



DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Co	ouncil	
Please Print		PLEASE	PRINT NAME CLEARLY	
Agenda No	(Address	Scott WatSon 6217 Piedment Rd Madeson WI S	
Please check or	ne:	AND	Please check:	
Support Support	_		Do not wish to s	peak
Oppose				
At this meeting are you	" STOP; you need not	nization or a person complete the rest o	other than yourself:	□ No provide the name
Name, address and tele	ephone number of each	person or organiza	tion you are representing:	
	NEST ROM			
,			74) 257-4270	
Are you being paid for	your representation?	**************************************	Yes	No
Are you appearing as partial (If you answered "no, question.)			on or organization?	□No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes	

Are you an elected official or of other governmental body?	nployee who is appearing solely on behalf of your office or for your municipality o
	nestion, STOP. You need not complete the rest of this form, except that you must sign to the question, go on to the next question.)
If you are being paid for your that:	epresentation, or if your appearance is part of other paid duties, please be advised
1. Before you eng with the City C	ge in lobbying as a lobbyist, you or your principal must file an authorization rk.
2. Your principal City Clerk.	not permitted to authorize you to lobby unless you are registered with the
	spends or will owe more than \$1,000 for lobbying services in any reporting r), the principal must file expense statements with the City Clerk for the calendar year?
	website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office a ilding, Madison, for more information.)
Date/	Signature Print Name Scott Watson
	Print Name Scott Watson



Date: ______

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	Council	
Agenda No. GH ENGEWATER	PLEASE Name Address	EPRINT NAME CLEARLY FRED MOHS 512 WISCONSIN AV	-
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose Neither Support Nor Op	noso	•	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest of uestion.)	of this form. If you answered "yes," provide the nam	e -
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.)		son or organization?	:t
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	3 minutes	

(SEE BACK)

Are you an eleother governm	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 on answered "no" to the question, go on to the next question.)
If you are bein 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	Signature
	Print Name



Date: 18, 2011

WISH TO SPEAK FORM

Registration Statement -	Common C	Council
Edgewater Redevelopment Agenda No. ### 964)	EPRINT NAME CLEARLY Franny Ingebritson 516 Wisconsin Ave #1 Madison 53703
Please check one:	AND	Please check:
Support		Wish to Speak
At this meeting are you representing an orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	nization or a perso t complete the rest uestion.)	amplified music - 1 days Neek until 11:00 PM on other than yourself: Yes No t of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	-	rson or organization? Yes No to this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	3 minutes

Are you an elother governn	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.)
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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 4	Signature
W.	Print Name



Date: Jan 18, 2011

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No	Name Address	Dennis Davidsaver 624 West Shore Or. Madison, WI
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest uestion.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☑ No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need not question.)		on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		minutes

Are you an ele	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.)
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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 ne City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: ____//8///

WISH TO SPEAK FORM

Registration Statement -	Common C	Council		
Please Print	PLEASE	E PRINT NA	ME CLEARLY	
Agenda No. 64	Name Address	John (9117 Sea Madison	thers Rd WI 53717	
Please check one:	AND	Plea	ise check:	
⊠ Support		X	Wish to Speak	S
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	nt complete the rest question.)	of this form.	If you answered "yes,"	No provide the name
Are you being paid for your representation?			☐ Yes	No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)			zation? Yes	— ☑ No
Speaking Limits: Public Hearing (Com Information Hearing Other Items	2	3 minutes		

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must significant. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office a Room 103 of the City-County Building, Madison, for more information.) Date Visit V	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?
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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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office a Room 103 of the City-County Building, Madison, for more information.) Date	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 a Room 103 of the City-County Building, Madison, for more information.) Date	2.	
Room 103 of the City-County Building, Madison, for more information.) Date 1/18/11 Signature John C. Thorpor	3.	period (half year), the principal must file expense statements with the City Clerk for the
Print Name John C. Thompson	Date \\(\langle \)	Signature Jely C. Thorpson
		Print Name John C. Thompson

