

# 20515 Date: 1 4 (

Registration Statement	COMMITTEE	uncil
	PLEASE F	PRINT CLEARLY
	Name	RANDY DAVIS
Agenda No. / O		7910 BOWMAN RD.
	_	LOD1, W1
Please check one:	AND	Please check:
<b>Support</b>		<b>Available to answer</b>
Oppose		questions
Neither Support Nor O	ppose	
At this meeting are you representing an orgalist (If you answered "no," STOP; you need no of who you represent and go on to the next	ot complete the rest of	other than yourself: Yes No Yhis form. If you answered "yes," provide the name
Name, address and telephone number of ea	ch person or organizat	tion you are representing:
WATERWARK J	T, LLC	
1863 INDEX 9	, ds,	
MADISON, WI		5550
Are you being paid for your representation		☐ Yes X No
Are you appearing as part of your other pair (If you answered "no," STOP; you need n question.)		n or organization?
Information Hearin	mmon Council)5 n g3 n 3 n	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.)
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:	1-	4-1	\$

## WISH TO SPEAK FORM

Registra	tion Statement	COMMITTEE	ouncil		
Please Print  Agenda No.		PLEASE Name Address		MECLEARLY ROST KENGGIR A	<b>U</b> E
Please check	one:	AND	Plea	se check:	
Support	;		$\square$	Wish to Speal	k
Oppose					
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orgango," STOP; you need not at and go on to the next quitelephone number of each	complete the rest ( uestion.)	of this form. I	f you answered "yes,'	☐ No " provide the name
Are you being paid	for your representation?			☐ Yes	No
Are you appearing a (If you answered "n question.)	s part of your other paid o," STOP; you need not	duties for this pers complete the rest	on or organize of this form. I	ation? Yes If you answered "yes,"	No on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes		

(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 <a href="www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)	•	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?					
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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 <a href="www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date Signature	1.						
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.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date Signature	2.						
Room 103 of the City-County Building, Madison, for more information.)  Date Signature	3.	period (half year), the principal must file expense statements with the City Clerk for the					
Print Name	Date	Signature					
		Print Name					



Date:	1-6		

## **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registration S	tatement - Commo	n Council		
Please Print	PLE.	ASE PRINT N	AME CLEARLY	
Agenda No.	Name Addr			7
Please check one:	AND	Ple	ase check:	
Support		$\boxtimes$	Wish to Speal	k
Oppose				
Neither Suppo	ort Nor Oppose			
	esenting an organization or a period of the second second of the second			☐ No " provide the name
Name, address and telephone	number of each person or or		e representing:	
Kegent N	Deighborhor	od As	50 (	
Are you being paid for your	representation?		Yes	[]XNo
	your other paid duties for this <b>P</b> ; you need not complete the			⊠No "go on to the next
Inform	C Hearing (Common Council) nation Hearing Items	3 minutes		

(SEE BACK)

		cted official or employee ental body?	who is appea	ring solely on behalf of your	office or for yo	ur municipality or ANo	
(If you o	answere m. If yo	ed "yes" to the question, u answered "no" to the q	STOP. You ne	eed not complete the rest of the to the next question.)	is form, except	that you must sign	
If you a that:	are beir	ng paid for your represen	atation, or if y	our appearance is part of oth	er paid duties,	please be advised	
	1.	Before you engage in low with the City Clerk.	bbying as a lo	bbyist, you or your principal	must file an aut	thorization	
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
	3.		principal mus	nore than \$1,000 for lobbying t file expense statements wit			
(Please Room 1	go to 03 of th	the City Clerk's websit ne City-County Building, I	e <u>www.cityof</u> r Madison, for n	madison.com/clerk/index.html nore information.)	or go to the	Clerk's Office at	
Date \(\frac{\}{}\)		(-((_	Signature	Daran	4/2	,	
			Drint Mama	1 1 1 2 2 2 3	Emily James		



