

20248

Date:	12-	14-	0
Duto.			

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Co	uncil		
Agenda No	PLEASE F Name Address	PRINT NAME CLEA	RLY ennife	r McCulle
Please check one: Support	AND	Please check	k: to Speak	
Oppose Neither Support Nor O		d and have accommodify	∤ Yes	□No
At this meeting are you representing an organization (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	101 complete the rest c t auestion.)	y mis joini. 17 you unan	vered "yes,"	
Are you being paid for your representation Are you appearing as part of your other pa (If you answered "no," STOP; you need question.)	11 1 11 - Courthin more	son or organization? of this form. If you ans	Yes Yes wered "yes,"	□ No □ No ' go on to the next
Information Heari	ommon Council)	3 minutes		

(SEE BACK)

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answe this form. If yo	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?
(Please go to Room 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.)
Date	Signature
	Print Name



Date:	

WISH TO SPEAK FORM

Registra	ation Statement	Common Co	uncil		
Please Print		PLEASE _, F	PRINT NAME CLE	ARLY	
Agenda No.	6	Name	DEIRDRE 350 S. H	GARI	0N 0N 9, #32
Please check	one:	AND	Please chec	ek:	
Support	t		Wish	to Speal	ζ
Oppose					
Neither	Support Nor Opp	pose			
(If you answered "i of who you represen	you representing an organic," STOP; you need not not and go on to the next question telephone number of each	complete the rest of uestion.)	this form. If you ansv		☐ No " provide the name
	And the second s			·	uhit F
•	for your representation?			☐ Yes	No
Are you appearing a (If you answered "n question.)	ns part of your other paid no, " STOP; you need not	duties for this person complete the rest of	n or organization? Tthis form. If you answ	☐ Yes wered "yes,	No go on to the next
Speaking Limits:	Public Hearing (Com- Information 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? Yes No					
100	vered "yes" to the question, `you answered "no" to the c		ed not complete the rest of this to the next question.)	form, except t	hat you must sign
If you are t that:	peing paid for your represe	ntation, or if yo	our appearance is part of other	paid duties, p	please be advised
1.	Before you engage in lowith the City Clerk.	obbying as a lob	obyist, you or your principal m	ast file an autl	norization
2.	Your principal is not perfectly Clerk.	ermitted to auth	orize you to lobby unless you	are registered	l with the
3.		principal must	ore than \$1,000 for lobbying so file expense statements with		
, –	to the City Clerk's websi f the City-County Building,	· · ·	adison.com/clerk/index.html o ore information.)	r go to the (Clerk's Office at
Date []	14/10	Signature Print Name	De Saven Dzekbaz 61	auto N	
		t illit iyalife	Dicke buce	11-1-1	



Date: 12/14/10

WISH TO SPEAK FORM

Registration	Statement -	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No.	<i>p</i>	Name Address	3533 RI	LH12	-C
Please check one	:	AND	Please chec	k:	
Support			Wish t	to Speak	
Oppose					
Neither Suj	oport Nor Op	pose			
At this meeting are you in (If you answered "no," of who you represent and Name, address and telep	STOP; you need no d go on to the next o	ot complete the rest question.)	of this form. If you answ		No provide the name
Are you being paid for y Are you appearing as pa	et of your other nai	d duties for this ne	rson or organization?	☐ Yes	ĎNo QÑo
(If you answered "no," question.)	STOP; you need no	ot complete the res	t of this form. If you ansv	wered "yes,"	go on to the next
I	Public Hearing (Connitry of the Mearing Other Items	g	3 minutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you an that:	re beir	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.
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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?
		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: 13/14/10

WISH TO SPEAK FORM

Registratio	on Statement -	Common Committee	ouncil	-
Please Print		PLEASE	PRINT NAME CLE	ARLY
Agenda No)	NameAddress	Tim Sivkle	
Please check on	e:	AND	Please che	ck:
Support			Wish	to Speak
Oppose				
Neither St	ipport Nor Op	pose		
At this meeting are you (If you answered "no, of who you represent of the Name, address and teles and teles are the second of th	" STOP; you need no and go on to the next	ot complete the rest question.) ch person or organiz	of this form. If you an	Yes No swered "yes," provide the name nting:
M OCME				
Are you being paid for Are you appearing as (If you answered "no, question.)	and of your other nai	d duties for this ner	son or organization? of this form. If you ar	Yes No Yes No Swered "yes," go on to the nex
Speaking Limits:	Public Hearing (Co. Information Hearing Other Items	g	3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(If you ans this form. I	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
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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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 Room 103 c	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: 12/14/20/0

