
	part of your other paid " STOP; you need not			Yes [] Yes [] Yes, "	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 1	ninutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental 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.)		
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Date	Signature		
	Print Name		