Date: 1/4/11

## **WISH TO SPEAK FORM**

Registration Statement -	COMMITTEE	Council		
<u>Please Print</u>	PLEASE	E PRINT NAM	ME CLEARLY	
Agenda No.	. Name Address	Craig 234 Madrs	Christianson Lathrop St. on, WI 53726	
Please check one:	AND	Pleas	se check:	
Support		X	Wish to Speak	
Oppose		,		
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form. If	f you answered "yes," provide the nat	me 
		•		
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no				 ext
question.)  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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you ar that:	e 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 the Clerk's office at the Clerk's office at the Clerk's office at the City-County Building, Madison, for more information.)
Date	1/	4/2011 Signature Jack Manton  Print Name Cours J Chois Han Son



Date:	, _	. 1	
• •			1

### **WISH TO SPEAK FORM**

Registration Statement	- Common C	Council	
Please Print	_ PLEASI	E PRINT NAME CLEARI	_Y
Agenda No.	. Name Address	BRIAN MUNSON 120 EAST LAKES MARISON	TOP SPERET
Please check one:	AND	Please check:	
Support		Wish to	Speak
Oppose			
Neither Support Nor O	ppose		<del>Č</del> e
At this meeting are you representing an or (If you answered "no," STOP; you need no f who you represent and go on to the next.  Name, address and telephone number of each of the start of	not complete the rest t question.) ach person or organi	of this form. If you answere	Yes No d "yes," provide the name
		· · ·	
Are you being paid for your representation	1?	Ę	Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need no question.)			Yes No ad "yes," go on to the next
Information Hearin	ommon Council)	3 minutes	

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?						
	red "yes" to the question, 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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	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 _   🚜 _	201 Signature						
r	Print Name Blan Mun Son						



# **AVAILABLE TO ANSWER QUESTIONS FORM**

Registrat	ion Statement	Common Co	uncil		
		PLEASE P	RINT CLEARLY		
Agenda No\		Name	Swan S Hoj W Mudioca	Carre Lasce	11 ( f me-
Please check o	ne:	AND	Please chec	<b>k:</b>	
Support			Availab	le to ans	wer
Oppose			question	ns	
Neither S	Support Nor Opp	ose			
(If you answered "no of who you represent	ou representing an organia," STOP; you need not of and go on to the next que	complete the rest of estion.)	this form. If you answ		□ No provide the name
Are you being paid fo	or your representation?			☐ Yes	□ No
	part of your other paid d ," <b>STOP;</b> you need not c			☐ Yes vered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing	3 n			

		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:	are beir	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 _	1-4	
		Print Name

Date:	1	- 4	<u>{</u> ~	(



# AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Co	uncil		
		PLEASE F	PRINT CLEARLY		
Agenda No		Name Address	Brian Mu 1903 Rowl		Jenne
			Madison, U	j/ 53	3726
Please check	one:	AND	Please che	ck:	
<b>Support</b>			Availal	ble to ans	swer
Oppose			questic	ons	
Neither :	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orga o, "STOP; you need no t and go on to the next q elephone number of eac	t complete the rest of question.)	this form. If you ans		No provide the name
Are you being paid f	for your representation?			Yes	☐ No
	s part of your other paid o," STOP; you need no			☐ Yes wered "yes,"	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3 r	ninutes		

•	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 fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name



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

# AVAILABLE TO ANSWER QUESTIONS FORM

Registration S	tatement - Common	Council
	PLEAS	SE PRINT CLEARLY
	Name	Brad Mullins
Agenda No\\	Addres	ss 401 N. Carroll St.
		Madison, W1 53703
Please check one:	AND	Please check:
Support		Available to answer
Oppose		questions
Neither Suppo	ort Nor Oppose	
(If you answered "no," STO of who you represent and go		est of this form. If you answered "yes," provide the nam
A lains and for your	yonyogontation?	∏ Yes ☐ No
Are you being paid for your	representation?	105140
Are you appearing as part of (If you answered "no," STO question.)	your other paid duties for this p  P; you need not complete the re	person or organization?  Yes No est of this form. If you answered "yes," go on to the nex
Inform	c Hearing (Common Council) nation Hearing	3 minutes

•		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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.)
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date _		1/4/10 Signature Gard Mullins Print Name Carol Mullins