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council
Please Print Agenda No.	PLEASE Name Address	Chis Gauthiel 2125 Davis Hills DI Verona, WI 53715
Please check one:	AND	Please check:
☐ Support ☐ Oppose		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 Name, address and telephone number of ea	ot complete the resi question.)	est of this form. If you answered yes, provide the name
IATSE 251 1602 \$ 191857 #	524	
Madison 537	()	
Are you being paid for your representation	.?	Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need no question.)	id duties for this pe not complete the res	person or organization? Yes No est of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Co Information Hearing Other Items	ommon Council)	3 minutes

	REGISTRATION STATEMENT TO THE REGISTRATION STATEMENT OF
Are you an ele	sected official or employee who is appearing solely on behalf of your office or for your municipality of
(If you answer this form. If yo	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.) ing paid for your representation, or if your appearance is part of other paid duties, please be advised
If you are be that:	ing paid for your representation, or a property of your principal must file an authorization
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	With the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting life your principal spends or will owe more than \$1,000 for lobbying services in any reporting the clerk for the period (half year), the principal must file expense statements with the City Clerk for the period (half year), the principal must file expense statements with the City Clerk for the period (half year), the principal must file expense statements with the City Clerk for the period (half year), the principal must file expense statements with the City Clerk for the period (half year), the principal must file expense statements with the City Clerk for the period (half year).
(Please go Room 103 c	remainder of the calendar year? to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date 12	14/2010 Signature Laull Print Name Chi's Gauthice



Date: 2/14/0

WISH TO SPEAK FORM

Registratio	on Statement	Common Co	ouncil	
Please Print		PLEASE	PRINT NAME CLEA	RLY
Agenda No.	20 <u> </u>	NameAddress	BOB DANG GGIZ OLT MADESON	SAVK ET
Please check on	e:	AND	Please checl	k:
Support			Wish t	o Speak
Oppose				
Neither Su	ipport Nor Op	pose		
At this meeting are you (If you answered "no," of who you represent a	' STOP; you need not	t complete the rest (n other than yourself: of this form. If you answ	☐ Yes ☑No ered "yes," provide the name
Name, address and tele	phone number of eac	h person or organiz	ation you are representi	ng:
Are you being paid for	your representation?			Yes No
Are you appearing as p (If you answered "no," question.)	oart of your other paid "STOP; you need no	I duties for this pers t complete the rest	on or organization? of this form. If you ansv	☐ Yes ☐ No vered "yes," go on to the next
Speaking Limits:	Public Hearing (Con 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 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:
 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?
(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 12/14/2010 Signature Lawll Print Name (h/is Gauthice)



Date:	12-	14-	10
D			

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil		
Please Print	PLEASE	PRINT NAME CLEA	ARLY	
Agenda No. 70	Name Address	Lori K 4413 Doe (Madison	1 et 2055, ng 53704	TY
Please check one:	AND	Please chec	k:	
Support		Wish	to Speak	
Oppose				
☐ Neither Support Nor O	ppose			
At this meeting are you representing an or (If you answered "no," STOP; you need to of who you represent and go on to the nex Name, address and telephone number of e	not complete the rest t question.)	of this form. If you uns		□ No provide the name DCA ((p)
Are you being paid for your representation Are you appearing as part of your other parts.		rson or organization?	☐ Yes	 Mo □Mo
Are you appearing as part of your other part (If you answered "no," STOP; you need question.)	not complete the res	t of this form. If you ans	wered "yes,"	go on to the next
Information Heari	common Council)	.3 minutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
(If you o this for	answere n. If yo	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you a	re beir	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 Clerk's Office at the Clerk's office at the City-County Building, Madison, for more information.)
Date		Signature
		Print Name



Date:	12/14/10
	•

WISH TO SPEAK FORM

Registration St	atement - Common Cor	uncil
Please Print Agenda No.	PLEASE P Name Address	RINT NAME CLEARLY LEARLY DAJO LAIGHORY
Please check one:	AND	Please check:
Support Support		Wish to Speak
(If you answered "no," STOP of who you represent and go o	enting an organization or a person of you need not complete the rest of in to the next question.)	this form. If you answered "yes," provide the name
MACA	number of each person or organizati	on you are representing:
Are you being paid for your re	presentation?	☐ Yes ☐ No
	our other paid duties for this person; you need not complete the rest of	or organization?
Informa	Hearing (Common Council)5 m ation Hearing3 m tems3 m	inutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 b 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:	



