20963

Date:  $\frac{2/22/11}{2}$ 

### **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	PLEASE PRINT NAME CLEARLY					
Agenda No.	Name John Barber Address 417 W. Dayton St. # 404					
Please check the appropriate box:	Please check the appropriate box:					
Support Oppose Neither Support Nor Oppos	Wish to speak  Do not wish to speak  Available to answer questions					
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:						
	· · · · · · · · · · · · · · · · · · ·					
Are you being paid for your representation?	? Yes No					
	d duties for this person or organization?  Yes No ot complete the rest of this form. If you answered "yes," go on to the next					
Information Hearing	mmon Council)5 minutes g3 minutes					

•		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, <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 that:	are 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 ne City-County Building, Madison, for more information.)
Date _	2	Signature J. B. Barcher

Date: 2 22/11

### **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	PLEASE PRINT NAME CLEARLY
Agenda No.	Name SURBHI MADIA BARBI Address HIT WDAYTON ST. #4
Please check the appropriate box:	Please check the appropriate box:
of who you represent and go on to the next	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation	n? Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need requestion.)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
	ommon Council)5 minutes

		ected official or employe ental body?	e who is appear	ing solely on behalf of your office or for your municipality or Yes No
		ed "yes" to the question u answered "no" to the		ed not complete the rest of this form, except that you must sign to the next question.)
If you a that:	are bein	ng paid for your represe	entation, or if yo	our appearance is part of other paid duties, please be advised
	1.	Before you engage in l with the City Clerk.	obbying as a lob	obyist, you or your principal must file an authorization
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
	3.		principal must	ore than \$1,000 for lobbying services in any reporting 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	2/	22/11	Signature Print Name	SMBONDER SURRHI MADIA BARBER

Date: _	
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### **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	PLEASE PRINT NAME CLEARLY				
Agenda No.	Name Robert Lillegard Address 333 W. Midflin St. 19  Madison WF 53703				
Please check the appropriate box:	Please check the appropriate box:				
Support Oppose Neither Support Nor Oppose  Wish to speak Do not wish to speak Available to answer questions					
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," <b>STOP</b> ; 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:				
	Done				
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				

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	ered "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.)			
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			

Date: Lab 22, 2011

#### **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	PLEASE PRINT NAME CLEARLY
Agenda No.	Name MARY N. MOCAR  Address 333 Wed Neithin Statgozo  Made son WI 53703
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose  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	complete the rest of this form. If you answered "yes," provide the name estion.)
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not a question.)	luties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non Council)5 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?				
		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 that:	are 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?			
(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 _	Lob	22, 2011 Signature May UNOKOV  Print Name May UNOKOV			



Date: 2 2 1

# **WISH TO SPEAK FORM**

### **CITY OF MADISON**

Registration Statement -	COMMITTEE	ouncil	
Please Print  Anc Caugher (4)  Agenda No. Proporties  Myden A	PLEASE Name Address	EPRINT NAME CLEARL Lori May (6145. Or Madiso	Y Nor chard St W: 53719
Please check one:	AND	Please check:	
Support		Wish to	Speak
Oppose			
Neither Support Nor Op	ppose		
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest question.)	of this form. If you answered	Yes No d "yes," provide the name
Are you being paid for your representation?		Top or organization?	Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)			Yes No d "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	y		

-		ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?
		red "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 that:	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.
	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 _	2/3	Signature Di Maha
		/ D: 131 / / O / //// / 55



Please cancel no agreed able to answer quiston for Date: 2/27/11

MICH TO SPEAK FORM

# **WISH TO SPEAK FORM**

**CITY OF MADISON** 

Registration State	ement - <u>Common Co</u>	uncil	_
Please Print	PLEASE I	PRINT NAME CLEARLY	
Agenda No.	Name Address	Erik Poulson 616 G Daylor =	H 7
Please check one:	AND	Please check:	
Support	,	Wish to Spea	ak
At this meeting are you represent (If you answered "no," STOP; you of who you represent and go on to Name, address and telephone nur	ing an organization or a person ou need not complete the rest oj o the next question.)	this form. If you answered "yes	<del></del>
Are you being paid for your representations as part of your (If you answered "no," STOP; you question.)	r other paid duties for this perso		s No
	earing (Common Council)5		

