

Date:	4	1	9	1	1	· ·	
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Registrati	on Statement -	Common Cou	ıncil		
Please Print  Agenda No.	i 5	PLEASE P Name Address	RINT NAME CLEA 1/VIA N 5/8 BSUY Madison	ARLY 1055 MWOOC WI 5:	10R 3716
Please check or	ne:	AND	Please chec	ek:	
Support Support			Do not	wish to s	peak
<ul><li>Oppose</li><li>Neither S</li></ul>	upport Nor Op	ppose			
(If you answered "no, of who you represent	" <b>STOP;</b> you need no and go on to the next	anization or a person on the complete the rest of a question.)  The person or organization is a person or organization.	his form. If you answ		No provide the name
		1 0			
Are you being paid fo	r your representation?	)		Yes	⊠No
		d duties for this person of complete the rest of		☐ Yes wered "yes,"	
Speaking Limits:	Information Hearing	mmon Council)5 m g3 m 3 m	inutes		

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?
, , ,	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
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	Signature
	Print Name



Date: 19 April 2011

## DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 95 + 96	Name Dan Rolls Address 2805 Oakvidge Ave Madison 53704
Please check one:	AND Please check:
<b>Support</b>	Do not wish to speak
Oppose	
Neither Support Nor O	ppose
At this meeting are you representing an orgal (If you answered "no," <b>STOP</b> ; you need no f 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 ea	ach person or organization you are representing:
Are you being paid for your representation	? Yes No
Are you appearing as part of your other part (If you answered "no," <b>STOP</b> ; you need n question.)	id duties for this person or organization? Yes No No cot complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	mmon Council)5 minutes g3 minutes3 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 bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date _	19 A	Print Name  Print Name  Print Name



Date:	4//	9/11	
		7	

Registration S	tatement - Common C	Council			
Please Print	PLEASE	PLEASE PRINT NAME CLEARLY			
Agenda No. 495	Name Address	KORIE ÖLSEN			
Please check one:	AND	Please check:			
Support Oppose	٠.	Do not wish to speak			
Neither Suppo	ort Nor Oppose				
(If you answered "no," STO of who you represent and go	P; you need not complete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the name zation you are representing:			
Are you appearing as part of	representation?  your other paid duties for this per	Yes No			
		of this form. If you answered "yes," go on to the next			
Inform	c Hearing (Common Council) mation Hearing	3 minutes			

Are you an elother government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?			
(If you answe this form. If y	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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	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 2//	Signature Signature Signature Olsen  Print Name LORIE Olsen			





Registration	n Statement	Common Co	uncil		
		COMMITTEE			
Please Print		DIFACE		ADI V	
Agenda No.	5	NameAddress	PRINT NAME CLEA Christie 2821 Wa Madison	Still Vous Street	Mar. 1
Please check on	e:	AND	Please chec	k:	
Support			Do not	wish to speak	
Oppose			V 1/2		
Neither Su	ipport Nor Opp	oose			
At this meeting are you (If you answered "no," of who you represent as Name, address and tele	STOP; you need not nd go on to the next qu	complete the rest of uestion.)	this form. If you answ	Yes No Pered "yes," provide the i	name
				·	
Are you being paid for	your representation?			☐ Yes ☐ No	
Are you appearing as partial (If you answered "no," question.)				Yes No vered "yes," go on to the	next
	Public Hearing (Comr Information Hearing Other Items	3 r	ninutes		

Are you an e		ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body?				
	ered "yes" to the question you answered "no" to the			f this form, except that	t you must sign	
If you are be that:	ing paid for your represe	ntation, or if yo	our appearance is part of	other paid duties, plea	ase be advised	
1.	Before you engage in lowith the City Clerk.	obbying as a lob	byist, you or your princip	oal must file an author	ization	
2.	Your principal is not p City Clerk.	ermitted to auth	orize you to lobby unless	you are registered w	ith the	
3.		principal must	ore than \$1,000 for lobby file expense statements	-		
, –	o the City Clerk's websi the City-County Building,			<u>'ml</u> or go to the Cle	rk's Office at	
Date	19/2011	Signature Print Name	Miste	Kiep		



Date: 4/19/19011

# DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Co	ouncil
Please Print	PLEASE F	PRINT NAME CLEARLY
Agenda No.	Name /- Address _(	triel TORD 013 N. Hidvale #3 Madison, WI 53705
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor O	ppose	
At this meeting are you representing an or (If you answered "no," STOP; you need no f who you represent and go on to the next	not complete the rest of	other than yourself:  Yes  No  No f this form. If you answered "yes," provide the name
Name, address and telephone number of e	ach person or organiza	tion you are representing:
Are you being paid for your representation	1?	☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," <b>STOP</b> ; you need a question.)		on or organization?
Information Hearin	ommon Council)5 r ng3 r 3 r	minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?			
100		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	are bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at an e City-County Building, Madison, for more information.)			
Date _	4	Dril 19, 2011 Signature  Print Name  Ariel Ford			



Date: .	41	19	1	
				,

Registrati	ion Statement -	COMMITTEE	uncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	and the same of th
Agenda No. <u>95</u>		Name Address	Aprile Wice 4809 Spl Madisen	theby I ent Il	lavers oad 53718
Please check o	ne:	AND	Please chec	ck:	
Support			L Do not	t wish to s	speak
Oppose					
Neither S	upport Nor Op	opose			
At this meeting are you (If you answered "no, of who you represent Name, address and te	." <b>STOP;</b> you need no and go on to the next	ot complete the rest of question.)	f this form. If you ansv		□ No provide the name
Are you being paid for	r your representation?	?		Yes	☐ No
Are you appearing as (If you answered "no, question.)				☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Information Hearing	mmon Council)5 g3	minutes		