AVAILABLE TO ANSWER QUESTIONS FORM

Registrat	ion Statement -	Common Council
		PLEASE PRINT CLEARLY
Agenda No	<i>t</i> o	Name Angela Brzowski Address 250 Ridgewer Dr 10 to Day St StS
Please check o	ne:	AND Please check:
SupportOppose		Available to answer questions
	Support Nor Op	ppose
(If you answered "no	ou representing an orgo," STOP; you need not and go on to the next o	anization or a person other than yourself: Yes No No complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and to	elephone number of each	ch person or organization you are representing:
Are you being paid for	or your representation?	Yes No
Are you appearing as (If you answered "no question.)	part of your other paid," STOP; you need no	duties for this person or organization? Yes No No to complete the rest of this form. If you answered yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 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 mental 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 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 12/1	1/200 Signature Myster Angelon Browski
	' /

Date:	



AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Cou	ncil	-
		PLEASE PF	RINT CLEARLY	
O いっくさ Agenda No	70 ress;	Name	BIS PROSPER MADISON WIS	
Please check	one:	AND	Please check:	
Support Oppose	Oralusa	Res	Available to an questions	nswer
	Support Nor Op	pose		
(If you answered "n of who you represen	you representing an orga o," STOP; you need no at and go on to the next of the releption of each	t complete the rest of the complete the rest of the properties of the complete the	his form. If you answered "yes	_
				,
Are you being paid	for your representation?		☐ Yes	No
	s part of your other paid o," STOP; you need no		or organization? Yes his form. If you answered "yes	
Speaking Limits:		nmon Council)5 mi 3 mi		

•	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rmmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you 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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, ,	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	12/14/10 Signature Des SEHSSIBRENNER

Date: 19/19/10



AVAILABLE TO ANSWER QUESTIONS FORM

Registra	ation Statement -	Common Cou	uncil
		PLEASE P	RINT CLEARLY , ,
Agenda No	70	Name	Median WI 53717
Please check	one:	AND	Please check:
Support			Available to answer
Oppose			questions
	Support Nor Op	ppose	
(If you answered "n of who you represen	nt and go on to the next	nt complete the rest of t question.)	other than yourself: Yes No Yes No this form. If you answered "yes," provide the name ion you are representing:
Are you being paid	for your representation?		☐ Yes ☐ Wo
Are you appearing a (If you answered "n question.)	s part of your other paid of o," STOP; you need no	duties for this person to complete the rest of	or organization? Yes No this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 m	inutes

-		ected official or emplo iental body?	yee who is appear	Yes No
		red "yes" to the question answered "no" to th		ed not complete the rest of this form, except that you must sign to the next question.)
If you that:	ı are bei	ng paid for your repre	esentation, or if yo	our appearance is part of other paid duties, please be advised
	1.	Before you engage in with the City Clerk.	n lobbying as a lob	byist, you or your principal must file an authorization
	2.	Your principal is not City Clerk.	permitted to auth	orize you to lobby unless you are registered with the
	3.		ne principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
		the City Clerk's we he City-County Buildin		adison.com/clerk/index.html or go to the Clerk's Office at ore information.)
Date _.		12/14/10	Signature Print Name	Bythy Herris Custer



Date: 12 (14) 10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration	Statement	Common Co	uncil		
Please Print		COMMITTEE			
1 lease I fille		PLEASE I	PRINT NAME CLEA	ARLY	
Λ		Name	Mexis T	Urner	
Agenda No. Menc	<u> </u>	Address	34338	3/14/12	82
DO V	ex ald	n Veryes			
Please check one	:	AND	Please chec	k:	
Support			Do not	wish to spea	ık
Oppose					
Neither Sur	port Nor Opp	oose			
At this meeting are you really of who you represent and Name, address and telephone.	STOP; you need not l go on to the next qu	complete the rest o uestion.)	f this form. If you answ	vered "yes," provi	No de the name
Are you being paid for you	our representation?			Yes	No
Are you appearing as par (If you answered "no," Squestion.)	t of your other paid STOP; you need not	duties for this perso complete the rest o	n or organization? f this form. If you ansv	<u></u>	No n to the next
Ir	ublic Hearing (Comp formation Hearing ther Items	3	minutes		

(SEE BACK)

	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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	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	Signature
	Print Name



Date: /2/14/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	ouncil	
		COMMITTEE		
Please Print		PLEASE	PRINT NAME CLEARL	Y
Agenda No.		Name Address	Joe, Seit 321 South ottage 6	hing Grand
Please check or	ne:	AND	Please check:	5352
Support			Do not wis	sh to speak
Oppose				
Neither S	upport Nor Op	pose		
of who you represent t	" STOP; you need no and go on to the next o	t complete the rest of question.)	other than yourself: of this form. If you answered ation you are representing:	Yes No I "yes," 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 " STOP; you need no	d duties for this person to complete the rest of	on or organization? of this form. If you answered	Yes No No d "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	53	minutes	

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body? Yes No
	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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	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: 2 14 10