(SEE BACK)

Other Items......3 minutes

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body?
	wered "yes" to the question, <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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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



# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Statement -	Common C	Council	
Please Print	PLEASE	PRINT NAME CI	_EARLY
Agenda No 니		1 1 -	ND AUE #2 WI 53705
Please check one:	AND	Please ch	eck:
Support		Wis Wis	sh to Speak
Oppose			
<b>⊠</b> Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next quality of the standard	t complete the rest uestion.)	of this form. If you a	nswered "yes," provide the name
PO BOX 3013 1008 \$259 9999	MADISO	N W( s	53704
Are you being paid for your representation?			☐ Yes   No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)			Yes No nswered "yes," go 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, <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:	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 a City-County Building, Madison, for more information.)
Date		Signature
		Print Name



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Date:		have have?		8	

# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registra	tion Statement -	COMMITTEE	Council	
Please Print  Agenda No.	<u></u>		EPRINT NAME CLEARLY  SCOTT HOLAR  333 W MIFFLIN H	<sup>L</sup> 90 Z
Please check the ap	ppropriate box:		Please check the appropriate box:	
Support Oppose		AND	Wish to speak	
Neither	Support Nor Op	pose		
(If you answered "n of who you represen	no," <b>STOP;</b> you need no. nt and go on to the next q	t complete the rest question.)	son other than yourself: Yes No st of this form. If you answered "yes," provide the nization you are representing:	name
Are you appearing a	for your representation?  as part of your other paid  on "STOP: you need no	l duties for this per	☐ Yes ☐ No erson or organization? ☐ Yes ☐ No st of this form. If you answered "yes," go on to the	e next
question.) Speaking Limits:	Public Hearing (Con	nmon Council)	5 minutes	
	Information Hearing Other Items			

-	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, <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.)
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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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 fall the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 2/27

# **WISH TO SPEAK FORM**

### **CITY OF MADISON**

Registration State	ment - Common Co	ouncil
Please Print  Agenda No.	PLEASE F	PRINT NAME CLEARLY Michael Stucker
Please check one:	AND	Please check:
Support		Wish to Speak
<b>Oppose</b>		
Neither Support N	Nor Oppose	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to what Name, address and telephone numbers of the state of	u need not complete the rest of the next question.) ber of each person or organizat	f this form. If you answered "yes," provide the name
Are you being paid for your repres		☐ Yes ☐ No
Are you appearing as part of your of (If you answered "no," STOP; you question.)	other paid duties for this person u need not complete the rest of	on or organization? Yes No  If this form. If you answered "yes," go on to the nex
	ring (Common Council)5 r n Hearing3 r	

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, <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 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:	<i></i>
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# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration S	tatement - <u>Common Council</u>
•	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
d	Name Hannah Somers
Agenda No.	Name Hannah Somers  Address 821 W. Johnson St.
	Madison, W1 53706
Please check the appropri	te box: Please check the appropriate box:
Support	AND Wish to speak
<b>Oppose</b>	Wish to speak
Neither Supp	ort Nor Oppose
At this meeting are you represent and good who you represent and go	esenting an organization or a person other than yourself: Yes No No P; you need not complete the rest of this form. If you answered "yes," provide the name on to the next question.)
Name, address and telephor	e number of each person or organization you are representing:
	ents of Madison - legislative Affairs Committee
333 Fast Ca	
Are you being paid for your	representation?
Are you appearing as part o (If you answered "no," STO question.)	your other paid duties for this person or organization? Yes No P; you need not complete the rest of this form. If you answered "yes," go on to the next
Info	c Hearing (Common Council)5 minutes mation Hearing

•		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, <b>STOP.</b> 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 anthat:	re bein	g 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 e City-County Building, Madison, for more information.)
Date	422	Signature Hannah Somers
		Print Name Hannah Somers