Date:	1/18/11	



AVAILABLE TO ANSWER QUESTIONS FORM

Registration	Statement	Common Cou	ncil		
•	C	OMMITTEE			
		PLEASE PR	RINT CLEARLY		
, .		Name M	like breen		
Agenda No64		•	S. finckney St.		
			adi son	-	
Please check one:		AND	Please chec		
Support Support			X Availab	le to ans	wer
			question		,,,
Oppose			quosiio		
Neither Sup	port Nor Oppo	se			
At this meeting are you re (If you answered "no," So of who you represent and Name, address and telephore.	TOP; you need not congo on to the next quest	mplete the rest of the tion.)	nis form. If you answ	vered "yes,"	∐ No provide the name
Hammes Co.			COMMON CONTROL		
22 E. Millin					
Madison 608-	*				
Are you being paid for yo				Yes	□ No
Are you appearing as part (If you answered "no," State question.)	of your other paid dut TOP; you need not con	ies for this person on the person of the per	or organization? his form. If you answ	∡ Yes vered "yes,"	No go on to the next
Inf	blic Hearing (Common		nutes		

•	n elected official or employee who is appearing solely on behalf rnmental body?	of your office or for you Yes	r municipality or ☑ No	
	wered "yes" to the question, STOP. You need not complete the r If you answered "no" to the question, go on to the next question.)		hat you must sign	
If you are be that:	being paid for your representation, or if your appearance is par	rt of other paid duties, p	please be advised	
1.	Before you engage in lobbying as a lobbyist, you or your prwith the City Clerk.	rincipal must file an auth	norization	
2.	Your principal is not permitted to authorize you to lobby unCity Clerk.	inless you are registered	with the	
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/inc</u> of the City-County Building, Madison, for more information.)	<u>lex.html</u> or go to the (Clerk's Office at	
Date <u> </u>	8/11 Signature Mile far-			
	Print Name Mike Gr	een		



Date: 1/18/2011

AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement	COMMITTEE	ouncil
	PLEASE	PRINT CLEARLY
Agenda No.	Name Address	Matthew C. Carlson 1. S. Vindeney St., Suite 700
		Madian, WI 53701
Please check one:	AND	Please check:
Support		Available to answer
Oppose		questions
Neither Support Nor C)ppose	
of who you represent and go on to the new Name, address and telephone number of	not complete the rest xt question.)	of this form. If you answered "yes," provide the name
Harmos Company		
22 E. Mifflin St. , Svite	800, Madiser	7 53703
608-274-7447		
Are you being paid for your representation	n?	Yes No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)		son or organization? Yes No No of this form. If you answered "yes," go on to the next
Information Heari	Common Council)5	3 minutes

•	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, 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//	18/2011 Signature Matthew C. Carlson				



DO NOT WISH TO SPEAK FORM

Registration	n Statement - <u>Co</u>	ommon Cour	ncil
Please Print		PLEASE PR	INT NAME CLEARLY
Agenda No. 64	+65		. ENC COBB
Please check one	•	AND	Please check:
Support Support	Dictalisation		Do not wish to speak
Oppose			
Neither Sup	port Nor Oppose	e	
(If you answered "no," So of who you represent and Name, address and teleping	d go on to the next question has number of each pers	olete the rest of the	is form. If you answered "yes," provide the name
Are you being paid for you appearing as part (If you answered "no," So question.)	rt of your other paid dutie	s for this person o	Yes No r organization? Yes No is form. If you answered "yes," go on to the next
II	ublic Hearing (Common of the street of the s	3 min	nutes

		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.)			
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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 ₋	oil	Signature Print Name Print Name			

Date: /- /8 - 2011



DO NOT WISH TO SPEAK FORM

Registration Statem	COMMITTEE	<u>ouricii</u>
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	Address	HAMANG PATEL 1110 SEMWOLE HWY MADISON, WI 53711
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support No	or Oppose	
At this meeting are you representing (If you answered "no," STOP ; you re of who you represent and go on to the Name, address and telephone number HAMMES COMPA	need not complete the rest e next question.) r of each person or organiz	of this form. If you answered "yes," provide the name
22 E. MIFFLII	N ST., SUITE	800, MADISON WI 53703
(608) 274-7		
Are you being paid for your represen	tation?	☐ Yes X No
Are you appearing as part of your oth (If you answered "no," STOP; you requestion.)		on or organization? \times Yes \to No of this form. If you answered "yes," go on to the next
Information F	ng (Common Council)5 Hearing3	3 minutes