DO NOT WISH TO SPEAK FORM

Registratio	n Statement	Common Co	uncil	
Please Print				
		PLEASE I	PRINT NAME CLEA	RLY
Agenda No. 70 Veceer 7	timena.	Name Address	Joe Seit 3:21 Sou- e-HAge Gr	thing Grang ore WI
Please check on	e:	AND	Please check	5352
Support			Do not v	wish to speak
Oppose				
Neither Su	pport Nor Opj	pose		
of who you represent a	STOP; you need not ad go on to the next qu	complete the rest o uestion.)	other than yourself: f this form. If you answe tion you are representing	Yes No No red "yes," provide the name
Are you being paid for	your representation?			Yes No
Are you appearing as pa (If you answered "no," question.)	art of your other paid STOP; you need not	duties for this perso complete the rest o	n or organization? f this form. If you answe	☐ Yes ☐ No ered "yes," go on to the next
1 0	Public Hearing (Com Information 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 bethat:	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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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
	Print Name



Date:	
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DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	uncil	
Please Print Agenda No. 1/1	Leveer rendment	PLEASE P Name Address	PRINT NAME CLEARLY ALGO HAULTOSO JIEGOD W	D Rd
Please check or	ie:	AND	Please check:	
Support Support			Do not wish to	speak
Oppose				
Neither S	upport Nor Op	pose		
of who you represent of	" STOP; you need no and go on to the next o	t complete the rest of question.)	other than yourself: Yes this form. If you answered "yes, ion you are representing:	□ No " provide the name
	part of your other paid	d duties for this person	Yes or organization? Yes this form. If you answered "yes,	No No go on to the next
question.) Speaking Limits:	Information Hearing	nmon Council)5 r g3 r 3 r	ninutes	

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you and that:	re bein	g 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 e City-County Building, Madison, for more information.)
Date		Signature
		Print Name



Date:	
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DO NOT WISH TO SPEAK FORM

Registrati	on Statement	COMMITTEE	ouncil	<u></u>
Please Print		PLEASE I	PRINT NAME CLEARLY	
Agenda No.		Name	Malt Sack Sok 2166 Hawkinson Negon WJ	th
Please check of	ne:	AND	Please check:	
Support			Do not wish to spe	ak
Oppose				
Neither S	upport Nor Opp	pose		
(If you answered "no, of who you represent	and go on to the next qu	complete the rest o uestion.)	other than yourself: Yes fithis form. If you answered "yes," production you are representing:] No vide the name
Are you appearing as	or your representation? part of your other paid "STOP; you need not	duties for this perso complete the rest o	Yes on or organization? Yes of this form. If you answered "yes," go	No No on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes	

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "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 a that:	re beir	ng 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	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?
		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: $(2-14-10)$	
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DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	uncil		
Please Print Agenda No. 407	nent Hen 70	PLEASE I Name Address	PRINT NAME CLE Jeff 105 N Mad, W	EARLY Fiscus Thomp	14
Please check or	ne:	AND	Please che	ck:	
Support Support			Do no	t wish to sp	oeak
Oppose					
Neither S	upport Nor Opp	pose			
(If you answered "no, of who you represent of	u representing an orgar " STOP; you need not and go on to the next qu ephone number of each	complete the rest o uestion.)	f this form. If you ans	ting:	
Are you being paid for	r your representation?			Yes	⊠'No
Are you appearing as j (If you answered "no, question.)	part of your other paid of " STOP; you need not	duties for this perso complete the rest o	n or organization? f this form. If you and	Yes Yes," g	No go on to the next
Speaking Limits:	Public Hearing (Comu Information Hearing Other Items	3	minutes		

		ected official or empnental body?	loyee who is appear	ing solely on behalf	of your office or for your municipality or Yes \(\bigcup \) No
		red "yes" to the ques ou answered "no" to			rest of this form, except that you must sign
If you that:	are be	ing paid for your rep	presentation, or if yo	our appearance is pa	rt of other paid duties, please be advised
	1.	Before you engage with the City Clerk		byist, you or your p	rincipal must file an authorization
	2.	Your principal is r City Clerk.	ot permitted to auth	orize you to lobby t	inless you are registered with the
	3.		the principal must		obbying services in any reporting ents with the City Clerk for the
	_	o the City Clerk's w the City-County Build			dex.html or go to the Clerk's Office at
Date _	12-1	f-10	Signature	Jan.	
			Print Name	sloott'	Figure 1

Date: 12/14/10



DO NOT WISH TO SPEAK FORM

Registration Statement	COMMITTEE	uncil
Please Print		RINT NAME CLEARLY
Agenda No. Amd to DO Verveer Amdut	Name	Daviel Diyon III W Wilson Madison 53703
Please check one:	AND	Please check:
Support Verveer A Oppose	mdunt to	Do not wish to speak
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 uestion.) n person or organizat	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 not question.)	duties for this person complete the rest of	n or organization?
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items	3 n	ninutes