Date: 2/2///

# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registrat	ion Statement	Common Counc	<u>;il</u>	
Please Print  Agenda No.		PLEASE PRIN Name Ric Address Roo	IT NAME CLEARL K BROVCHWA W: CWASH &	14(V) 267
Please check the ap	propriate box:		Please check the ap	propriate box:
Support Oppose		AND	Wish to	speak
Neither S	Support Nor Opp	pose		
(If you answered "no of who you represent	o," <b>STOP;</b> you need not t and go on to the next qu	nization or a person other complete the rest of this uestion.)  n person or organization	form. If you answered	☐ Yes ☐ No d "yes," provide the name
	Siophone names of case			
Are you being paid f	or your representation?			Yes No
Are you appearing as (If you answered "no question.)	s part of your other paid o, "STOP; you need not	duties for this person or complete the rest of this		Yes No ed "yes," go on to the next
Speaking Limits:	Information Hearing.	mon Council)5 minu 3 minu 3 minu	tes	

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	red "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 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:  $\frac{2/22/11}{}$ 

# WISH TO SPEAK FORM

## **CITY OF MADISON**

Registration Statement -	Common Council
3	COMMITTEE
Agenda No.	PLEASE PRINT NAME CLEARLY  Name Sawn Polstein  Address 925 Fahrenbrook Ct, #233  Madison, WI 53715
Please check the appropriate box:	Please check the appropriate box:
Support	AND Wish to speak
<b>Oppose</b>	
Neither Support Nor Op	opose
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of ear Associated Students	ch person or organization you are representing:
Associated Students 333 East Campus M	1al (
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?  Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

	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, <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 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:  $Q - QQ - \psi$ 

# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Statemen	t - <u>Common Council</u>
3	COMMITTEE
Please Print  Agenda No.	PLEASE PRINT NAME CLEARLY  Name KOSEMARY LEE  Address 111 W WILSON  53703
Please check the appropriate box:	Please check the appropriate box:
Support Oppose	AND Wish to speak
Neither Support Nor	Oppose
(If you answered "no," <b>STOP</b> ; you nee of who you represent and go on to the n	organization or a person other than yourself:  Yes  No d not complete the rest of this form. If you answered "yes," provide the name ext question.)  f each person or organization you are representing:
Are you being paid for your representat	ion? Yes No
Are you appearing as part of your other (If you answered "no," STOP; you nee question.)	paid duties for this person or organization? Yes No d not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	Common Council)5 minutes uring

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "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.)
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



Date:	2-22	- //
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# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registra	tion Statement	COMMITTEE	uncil		
Please Print  Agenda No.		PLEASE I  Name  Address	PRINT NAME Kode Ro 409 W. Madisor	obertson Mifflin St	<u>+</u>
Please check the ap		AND	Please ch	eck the appropriat	
At this meeting are (If you answered "n	Support Nor Opp  you representing an organi to," STOP; you need not on that and go on to the next que	ization or a person complete the rest o	other than your	self:	∐No
	telephone number of each		ition you are rep	resenting:	
Are you appearing a	for your representation?  as part of your other paid do  so," <b>STOP</b> ; you need not o	luties for this perso	on or organizatio		No No on to the next
(If you answered "n question.)  Speaking Limits:	Public Hearing (Comn Information Hearing Other Items	non Council)5	minutes minutes	ч иножегей уев,	go on to the next

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	red "yes" to the question ou answered "no" to the		red not complete the rest of this form, except that you must sig to the next question.)	n
If you are beinthat:	ng paid for your represe	entation, or if yo	our appearance is part of other paid duties, please be advise	d
1.	Before you engage in l with the City Clerk.	obbying as a lol	bbyist, you or your principal must file an authorization	
2.	Your principal is not p City Clerk.	permitted to auth	horize you to lobby unless 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?			
	the City Clerk's webs he City-County Building		nadison.com/clerk/index.html or go to the Clerk's Office a nore information.)	ıt
Date <u>2-2</u>	2-11	Signature	MA Mat	
		Print Name	Kate Robertson	



