

20945 Date: 1/18/11 AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statem	ent - Common Council COMMITTEE
	PLEASE PRINT CLEARLY
Agenda No. 65	Name Mike breon
Agenda No	Address 1.5. Pinckney, ste 700 Madison
Please check one:	AND Please check:
Support	✓ Available to answer
Oppose	questions
☐ Neither Support No	Oppose
	n organization or a person other than yourself: Yes No wed not complete the rest of this form. If you answered "yes," provide the name next question.)
Name, address and telephone number	of each person or organization you are representing:
Hamnes Co.	
22 E. Millin St., St. 800	
Madison 274-1447	
Are you being paid for your represen	tion? Yes No
	r paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the next
	(Common Council) 5 minutes earing

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	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:	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 Mike breen

Date: 1/18/2011



AVAILABLE TO ANSWER QUESTIONS FORM

Registratio	n Statement	Common Co	uncil		
J	_	COMMITTEE			
		PLEASE F	RINT CLEARLY		
1 -		Name	Motther C. Car	lom	
Agenda No. <u>65</u>		Address	1.5. Mudney	1 St. , Sur	to 700
			Madison, WI	53701	
Please check one	: :	AND	Please che	ck:	
Support			Availal	ble to ans	swer
Oppose			questic		
Neither Su	pport Nor Opp	ose			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not d go on to the next que whome number of each	complete the rest of uestion.) person or organizat	this form. If you ans	wered "yes,"	☐ No provide the name
22 E. Miffin.	St., Suit 800				
Date Miffin. Madison, MZ	53703 608	,-274-749		MANAGEM AND	
Are you being paid for y				Yes Yes	☐ No
Are you appearing as part (If you answered "no," a question.)	rt of your other paid of STOP; you need not	luties for this person complete the rest of	or organization? this form. If you ans	Yes wered "yes,"	☐ No ' go on to the next
I	Public Hearing (Common of Common of	3 m			

		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 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
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2	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	1/18	Signature Print Name Matthew C. Caulcon

Date: 1-18 - 2011



DO NOT WISH TO SPEAK FORM

Registration Statement -	Common C	<u>ouncil</u>	
Please Print		PRINT NAME CLEARLY	,
Agenda No. 65	Name	HAMANG PATE 1110 SEMINOLE MADISON, WI	HWY
Please check one:	AND	Please check:	
Support		Do not wis	h 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	nt complete the rest of question.) The person or organize the complete the complet	of this form. If you answered	Yes
HAMMES COMPAN)			
22 E. Mifflin Str	-eet, Suite	800, Madisa	M W1 5370
(608) 274 - 744 7	7		
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.)	l duties for this pers of complete the rest		Yes No No "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	<u> </u>	minutes	

ree who is appear	ing solely on behalf			r municipality or No
			, except th	hat you must sign
sentation, or if yo	our appearance is pa	rt of other paid	duties, p	lease be advised
lobbying as a lob	obyist, you or your p	rincipal must fi	le an auth	orization
permitted to auth	norize you to lobby	unless you are i	registered	with the
		<u>dex.html</u> or go	to the C	Clerk's Office at
Signature <	HAMANG	PATEL	arr.	
	n, STOP. You need a question, go on sentation, or if you lobbying as a lob permitted to authorize day or will owe menter principal must adar year? Site www.cityofmenter, Madison, for means a signature	n, STOP. You need not complete the equestion, go on to the next question, go on to the next question. Sentation, or if your appearance is particularly as a lobbyist, you or your permitted to authorize you to lobby do or will owe more than \$1,000 for the principal must file expense statementary year? Site www.cityofmadison.com/clerk/ingg , Madison, for more information.)	n, STOP. You need not complete the rest of this form a question, go on to the next question.) sentation, or if your appearance is part of other paid lobbying as a lobbyist, you or your principal must file permitted to authorize you to lobby unless you are reds or will owe more than \$1,000 for lobbying service a principal must file expense statements with the odar year? site www.cityofmadison.com/clerk/index.html or go g, Madison, for more information.)	dentation, or if your appearance is part of other paid duties, part of othe