-		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 a	are bei	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.
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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 he City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

Date: /2/14/2018



DO NOT WISH TO SPEAK FORM

Registration Statement	Common Cou	ıncil	
Please Print	PLEASE P	RINT NAME CLEARL	Y
Agenda No. AMNDMNT TO	Name	DOUT Micus 2650 HUAR MADISON	0 ST
Please check one:	AND	Please check:	
Support		Do not wis	sh to speak
Oppose			
Neither Support Nor Opp	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 q Name, address and telephone number of each	complete the rest of uestion.)	this form. If you answered] Yes \ \ No ' "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 not question.)	duties for this person complete the rest of	or organization? this form. If you answered	Yes No No wes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3 m	ninutes	

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental 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
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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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:	

Registration Statement -	Common Co	ouncil	
Please Print	PLEASE	PRINT NAME CLEAR	LY
Agenda No.	Address	JAMES YEHLE 6710 COLONY DR. MADISON, WI 537	
Please check one:	AND	Please check:	;
Support		Do not w	vish to speak
OpposeNeither Support Nor Op			
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 ea	ot complete the rest of question.)	f this form. If you answer	
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 perso ot complete the rest o	on or organization? of this form. If you answer	Yes No red "yes," go on to the next
Information Hearing	mmon Council)5 g3	minutes	

•	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are 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 ne City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	12-14	10

Registration Statement -	Common Co	uncil
Please Print		PRINT NAME CLEARLY
Agenda No. 70	Name Address	JEFF FISCOS 105 N Thompson Dr Madison, Wil 5537111
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor Op	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 Name, address and telephone number of ea	ot complete the rest of question.)	this form. If you answe red " yes," provide the name
		So Afsche
Are you being paid for your representation Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this perso	☐ Yes ☐ No n or organization? ☐ Yes ☐ No f this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 t g3 t 3 t	minutes

		ected official or employ ental body?	yee who is appea	ring solely on behalf of your of	fice or for yo	ur municipality or No
		ed "yes" to the questic u answered "no" to th		red not complete the rest of this to the next question.)	form, except	that you must sign
If you that:	are beir	ng paid for your repres	sentation, or if y	our appearance is part of other	paid duties,	please be advised
	1.	Before you engage in with the City Clerk.	lobbying as a lo	bbyist, you or your principal m	ust file an aut	horization
	2.	Your principal is not City Clerk.	permitted to auti	norize you to lobby unless you	are registere	d with the
	3.		e principal must	ore than \$1,000 for lobbying so file expense statements with		
		the City Clerk's web ne City-County Buildin		nadison.com/clerk/index.html o nore information.)	r go to the	Clerk's Office at
Date _	12	-(4-10	Signature	Jeff Fiscas	Margaret Mar	
			Print Name	Jeft Fisals		



Date:	

Registration Staten	nent - Common Council
Please Print Agenda No	PLEASE PRINT NAME CLEARLY Name JEFF PORTER Address 638 W. LAKESIDE ST. MADISON, WI 53715
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support N	or Oppose
(If you answered "no," STOP; you of who you represent and go on to t	g an organization or a person other than yourself: \times
Are you being paid for your represe	entation?
Are you appearing as part of your of (If you answered "no," STOP; you question.)	ther paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information	ing (Common Council)5 minutes Hearing3 minutes

	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.)
If you are that:	being 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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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:		
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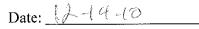
Registra	ation Statement	Common Committee	ouncil		
Please Print		,	PRINT NAME CLE	1	
Agenda No/	7		Gretchen 205 Crysto Madisanu		
Please check	one:	AND	Please che	ek:	
Support	•		Do not	t wish to speak	
Oppose					
Neither	Support Nor Opp	ose			
(If you answered "n of who you represen	you representing an organ no," STOP; you need not nt and go on to the next qu telephone number of each	complete the rest of the sest of the complete the complet	f this form. If you ans	A Jasyme	e name
	for your representation?	luties for this perso	on or organization?	☐ Yes ☑ No ☐ Yes ☑ No	
	s part of your other paid one," STOP ; you need not				he nexi
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3	minutes		

