

20239

WISH TO SPEAK FORM

CITY OF MADISON

Registration Stateme	nt - Common C	ouncil
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No. <u>56</u>	Name Address	Mary Muller 4337 Milford Rd Madison, WI 537/1
Please check one:	AND	Please check:
		Wish to Speak
Oppose		
Neither Support Nor	Oppose	
At this meeting are you representing as (If you answered "no," STOP; you ne of who you represent and go on to the Name, address and telephone number of the state	ed not complete the rest next question.)	of this form. If you answered "yes," provide the name
Are you being paid for your representa	ation?	☐ Yes ☐ No
Are you appearing as part of your othe (If you answered "no," STOP; you ne question.)		son or organization?
Information He	(Common Council)	3 minutes

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	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:	peing 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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	12	-1	4-	10

CITY OF MADISON

Registrati	on Statement	COMMITTEE	ouncil		
Please Print Agenda No.			EPRINT NAME CLEA Robert Ho 2013 Alli	ARLY 14.5 1Ed#	310
Please check or	ne:	AND	Please chec	k:	
Support			Wish	to Speak	
Oppose					
Neither S	upport Nor Opp	oose			
(If you answered "no, of who you represent	and go on to the next qu	complete the rest uestion.)	n other than yourself: of this form. If you answ zation you are representi		No provide the name
Are you being paid fo	•			☐ Yes	□ No
Are you appearing as (If you answered "no, question.)	part of your other paid of "STOP; you need not	duties for this per complete the rest	son or organization? of this form. If you answ	☐ Yes vered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Coming Information Hearing		3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

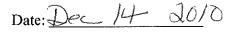


Date: _	12/14
	•

CITY OF MADISON

Registration Statement -	Common C	Council
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No	Name Address	Mathan Beck 4333 Crowford Dr. Madrison, WI, 337/1
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
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 Name, address and telephone number of each	ot complete the rest question.)	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 (If you answered "no," STOP; you need no question.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	Ş	3 minutes

-	an elected of vernmental b	ficial or employee who is appearing solely on behalf of your office or for your municipality or ody?
	•	" to the question, STOP. You need not complete the rest of this form, except that you must sign ered "no" to the question, go on to the next question.)
If you ar that:	e being paid	for your representation, or if your appearance is part of other paid duties, please be advised
1		e you engage in lobbying as a lobbyist, you or your principal must file an authorization ne City Clerk.
2	. Your j City C	principal is not permitted to authorize you to lobby unless you are registered with the lerk.
3	period	r principal spends or will owe more than \$1,000 for lobbying services in any reporting (half year), the principal must file expense statements with the City Clerk for the order of the calendar year?
		ty Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at County Building, Madison, for more information.)
Date		Signature
		Print Name





CITY OF MADISON

Registrati	on Statement	Common C	Council	
Agenda No. Veron	is la Rd.			AMECLEARLY TINE JONES Crawford Drive
Please check or	ie:	AND	Plea	ase check:
☐ Support ☐ Oppose ←	sants)		K	Wish to Speak
Neither S	upport Nor Opp	pose		
(If you answered "no,	and go on to the next qu	complete the resi uestion.)	t of this form.	If you answered "yes," provide the name
Are you being paid for Are you appearing as part (If you answered "no, question.)	part of your other paid	duties for this per complete the res	rson or organiz	☐ Yes ☑ No zation? ☐ Yes ☐ No If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Communication Hearing.) Other Items		3 minutes	

•	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
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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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:	10	-/0	4	

CITY OF MADISON

Registrat	ion Statement - <u>(</u>	Common C	ouncil		
Agenda No. 5	2d resolution	PLEASE Name _ Address _	PRINT)NA	ME CLEARLY Zinski	
Please check o	ne:	AND	Plea	ise check: Wish to Speak	
☐ Oppose ☐ Neither S	upport Nor Oppo	se	(,		
(If you answered "no of who you represent	ou representing an organize "STOP; you need not column and go on to the next quest perfectly on the next question and the next questio	mplete the rest o	of this form. I	If you answered "yes," provide the nan	ne —
Are you being paid fo	r your representation?			☐ Yes No	
Are you appearing as	part of your other paid dut	ties for this pers mplete the rest o	on or organiz of this form.		ext
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items	3	minutes		

Are you an e other govern	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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 <u> 2 </u>	Signature Lingbory Shipki Print Name Limberty Linski



Date: 12/14/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrati	on Statement - ַ	Common Cou	ncil		
Please Print			RINT NAME CLEA	RLY	
Agenda No	<u></u>	Name S Address S	NORWITHY K NOS APACI 53711	RAUSE HE DY	
Please check or	ie:	AND	Please check	k:	
	with neig comme inte upport Nor Op	Lbochood nts nct pose	Do not	wish to speak	
(If you answered "no, of who you represent o	" STOP; you need not and go on to the next q		his form. If you answe	ered "yes," provide the na	me
Are you being paid for	your representation?			☐ Yes ☐ No	
Are you appearing as j (If you answered "no, question.)	part of your other paid " STOP; you need not	duties for this person of the complete the rest of the	or organization? his form. If you answ	Yes No vered "yes," go on to the no	ext
Speaking Limits:	Information Hearing	nmon Council)5 mi 	nutes		

•	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name