Are you an eleother government	ected official or employed ental body?	e who is appear	ing solely on behalf o	f your office or for yo Yes	ur municipality or
	ed "yes" to the question, u answered "no" to the o			st of this form, except	that you must sign
If you are being that:	ng paid for your represen	ntation, or if yo	ur appearance is part	of other paid duties,	please be advised
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,	the City Clerk's websi he City-County Building,			ex.html or go to the	Clerk's Office at
Date	8-2011	Signature	41	f.H	
		Print Name	HAMANG	PATEL	



Date:	
-------	--

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name PETE STERN Address 1602 S Park St. Madison WIT 537
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Opp	pose
of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	mon Council)5 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.)		
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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: /-/8 - 20 //



DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Cou	<u>uncil</u>		
Please Print		PLEASE P	RINT NAME CLE	EARLY	
Agenda No. <u>あ</u> 好。	65	Name /	Eny Nelso 438 N. ST MADIS'ON	OCOCHION I	RD .
Please check o	ne:	AND	Please che	ck:	
Support			Do no	t wish to spe	ak
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	," STOP; you need no and go on to the next o	anization or a person of complete the rest of question.) The person or organization or organization.	this form. If you ans	wered "yes," pro	No No vide the name
Are you being paid fo	or your representation?	,		Yes] No
		d duties for this person of complete the rest of		Yes swered "yes," go] No on to the next
Speaking Limits:	Information Hearing	mmon Council)5 m g3 m 3 m	ninutes		

•	are 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.)					
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Date	Signature					
	Print Name					



Date: <u>/ 1/8 / /</u>

DO NOT WISH TO SPEAK FORM

Registrati	on Statement - ַ	Common C	Council			
Please Print		PLEASI	E PRINT NA	ME CLEA!	RLY	
Agenda No	4,65	Address	Kris Bei 5202 i Madisc	Monumo	nt Can	
Please check or	ne:	AND	Plea	ise check	. • . •	
Support	·		X	Do not v	wish to s	peak
Oppose						
Neither S	upport Nor Op	pose				
At this meeting are you (If you answered "no, of who you represent of whom, address and teless)	" STOP; you need not and go on to the next q	t complete the resi uestion.)	t of this form.	If you answe	red "yes," _[
A us you hairs raid for	. vova sommoomtotion?				□ Vas	□ No
Are you being paid for Are you appearing as part (If you answered "no, question.)	part of your other paid				☐ Yes ☐ Yes ered "yes,"	□ No
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		3 minutes			

	ther governmental body?					
	f you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign is form. If you answered "no" to the question, go on to the next question.)					
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Date	Signature					
	Print Name					



Date: 1/18/11

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement - ַ	Common Co	uncil		_
Please Print		PLEASE F	PRINT NAME CL	EARLY	
Agenda No	4.65	Name Address	JAMES T	JOHNSON S	
Please check o	ne:	AND	Please che	eck:	
Support Oppose			Do no	ot wish to speak	
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga," STOP; you need not and go on to the next questions of each	t complete the rest of uestion.)	this form. If you an	swered "yes," provide i	the name
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 not	duties for this person t complete the rest of	n or organization? Tthis form. If you an	Yes No No swered "yes," go on to	
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 n	ninutes		

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Date	Signature Print Name				



DO NOT WISH TO SPEAK FORM

Date: <u>/ - /8 - //</u>

Registration Statemen	t - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 64 + 65	Name KOSEMARY LEE Address III W WILCON #108 53703
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor	Oppose
(If you answered "no," STOP ; you need of who you represent and go on to the ne	organization or a person other than yourself: I not complete the rest of this form. If you answered "yes," provide the name ext question.) each person or organization you are representing:
Are you being paid for your representation	on?
Are you appearing as part of your other p	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

•	are 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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Date	Signature						
	Print Name						



Date:	1	/1	8/	11		

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Co	uncil		
Please Print		••••	PRINT NAME CLE	ARLY	
Agenda No	1+65		Michael End 718 Post Ro Madison WI	gelberge	
Please check o	ne:	AND	Please che	ck:	
Support			Do no	t wish to s	speak
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga ," STOP; you need no and go on to the next q lephone number of eac	t complete the rest of question.)	this form. If you ans		No provide the name
Are you being paid fo	or your representation?			Yes	No
	part of your other paid," STOP; you need no			☐ Yes swered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3 1	ninutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?				
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)				
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised				
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
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 the City-County Building, Madison, for more information.)				
Date/	Signature Print Name Michael Engelberger				