Are you an el other governm	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 beithat:	ing 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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Registration	n Statement	Common Co	uncil		
Please Print Agenda No.		PLEASE P Name — Address	Parold L 205 CRY	ARLY Dave Fal Lane	
Please check one) •	AND	Please chec	_	
Support			Do not	t wish to speak	
Oppose Neither Su	pport Nor Opp	oose			
At this meeting are you (If you answered "no," of who you represent an	STOP; you need not	complete the rest of	other than yourself: this form. If you answ	Yes No wered "yes," provide the i	name
Name, address and telep	shone number of each	ı person or organizat	ion you are represent	ing:	
Are you being paid for y	our representation?			Yes No	
Are you appearing as pa (If you answered "no," question.)	rt of your other paid strop; you need not	duties for this person complete the rest of	n or organization? This form. If you ans	☐ Yes ☐ No wered "yes," go on to the	: next
I	Public Hearing (Coming of the Items of the I	3 n	ninutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "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
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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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name





Registrati	on Statement	Common C	ouncil		
Please Print Avenuera Amendmand d Agenda No.	070	Name	PRINT NAME CLEA Douglas Peterson 619 B. Johnson Madison 1092	n 64	
Please check of	ne:	AND	Please chec	ek:	
Support	-		∑ Do not	t wish to sp	peak
At this meeting are you (If you answered "no,	upport Nor Opport ou representing an organi "STOP; you need not come and go on to the next que	zation or a perso omplete the rest	n other than yourself: of this form. If you ansv	☐ Yes wered "yes," p	No No No Name
Name, address and tel	ephone number of each j	person or organiz	zation you are represent	ing:	
Are you being paid fo	r your representation?			Yes	☐ No
	part of your other paid d " STOP; you need not c			☐ Yes wered "yes," g	☐ No go on to the next
Speaking Limits:	Public Hearing (Comm Information 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 b 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 fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 12-14-2010



DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common C	ouncil		
<u>Please Print</u>		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 70		•	Douglas Peters 619 E JOHNSO Madison, WI	NST	
Please check or	ne:	AND	Please che	ck:	
Support			Do no	t wish to s	speak
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no,	ou representing an orga " STOP; you need not and go on to the next q	complete the rest	n other than yourself: of this form. If you ans	Yes	∏ No provide the name
Name, address and tel	ephone number of eacl	n person or organiz	zation you are represen	ting:	
Are you being paid fo	r your representation?			Yes	☐ No
	part of your other paid " STOP; you need not			Yes [] Yes swered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body? Yes No
	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
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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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.	10	

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. #70	Name Robert Stickney Address 2352 Superior St. Madison 53704
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	(
Neither Support Nor Op	ppose
of who you represent and go on to the next	of complete the rest of this form. If you answered "yes," provide the name question.) 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?
Information Hearing	mmon Council)5 minutes g3 minutes3 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 b 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: 12.14.10



DO NOT WISH TO SPEAK FORM

Registration	Statement	COMMITTEE	ouncil	
Please Print			PRINT NAME CLE	ĄRLY
Agenda No.		_	Rabert 54 2352 51 Madison	rickney special St. 53704
Please check one	:	AND	Please chec	:k:
Support			\times Do not	wish to speak
Oppose				
At this meeting are you r	pport Nor Oppopport epresenting an organicator; you need not continued to the continue of the	zation or a person	other than yourself: f this form. If you ansv	'⊠ Yes □ No wered "yes," provide the name
Name, address and teleph	l go on to the next que	estion.)	tion you are represent	
Are you being paid for you appearing as par		uties for this perso	on or organization?	Yes No Yes No No wered "yes," go on to the next
question.) Speaking Limits: Properties: In	ublic Hearing (Comm Iformation Hearing	non Council)5	minutes minutes	, , , , , , , , , , , , , , , ,

•	an elected official or employee who is appearing solely on behalf of your office or for your municipality or vernmental body?				
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you 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				
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: 12/14/16



DO NOT WISH TO SPEAK FORM

Registration	Statement	COMMITTEE	ouncil		
Please Print			PRINT NAME CLEA		
Agenda No. 70 13	<u> </u>	Address _	Dariel I III W Will Madison	son #	
Please check one	:	AND	Please chec	k:	
Support			Do not	wish to s _j	peak
∑ Oppose ±	70				
Neither Sup	port Nor Oppo	ose			
At this meeting are you re (If you answered "no," So of who you represent and Name, address and telephase of the second s	TOP; you need not coll go on to the next que.	omplete the rest of stion.)	f this form. If you answ	ered "yes," p	☐ No provide the name
Thanking	Shiva a	ad Chr	is for wor	King c	
	blic Auth				
Are you being paid for yo	our representation?			☐ Yes	□ No
Are you appearing as par (If you answered "no," S question.)				Yes ered "yes," g	No go on to the next
In	ablic Hearing (Commo formation Hearing ther Items	3	minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? 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
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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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:

CITY OF MADISON

Registratio	on Statement -	Common	Council	
Please Print		PLEAS	E PRINT NAME CLE	ARLY
Agenda No		Name Address	Mille Jabro	gro Aue #1
Please check on	e:	AND	Please chec	ek:
Support Oppose			Do not	wish to speak
	pport Nor Oj	ppose		
(If you answered "no," of who you represent a	STOP; you need not go on to the next	ot complete the re question.)	son other than yourself: st of this form. If you answ nization you are represent	☑ Yes ☐ No wered "yes," provide the name ing:
Are you being paid for Are you appearing as partial (If you answered "no," question.)	art of your other pai	d duties for this p	erson or organization? st of this form. If you ans	☐ Yes ☐ No☐ Yes ☐ No wered "yes," go on to the next
1 0	Public Hearing (Co Information Hearin Other Items	g	3 minutes	

(SEE BACK)

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you a that:	re 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.
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:	12/14/2010	
,		



Registra	tion Statement	Common Co	ouncil		
Please Print Agenda No	·	Name	PRINT NAME CLE. DON-MILK 2650 HOAR MADISON	<u> </u>	
Please check o		AND	Please chec		
Oppose Neither	Support Nor Opp	oose			
(If you answered "n of who you represen	you representing an organ o, " STOP; you need not t and go on to the next qu elephone number of each	complete the rest o uestion.)	f this form. If you ansv	wered "yes," provid	
Are you appearing a	for your representation? s part of your other paid of the contract of your need not the contract of the contra			☐ Yes ☐ I	No No n to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes		

•	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental 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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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	Signature				
	Print Name				

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Date: 12/14/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Col	uncil	· · · · · · · · · · · · · · · · · · ·	
Please Print Agenda No.		PLEASE P Name Address	RINT NAME CLEAD DAWN A	BANDE	ivR
Please check of Support	ne:	AND	Please check Do not y	ς: wish to s	speak
Oppose Neither S	upport Nor Op	pose			
of who you represent	" STOP; you need no and go on to the next o	et complete the rest of question.) The person or organizat	other than yourself: this form. If you answe		□ No provide the name
Are you being paid fo Are you appearing as (If you answered "no, question.)	part of your other paid	duties for this person	n or organization? Tthis form. If you answe	☐ Yes ☐ Yes ered "yes,"	☐ No ☐ No go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 n 53 n 23 n	ninutes		

•	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental 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 b	eing 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 the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			



Registra	tion Statement -	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No		NameAddress	Sam Testolia Westminster C	<u>`</u> t,	
Please check of	one:	AND	Please chec	ek:	
Support			Do not	wish to speak	
☑ Oppose☑ Neither S	Support Nor Op	pose			
(If you answered "no		t complete the rest (n other than yourself: of this form. If you answ		he name
Name, address and to	elephone number of eac	· •	ation you are representi	ng:	
Are you being paid for	or your representation?			☐ Yes ☐ No	
	part of your other paid, "STOP; you need not		on or organization? of this form. If you answ	Yes No wered "yes," go on to t	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 beithat:	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 he City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date:

CITY OF MADISON

Common Council Registration Statement - _ COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Name Agenda No. Address Please check one: Please check: AND Do not wish to speak Support **Oppose Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council) 5 minutes **Speaking Limits:** Information Hearing......3 minutes 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 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 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.		
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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?		
(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 Dec	14,20/0 Signature Maria Disters Print Name MARIA Milsted		



Date: 12 - 14-2011

DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common Committee	ouncil		
Please Print		PLEASE	PRINT NAME CLE	EARLY	
Agenda No.	20	NameAddress	Daniel L. 106 W.M. Modison	Milsieff. Fflin st	
Please check of	one:	AND	Please che	ck:	
☐ Support☐ Oppose			Do no	t wish to speak	
At this meeting are y (If you answered "no of who you represen	Support Nor Op A for Af For representing an orga o, "STOP; you need not t and go on to the next q elephone number of each	nization or a persor t complete the rest of tuestion.)	n other than yourself: of this form. If you ans	Yes Mowered "yes," provide)
Are you being paid f	for your representation?			□ Yes 🖄 No)
Are you appearing a	s part of your other paid o," STOP; you need not	duties for this person to complete the rest of	on or organization? of this form. If you ans	Yes No) o the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
, v v	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 being that:	ng 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?
	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 <u>/ 2 -</u>	14-2010 Signature Day & AM AM
/	Print Name Daniel L. Milsted



Date:	
-------	--

Registration Statement	COMMITTEE	ouncil
Please Print Agenda No.		PRINT NAME CLEARLY Jesse Ishikana 7613 Gray Fox Tranf Madism WI 5371
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
of who you represent and go on to the next	ganization or a person ot complete the rest o question.)	f this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ch person or organiza	tion you are representing:
Z11 State	Steet	Δ.
Madian u,	25	7-015-8
Are you being paid for your representation	?	☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need n question.)		n or organization? Yes No No f this form. If you answered "yes," go on to the next
Information Hearin	mmon Council)5 g3	minutes