Date:	
-------	--

# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registratio	on Statement	COMMITTEE	ouncil		
Please Print			PRINT NAME C	LEARLY	
Agenda No.		NameAddress	LOSA WE MADISON,	THAIN O	
Please check the appro	opriate box:		Please chec	k the appropriate	e box:
Support  Oppose		AND	Wis	sh to speak	
Neither Su	pport Nor Opp	ose			
At this meeting are you (If you answered "no," of who you represent an	STOP; you need not	complete the rest	n other than yourse of this form. If you	lf: Yes answered "yes," p	No provide the name
Name, address and telep	-				
THE DESIGN	N BUND LÉ	34 WEST M	and Mai	DIEM	
Are you being paid for	your representation?			Yes	□No
Are you appearing as pa (If you answered "no," question.)	art of your other paid of STOP; you need not	duties for this pers complete the rest	on or organization of this form. If you	Yes answered "yes,"	$\square$ No go on to the next
	Public Hearing (Communication 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, <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 that:	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.
	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 _	21	2.1 Signature fattoria
		Print Name / Jailer Estato



Date:	
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# **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Statement	COMMITTEE	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	Name Address	TIM KRITTER 634 W. MADISON, W. 63703
Please check the appropriate box:		Please check the appropriate box:
Support  Oppose	AND	Wish to speak
Neither Support Nor Opp	oose	
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organi	zation you are representing:
Who Deshar true	> 1/40	
634 W. MAIA	67	
MADIMOH, W	53703	
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)	duties for this per complete the rest	son or organization? Yes No No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing.		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality other governmental body?	OI
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must s this form. If you answered "no" to the question, go on to the next question.)	ign
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advi-	sed
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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office Room 103 of the City-County Building, Madison, for more information.)	at
Date 222 11 Signature	
Print Name TMOTHY J. PRITER	



Date:	_
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# **WISH TO SPEAK FORM**

### **CITY OF MADISON**

Registrat	ion Statement -	Common Co	uncil	
Please Print			PRINT NAME CLEAR	
Agenda No	4	Name Address	914 WOST.	Shor Drive M 53715
Please check the app	propriate box:		Please check the a	ppropriate box:
Support Oppose		AND	Wish to	speak
Neither S	Support Nor Op	ppose		
(If you answered "no of who you represent	o," <b>STOP;</b> you need no t and go on to the next o	ot complete the rest o question.)		ed "yes," pròvide the name
Name, address and to	elephone number of eac	ch person or organiza	tion you are representing	:
Are you being paid for	or your representation?	•		Yes No
Are you appearing as (If you answered "no question.)	s part of your other paid o, " <b>STOP;</b> you need no	d duties for this person ot complete the rest o	n or organization? f this form. If you answer	☐ Yes ☐ No red "yes," go on to the next
Speaking Limits:	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?  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:	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	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:	
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# **WISH TO SPEAK FORM**

### **CITY OF MADISON**

Registra	tion Statement	Common C	Council			
Please Print  Agenda No. HOVS	p ParêN14020 UNG Proyet	PLEASI Name Address	EPRINT NA LARRY 366 W MAO, SIN	ME CLEARL WAYMAN WASHING	/	R #20,
Please check	one:	AND	Plea	se check:		
Support	•		\	Wish to S	Speak	
<b>Oppose</b>						
Neither !	Support Nor Opp	ose				
(If you answered "n of who you represen	you representing an organ o," STOP; you need not of and go on to the next quelephone number of each	complete the rest vestion.)	of this form. I	If you answered	] Yes l "yes," prov	] No vide the name
Are you being paid f	or your representation?				] Yes 💹	No
	s part of your other paid of o," STOP; you need not o				] Yes \[\square\] d "yes," go d	No In to the next
Speaking Limits:	Public Hearing (Comn Information Hearing		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, <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.)		
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		

Date: 2-22-11



# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name TAMES STOPPLE  Address 1202 Regent ST.  MADISON, W/ SSDIS
Please check one:	AND Please check:
<b>Support</b>	Do not wish to speak
Oppose	•
Neither Support Nor O	ppose
(If you answered "no," <b>STOP</b> ; you need n of who you represent and go on to the next	ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question.)  such person or organization you are representing:
Are you being paid for your representation	? ☐ Yes ☑ No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