Date: 1/4/11

# AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common C	Council	
		PLEASE	PRINT CLEARLY	
		Name	Carol Mullins	
Agenda No		Address	844 Prospect Pl. Madison W/1 53703	
Please check	one:	AND	Please check:	
Support Support	•		Available to answer	
Oppose			questions	
Neither !	Support Nor Op	pose		
(If you answered "no of who you represen	t and go on to the next	ot complete the rest ( question.)	on other than yourself: Yes No of this form. If you answered "yes," provide the not provide th	<i>хте</i>
Are you being paid f	or your representation?		∐ Yes      No	
	s part of your other paid o, " STOP; you need no		son or organization?	ıext
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	<u>,</u> 3	3 minutes	

-	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?								
(If you this fo	ı answer rm. If yo	ed "yes" to the question, u answered "no" to the	, <b>STOP.</b> You need question, go on t	ed not complete the rest of this fo to the next question.)	orm, except i	that you must sign			
If you that:	are bein	ng paid for your represe	ntation, or if yo	ur appearance is part of other p	oaid duties,	please be advised			
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Date _		t/4/10	Signature Print Name	Bred Muller	15				





# AVAILABLE TO ANSWER QUESTIONS FORM

Registrat	tion Statement -	Common C	Counc	3 [		
		PLEASE	PRIN	T CLEARLY		
	11	Name	Ste	EVE HO	LZHA	MER
Agenda No/	<del> </del>	Address	_		75H1N	GTON A
			Sh	ItE650	· · · · · ·	
Please check of	ne:	AND		Please checl	k:	
Support Support			•	Availab	le to ans	wer
Oppose				question	ns	
Neither S	Support Nor Op	ppose				
(If you answered "no	ou representing an org o," STOP; you need no t and go on to the next	ot complete the rest	on other of this j	than yourself: form. If you answ	∑Yes ered "yes,"	☐ No provide the name
Name, address and to	elephone number of ea	ch person or organi	zation y	ou are representir	ıg:	
MULLIN	S GROUP		· • · · · · · · · · · · · · · · · · · ·			
EPPSTE	IN UHON F	ARCHIPEC	T			
Are you being paid for	or your representation?	?			⊠ Yes	□ No
	s part of your other paid o, " STOP; you need no				Yes yered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing	g		es		·

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes No
		ed "yes" to the question, <b>STOP.</b> 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:	ire bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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;	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	1/41	/// Signature
		Print Name Steve Holzhaner



# AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Council COMMITTEE	
Agenda No		PLEASE PRINT CLEARLY Name Kurly Chystle Address 234 Lather Madren	canron
Please check	one:	AND Please che	eck:
Support		Availa quest	able to answer
Oppose Neither	Support Nor Op	pose	
(If you answered "n	you representing an orga no," STOP; you need not nt and go on to the next q	nization or a person other than yourself:  complete the rest of this form. If you an uestion.)	Yes No swered "yes," provide the name
Name, address and	telephone number of eacl	h person or organization you are represe	nting:
	*	o- ·	
Are you being paid	for your representation?		☐ Yes ☐ No
		duties for this person or organization? complete the rest of this form. If you are	☐ Yes ☐ No nswered "yes," go on to the next
Speaking Limits:		mon Council)5 minutes	

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	wered "yes" to the question, <b>STOP.</b> 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 Kam Chuban  Print Name Kaven Chushansin



Date:	1-4-1	
		<i>}</i>

## DO NOT WISH TO SPEAK FORM

Registration	on Statement -	Common Cou	ncil	
Please Print		Name K	RINT NAME CLEA	ARLY EE
Agenda No		Address //	W Wilson 1	108
Please check on	ie:	AND	Please chec	k:
Support			Do not	wish to speak
Oppose			<b>V</b>	
Neither St	upport Nor Op	pose		
(If you answered "no, of who you represent a	" STOP; you need no and go on to the next o		his form. If you answ	vered "yes," pnbvide the name
Are you being paid for	your representation?			Yes No
		d duties for this person of the complete the rest of the		☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 mi 3 mi 3 mi	nutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, <b>STOP.</b> 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