Are you an election	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 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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	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: 4/19/2011

# DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	ouncil		
Please Print  Agenda No. 95		Name _/			
Please check or  Support	ie:	AND	Please ch		
<ul><li>☐ Oppose</li><li>☐ Neither S</li></ul>	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent a Name, address and tel	" STOP; you need not and go on to the next q	t complete the rest of uestion.)	f this form. If you ar	nswered "yes," provide the no	<i>ате</i>
	part of your other paid			☐ Yes ÆNo ☐ Yes ÆNo nswered "yes," go on to the r	
question.) Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		

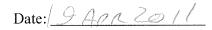
Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the 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:	

Registrati	on Statement -	Common Co	uncil		
Please Print		PLEASE F	PRINT NAME CLE	ARLY	
Agenda No. <u>75</u>		Name Address	TERRICO 19660, Modisa	5 EN IN 14 PM 19, WI	i Cazz
Please check or	ne:	AND	Please chec	ek:	
Support			Do not	t wish to s	speak
Oppose					
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of what, address and telescopic and telescopi	" <b>STOP;</b> you need not and go on to the next q	t complete the rest of vuestion.)	this form. If you ansv		No provide the name
				□ V	Mina
Are you being paid for	•			Yes	KATINO
Are you appearing as partial (If you answered "no, question.)				Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing) Other Items	3 r	ninutes		

<ul> <li>(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.)</li> <li>If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: <ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> <li>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?</li> </ol> </li> <li>(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)</li> </ul>			ected official or employee nental body?	e who is appeari	ng solely on behalf of you	r office or for you	ur municipality or
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.  2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.  3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?  (Please go to the City Clerk's website <a href="www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date Signature						his form, except t	hat you must sign
with the City Clerk.  2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.  3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?  (Please go to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date Signature	•	are bei	ng paid for your represer	ntation, or if yo	ur appearance is part of of	ther paid duties,	please be advised
City Clerk.  3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?  (Please go to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date Signature		1.		bbying as a lob	byist, you or your principa	l must file an aut	horization
period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?  (Please go to the City Clerk's website <a href="www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date Signature		2.		ermitted to author	orize you to lobby unless	you are registered	d with the
Room 103 of the City-County Building, Madison, for more information.)  Date Signature		3.	period (half year), the	principal must			
						<u>ıl</u> or go to the	Clerk's Office at
Print Name	Date _			Signature			
				Print Name			





### **CITY OF MADISON**

Registrati	on Statement -	Common Co	uncil		
Please Print		COMMITTEE			
1 lease 1 lint		PLEASE P	RINT NAME CLI	EARLY	
Agenda No			7. C 134 E. MIF 53703		muc.
Please check or	ne:	AND	Please che	eck:	
<b>Support</b>			Do no	ot wish to s	speak
Oppose					
Neither S	upport Nor Op	nose			
At this meeting are yo (If you answered "no, of who you represent a Name, address and tel	" <b>STOP;</b> you need no and go on to the next of	t complete the rest of question.)	this form. If you an	swered "yes," j	No provide the name
Are you being paid for	r your representation?			Yes	☐ No
Are you appearing as j (If you answered "no, question.)				Yes swered "yes,"	☐ No go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 n 3 n 3 n	ninutes		

(SEE BACK)

Are you an el other governr	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.)
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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: 92011

## DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	ouncil	
Please Print		PLEASE	PRINT NAME CLE	EARLY
Agenda No1		Name _ Address _	······································	: Raberts ycavyore Ave Son W15371
Please check or	ne:	AND	Please che	ck:
Support			Do no	t wish to speak
Oppose				
Neither S	upport Nor Op	pose		
of who you represent a Name, address and tel	" <b>STOP;</b> you need no and go on to the next	ot complete the rest of question.) ch person or organiza	f this form. If you ans	☐ Yes ☑ No wered "yes," provide the nam ting:
			·	
Are you being paid for	r your representation?	)		Yes 🛮 No
Are you appearing as (If you answered "no, question.)				☐ Yes ☐No swered "yes," go on to the nex
Speaking Limits:	Information Hearing	mmon Council)5 g3	minutes	

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes X 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.)
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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 <u>of /</u>	9/1 Signature Julie A. McRoberts  Print Name Tielle A. McRoberts



Date:	
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Registration State	ment - Common Council		
Please Print	PLEASE PRINT NAME CLEARLY		
Agenda No	Name JOYCE THOMPSON Address 408 MEHMDERUDODDE  OPEGON WI 53575		
Please check one:	AND Please check:		
Support	Do not wish to speak		
Oppose			
Neither Support Nor Oppose			
(If you answered "no," <b>STOP</b> ; yo of who you represent and go on to	ng an organization or a person other than yourself:  Yes No u need not complete the rest of this form. If you answered "yes," provide the name the next question.)  ber of each person or organization you are representing:		
MPSEA - IN SUPPORT OF MPSEA			
Are you appearing as part of your	sentation?		
	u need not complete the rest of this form. If you answered "yes," go on to the next		
Informatio	ring (Common Council)5 minutes n Hearing		

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, <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.)	
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Date	Signature	
	Print Name	