Date: _	ACCULATION OF THE PROPERTY OF	ý	(2,-	11
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DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Tom Benish Address S202 monument LP madison wi 63704
Please check one:	AND Please check:
Support Oppose	Do not wish to speak
 Oppose Neither Support Nor Op	pose
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question.)	I duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)	
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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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:	\perp	 18	 1	/

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	Council	
Please Print Agenda No. 64+65	PLEASE Name Address	EPRINT NAME CL TIM DeMIN 30) E. B. MADRON WI	EARLY Ter 14FF 53704
Please check one:	AND	Please che	eck:
Support		☐ Wisl	ı to Speak
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	complete the rest uestion.)	of this form. If you an	
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			Yes No Yes No swered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items			

(SEE BACK)

Are you an el other governn	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
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?
	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

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print			E PRINT NAME CLEA		•
Agenda No. <u>64</u>	a 65	Name Address	MAUREEN M 218 N PIN MADISON	LULRE KKNBY WE	15T 53763.
Please check the app	ropriate box:		Please check the	appropria	te box:
At this meeting are you (If you answered "no,	pport Nor Oppose ou representing an organizati "STOP; you need not compand go on to the next question	olete the res		to speak answer ques	DN0
Name, address and tel	ephone number of each pers	on or organ	ization you are representin	ng:	
Are you being paid fo	r your representation?			☐ Yes	
Are you appearing as	part of your other paid dutie. " STOP; you need not comp			☐ Yes	
Speaking Limits:	Public Hearing (Common of Information Hearing				

-		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 that:	are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
•		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 _	and the same of the same	Signature
		Print Name



Date: ///8///

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil	
Please Print	PLEASE	PRINT NAME CLEARLY	
Agenda No. 64465	Name _ Address _	Mark D. Hothman 1602 S Park St. Malisar, WT	
Please check one:	AND	Please check:	
Support		Wish to Spe	ak
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 question. Name, address and telephone number of each and the standard of t	complete the rest on the complete the rest of the complete the complet	of this form. If you answered "ye ation you are representing:	s," provide the name
Are you being paid for your representation?		☐ Ye	s No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need not question.)	duties for this perso complete the rest of	on or organization?	_
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes	

(SEE BACK)

Are you an elected official or employe other governmental body?	e who is appea	ring solely on behalf of your office or for your municipality or Yes No		
(If you answered "yes" to the question, this form. If you answered "no" to the		eed not complete the rest of this form, except that you must sign to the next question.)		
If you are being paid for your represe that:	ntation, or if y	our appearance is part of other paid duties, please be advised		
1. Before you engage in lowith the City Clerk.	obbying as a lo	bbyist, you or your principal must file an authorization		
2. Your principal is not p City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
	principal mus	nore than \$1,000 for lobbying services in any reporting t file expense statements with the City Clerk for the		
Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date	Signature	Mach D. Holdman		
·	Print Name	Mark 12- Holdmann		



Date: 1-18-11

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil
Please Print	OOMMITTEE	
	PLEASE	PRINT NAME CLEARLY
Agenda No. 64,65		STEVE BREITLOW 1602 5. PANK STREET
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Opp	pose	
of who you represent and go on to the next qu	complete the rest uestion.)	of this form. If you answered "yes," provide the name
Name, address and telephone number of each	-	. (198
		WUCK OF SOUTH CONTRAL WA
1602 S PARK S-	farament.	
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.)		on or organization? Yes No No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes

Are you an el other governn	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 are bei 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	Signature
	Print Name



Date:	
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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	Council		
Please Print	PLEASE	E PRINT NAME CLEARLY		
Agenda No	. Name Address	AMY Sapple 720 M. Aflind MADISON, WII		
Please check one:	AND	Please check:		
Support		Wish to Speak		
Oppose				
Neither Support Nor Oppose				
At this meeting are you representing an organization or a person other than yourself: Yes No (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:				
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.)		son or organization? Yes No of this form. If you answered "yes," go on to the next		
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	3 minutes		

(SEE BACK)

		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-	Signature Print Name My Jupple