Date: 01/18/11

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	uncil
Please Print		PRINT NAME CLEARLY
Agenda No. 64+65		J. ERIC COBB
Please check one:	AND	Please check:
Support		Do not 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 Borrowy (cash)	t complete the rest of question.) The person or organizat	this form. If you answered "yes," provide the name
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	l duties for this person t complete the rest of	Yes No n or organization? Yes No f this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 r 3 r 3 r	ninutes

	elected official or empl nmental body?	loyee who is appea	ring solely on behalf of your off	fice or for your municip Yes No	ality or
	vered "yes" to the quest you answered "no" to		eed not complete the rest of this joint to the next question.)	form, except that you m	ust sign
If you are that:	peing paid for your rep	resentation, or if y	our appearance is part of other	paid duties, please be	advised
1.	Before you engage with the City Clerk.		bbyist, you or your principal mu	ıst file an authorization	
2.	Your principal is no City Clerk.	ot permitted to aut	horize you to lobby unless you	are registered with the	
3.		the principal must	nore than \$1,000 for lobbying set file expense statements with		
	to the City Clerk's w If the City-County Build		nadison.com/clerk/index.html of nore information.)	r go to the Clerk's O	ffice at
Date 🦸 i	118/11	Signature	020		
2000		Print Name	P JOEPH G	BB	

Date: /- /8 - 20 //



DO NOT WISH TO SPEAK FORM

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 64	Name HAMANG PATEL Address 1110 SEMINOLE HWY MADISON, WI 53711
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Opp	oose
At this meeting are you representing an organi (If you answered "no," STOP ; you need not co of who you represent and go on to the next que Name, address and telephone number of each JAMMES COMPANY	
22 E. MIFFLIN ST	T., SUITE 800, MADISON WI 53703
(608) 274-7447	7
Are you being paid for your representation?	☐ Yes X No
Are you appearing as part of your other paid d (If you answered "no," STOP ; you need not a 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 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 his form. If you answered "no" to the question, go on to the next question.)				
If you are being p that:	paid for your representation, or if your appearance is part of other paid duties, please	e be advised		
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization the City Clerk.	ation		
	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	Signature Print Name HAMANG PATEC			



Date:

DO NOT WISH TO SPEAK FORM

Registration Statemen	t - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 64	Name PETE SIERN Address 1602 S Park St. (Madi-501) WIF 5371
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	(
Neither Support Nor	Oppose
At this meeting are you representing an a (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 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
	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 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.)		
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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

Registrati	on Statement -	Common Cou	ıncil	No. of the Control of	aliterior de aliano e Aldrico que de modelo 6.44%
Please Print		DI EASE DI	RINT NAME CLE	:ADIV	
Agenda No. <u>64</u> °	. 65		Erry Nelso 438 N. SI MADIS'ON		RD
Please check or	ne:	AND	Please che	ck:	
Support			Do no	t wish to sp	eak
Oppose					
Neither S	upport 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 o t complete the rest of t question.) th person or organizati	this form. If you ans		√ No ovide the name
Are you being paid fo Are you appearing as (If you answered "no, question.)	part of your other paid			☐ Yes [☐ Yes [swered "yes," go	No No on to the next
Speaking Limits:	Information Hearing	nmon Council)5 m	inutes		

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? Yes No			
1 4 4	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	Signature			
	Print Name			



Date:		7	63	1	1		
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DO NOT WISH TO SPEAK FORM

Registration Statemen	t - Common Council	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No. <u>64,65</u>	Name Kris Benish Address 5202 Magnest Lane MEdison WI 53704	
Please check one:	AND Please check:	
Support Oppose	Do not wish to speak	
Neither Support Nor	Oppose	
(If you answered "no," STOP; you need of who you represent and go on to the no	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the nat ext question.) each person or organization you are representing:	me
	on?	
Information Hea	Common Council)5 minutes ing	

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.)		
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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: 1/18/11

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLE	EARLY	
Agenda No	4-65		JAMES T		<u></u>
Please check o	ne:	AND	Please che	eck:	
Support Support			Do no	ot wish to spe	ak
Oppose			\		
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organ," STOP ; you need not and go on to the next of elephone number of each	ot complete the rest of question.)	f this form. If you an.	swered "yes," prov	No vide the name
					Ísta
Are you being paid to	or your representation?			☐ Yes 🏻	`
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? If this form. If you an	Yes X	
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	5 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.)			
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	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.) Signature			
- / I	Print Name			



Date:	1	18-1	4	
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DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. <u>64 + 65</u>	Name Kosemary Lee Address III W Wilson #108 53703
Please check one:	AND Please check:
Support Oppose	Do not wish to speak
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 not question.)	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.	mon Council)5 minutes

Are you an eleother government	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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Date	Signature		
	Print Name		



Date: 1/18/11

DO NOT WISH TO SPEAK FORM

Registrati	ion Statement -	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No	1+65		Michael End 718 Post Ra Madison WI	gelberger d	
Please check o	ne:	AND	Please che	ck:	
Support			Do not	t wish to spea	ak
Oppose					
Neither S	upport 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.)	f this form. If you ans		No ide the name
Are you being paid fo	or your representation?			∏ Yes 🏳	No
Are you appearing as	part of your other paid," STOP; you need no	I duties for this person	on or organization? of this form. If you ans	_ Yes ✓	No no to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		