Are you an elected official or empother governmental body?	yee who is appearing solely on behalf of your o	ffice or for your municipality or  Yes No	
(If you answered "yes" to the ques this form. If you answered "no" to	on, <b>STOP.</b> You need not complete the rest of this ne question, go on to the next question.)	form, except that you must sign	
If you are being paid for your repthat:	esentation, or if your appearance is part of othe	r paid duties, please be advised	
1. Before you engage with the City Clerk	n lobbying as a lobbyist, you or your principal m	ust file an authorization	
<ol> <li>Your principal is n City Clerk.</li> </ol>	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
period (half year),	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 v Room 103 of the City-County Build	bsite <u>www.cityofmadison.com/clerk/index.html</u> ng, Madison, for more information.)	or go to the Clerk's Office at	
Date	Signature		
	Print Name		



Date:		

# DO NOT WISH TO SPEAK FORM

### CITY OF MADISON

Registration Sta	tement - Common Co	ouncil
Please Print  Agenda No.	PLEASE Name Address	PRINT NAME CLEARLY  Utpul  417 N Dayton St.  Maddon NI
Please check one:	AND	Please check:
<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support</li></ul>	t Nor Oppose	Do not wish to speak
(If you answered "no," <b>STOP</b> ; of who you represent and go on	nting an organization or a person you need not complete the rest of to the next question.)  umber of each person or organiza	f this form. If you answered "yes," provide the name
	ur other paid duties for this perso	☐ Yes ☐ No  n or organization? ☐ Yes ☐ No  f this form. If you answered "yes," go on to the next
Informat	learing (Common Council)5 1 ion Hearing	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 this for	answere m. If you	ed "yes" to the question, <b>ST</b> o u answered "no" to the ques	<b>OP.</b> You nee stion, go on t	ed not complete the rest of this form, except that you musto the next question.)	st sign
If you that:	are bein	ng paid for your representati	ion, or if you	ur appearance is part of other paid duties, please be a	dvised
	1.	Before you engage in lobby with the City Clerk.	ying as a lob	byist, you or your principal must 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 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 _	2/2	<b>\$</b>	ignature rint Name	All Offine Dhrove	

Date: 2/2/1/



# DO NOT WISH TO SPEAK FORM

### CITY OF MADISON

Registrat	ion Statement - ַ		ouncil	
Please Print		COMMITTEE		
1 louse I line			PRINT NAME CLE	
		Nama	Jake Behren	5 instan #1213 53703
Agenda No		name	260 14 1/01	· ( #11/2
Agenda 110.		Address	360 W. Wesh	ing ton #1013
		-	Madison Lit	53703
Please check of	ne:	AND	Please chec	ek:
Support			Do not	wish to speak
Oppose				
Neither S	upport Nor Op	pose		r - r
	•			
(If you answered "no, of who you represent	" STOP; you need not and go on to the next q	t complete the rest uestion.)		vered "yes," provide the name
	•		zation you are representi	ng:
Joka Belike		hara Bac		
	36	so w. Wa	shington #10 -648>	113
	6	08 576	-648>	
Are you being paid fo	r your representation?			Yes No
	part of your other paid "STOP; you need not	_	<del>-</del>	Yes INO wered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes	

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?		
	wered "yes" to the question, <b>STOP.</b> 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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	o 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  Signature  J. K. B. kr.,		



Date:	2/22	
-		

# DO NOT WISH TO SPEAK FORM

### **CITY OF MADISON**

Registrati	on Statement -	Common Co	uncil		
Please Print  Agenda No.			PRINT NAME CLEAD Lachel ICI 409 W. 1 Madisan	RLY Mispl Wif	in
Please check or	ne:	AND	Please check	<b>.</b>	53705
Support			Do not v	wish to	speak
<b>Oppose</b>					
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need no and go on to the next of	nnization or a person t complete the rest of question.)	other than yourself:  f this form. If you answe tion you are representin		☐ No ' provide the name
Are you being paid for	r your representation?	10(14(10		☐ Yes	√No
Are you appearing as j	part of your other paid		n or organization? f this form. If you answe	☐ Yes	□ No
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3 1	ninutes		

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answer this form. If yo	red "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 are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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(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.)		
Date2	122/11 Signature Racuel Klaver		