Are you an eleother government	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
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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 he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 12/14/16

DO NOT WISH TO SPEAK FORM

Registration Stater	nent - <u>Common Council</u>
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Angela Vellardita Address SILE E Dayton St Madisson Col 53703
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support N	or Oppose
(If you answered "no," STOP; you of who you represent and go on to	ig an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name the next question.) where of each person or organization you are representing:
1 ocal 100	or each person or organization you are represented.
Are you being paid for your represe	entation? Yes No
Are you appearing as part of your of (If you answered "no," STOP; you question.)	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 1 Hearing

Are you an e other govern	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No	
	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.)	
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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	Signature	
	Print Name	

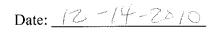


Date: 12/14/2010

DO NOT WISH TO SPEAK FORM

Registration Statement	t - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name June Caglio (GO-LEO) Address 944 E. Wayton St. Hadison WI
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor C	Oppose
Oppose privati	zation of Overture (a public venue
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the ne.	organization or a person other than yourself: Yes No No not complete the rest of this form. If you answered "yes," provide the name ext question.)
Name, address and telephone number of	each person or organization you are representing:
	/
Are you being paid for your representation	on? Yes No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)	paid 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 Hear	Common Council)5 minutes ring

	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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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	





DO NOT WISH TO SPEAK FORM

Registration Stateme	nt - Common Council
Please Print Amendment Agenda No. + 10	PLEASE PRINT NAME CLEARLY Name June Goglio (GOLFO) Address 944 E. Dayfon St. Madi Son, WI
Please check one: Support Oppose Neither Support No	AND Please check: Do not wish to speak Oppose
(If you answered "no," STOP; you n of who you represent and go on to the	n organization or a person other than yourself: Yes No red not complete the rest of this form. If you answered "yes," provide the name next question.) At Sall and 60 of each person or organization you are representing:
(If you answered "no," STOP ; you n question.)	repaid duties for this person or organization? Yes No eed not complete the rest of this form. If you answered "yes," go on to the nex (Common Council)5 minutes
Information H	earing3 minutes 3 minutes

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? 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:	sing 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	Signature		
	Print Name		



DO NOT WISH TO SPEAK FORM

Registratio	n Statement -	Common Co	uncil	
Please Print		PLEASE F	RINT NAME CLEARI	_ Y
Agenda No	0	Name Address	Jim Nela 1838 Spans MSN 5	1 11 St. 3704
Please check one	e:	AND	Please check:	
Support			Do not w	ish to speak
Oppose Neither Su	pport Nor Op	pose		
At this meeting are you (If you answered "no," of who you represent an	STOP; you need no	t complete the rest of	other than yourself: [This form. If you answere	$\overline{\mathbb{Z}}$ Yes $\overline{\mathbb{Z}}$ No \mathbb{Z} No \mathbb{Z} provide the name
	phone number of eac NOAL 60	h person or organizat	ion you are representing:	
Are you being paid for		I duties for this nerso	or organization?	☐ Yes ☐ No
Are you appearing as pa (If you answered "no," question.)	STOP; you need no	t complete the rest of		ed "yes," go on to the next
	Information Hearing	nmon Council)5 r 3 r 3 r	ninutes	

		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 ou answered "no" to the question, go on to the next question.)	
If you that:	are bein	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 the City-County Building, Madison, for more information.)	
Date _		Signature	
		Print Name	



Date: 12/14/10

DO NOT WISH TO SPEAK FORM

Registration Stater	nent - Common Council
Please Print Agenda No.	PLEASE PRINT NAME CLEARLY Name Sue Thompson Address 3200 Milwaukee St. Madison
Please check one:	AND Please check:
☐ Support	Do not wish to speak
Oppose	
Neither Support N	or Oppose
(If you answered "no," STOP ; you of who you represent and go on to	g an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name the next question.) er of each person or organization you are representing:
Are you being paid for your representation Are you appearing as part of your of (If you answered "no," STOP; you question.)	ther paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information	ng (Common Council)5 minutes Hearing

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body? Yes No	
	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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	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: /2////

DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Council COMMITTEE
Please Print Amendment to Agenda No. #170	PLEASE PRINT NAME CLEARLY Name Susan Thompson Address 3301 milwaukop St Mad
Please check one: Support Oppose Neither Support Nor O	AND Please check: Do not wish to speak ppose
(If you answered "no," STOP; you need of who you represent and go on to the nex	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question.) ach person or organization you are representing:
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
Information Heari	ommon Council)5 minutes ng3 minutes

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? 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.)
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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