Are you an e	lected official or employee mental body?	e who is appear	ing solely on beha	lf of your offic	e or for you Yes	ır municipality or ☑ No
	ered "yes" to the question, you answered "no" to the q				rm, except t	hat you must sign
If you are be that:	ing paid for your represen	ntation, or if yo	our appearance is p	part of other p	aid duties, p	please be advised
1.	Before you engage in low with the City Clerk.	bbying as a lob	byist, you or your	principal mus	t file an autl	norization
2.	Your principal is not pe 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?					
,	o the City Clerk's websit the City-County Building, I			index.html or	go to the (Clerk's Office at
Date/	1/10/11	Signature				Walded Commencer
		Print Name	Michael	Kngelo	erger	



Date:	A. COLORESTON	ė,	The second	8-	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 (P) mrd180N wi 63707	
Please check one:	AND Please check:	
✓ Support✓ Oppose✓ Neither Support Nor Op	Do not wish to speak	
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the nar	ne
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.)	d duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the new yes," go on to the new yes,"	?X1
Information Hearing.	nmon Council)5 minutes 3 minutes3 minutes	

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



WISH TO SPEAK FORM

Registra	tion Statement -	Common C	ouncil	
Please Print Agenda No.	+65	PLEASE Name Address	PRINT NAME CLEAR TIM DeMINTO 301 E. B14 MADRON WI	RLY FF 53704
Please check of	one:	AND	Please check	:
Support			Wish to	Speak
Oppose				
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	t and go on to the next q	complete the rest uestion.)	_	☐ Yes ☐ No red "yes," provide the name g:
Are you appearing as	or your representation? part of your other paid o, "STOP; you need not	•	•	☐ Yes ☐ No ☐ Yes ☐ No red "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing	3		

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 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:	1-1	8-	20	1)

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 MADISON	LULRI KKNEY WE	15T 53763.
Please check the app	ropriate box:		Please check the	e appropria	te box:
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to spea Do not wish Available to	to speak	tions
(If you answered "no,	ou representing an organiza " STOP; you need not con and go on to the next quest	nplete the res			No provide the name
Name, address and tel	ephone number of each per	rson or organ	ization you are representing	ng:	
Are you being paid fo	r your representation?			Yes	☐ No
	part of your other paid duti " STOP; you need not con			☐ Yes vered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Commor Information Hearing				

	elected official or employee who is appearing solely on behalf of your ornmental body?	office or for your municipality or Yes No	
	wered "yes" to the question, STOP. You need not complete the rest of the fyou answered "no" to the question, go on to the next question.)	s form, except that you must sign	
If you are that:	being paid for your representation, or if your appearance is part of other	er paid duties, please be advised	
1.	Before you engage in lobbying as a lobbyist, you or your principal with the City Clerk.	nust file an authorization	
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 period (half year), the principal must file expense statements wit remainder of the calendar year?		
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> of the City-County Building, Madison, for more information.)	or go to the Clerk's Office at	
Date	Signature		
	Print Name		



Date:/	//18/	///

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 64 + 65	Name Address	Mark D. Hoffmann 1602 S Park St Ma Disar, WT
Please check one:	AND	Please check:
Support Oppose Neither Support Nor Op	27060	Wish to Speak
of who you represent and go on to the next Name, address and telephone number of ear	ot complete the rest question.) ch person or organiz	of this form. If you answered "yes," provide the name
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this pers	Yes No son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	<u>;</u>	minutes

(SEE BACK)

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 t this form. If you answered		ed not complete the rest of this form, except that you must sign to the next question.)		
If you are being paid for y that:	our representation, or if yo	our appearance is part of other paid duties, please be advised		
•	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
2. Your princi City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
period (halt	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 Cl Room 103 of the City-Coun		nadison.com/clerk/index.html or go to the Clerk's Office at ore information.)		
Date	Signature	Made & Aff		
	Print Name	Mark 12- Hoddmana		



Date: 1-18-11

WISH TO SPEAK FORM

Registration Statement -	Common (Council
Please Print	PLEASI	E PRINT NAME CLEARLY
Agenda No. <u>64</u> , 65		STEVE BRETTOW 1602 5. PANK STREET
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	complete the rest	on other than yourself: Yes No tof this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organi	zation you are representing:
BULLDING + CONSTRUCTION	TRAPES	COULIC OF SOUTH CONTAL WE
1602 S PARK S-		
	1	
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 t of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- 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? 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 beithat:	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	Signature
	Print Name



Date:	
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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	COMMITTEE	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No	Name Address	AMY Supple 72 C M. IFL. W MADION, WIE
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
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 uestion.) person or organize	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)		on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes

(SEE BACK)

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 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.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
period (half ye	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date 1-18-11	Signature Print Name My Joph			