

Date: 6 - 7 - 11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	ouncil		·
Agenda No. 21856	PLEASE Name Address		CLEARLY Johnson Jorthport Dr n, W15370	1
Please check one:	AND	Please	check:	
Support Support		\sqrt{V} \text{V}	Vish 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 yo	ou answered "yes,"	No provide the name
Are you being paid for your representation	?		☐ Yes	Į∐ No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)				No go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are bothat:	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 Joseph John Son



Date:	

WISH TO SPEAK FORM

CITY OF MADISON

Registrat	tion Statement - ַ	COMMITTEE	Council			***************************************
Please Print Agenda No.	21856			ME CLEARI		>
Please check of	one:	AND	Plea	se check:		
Support Oppose				Wish to	Speak	
	Support Nor Op	pose				
(If you answered "no of who you represent	ou representing an orga o, " STOP; you need not t and go on to the next q elephone number of each	complete the rest uestion.)	of this form.	If you answere	ed "yes," p	No provide the name
Are you appearing as	or your representation? s part of your other paid o, " STOP; you need not				☐ Yes ☐ Yes	No No go on to the next
question.) Speaking Limits:	Public Hearing (Com Information Hearing.	***************************************	3 minutes			

(SEE BACK)

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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	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>6-7</u>	X
	Print Name DALE A (0)ELLS



Date: 6/7/1/ Date: 6/7/1

AVAILABLE TO ANSWER QUESTIONS FORM

Madison

Registrat	tion Statement	Common C	ouncil		
		PLEASE	PRINT CLEARLY		
	t -t	Name	Jason W.	ells	
Agenda No.	856-48	Address	3626 At	wood	Ave.
J			Madison, u		2
Please check of	one:	AND	Please che	ek:	
Support			Availal	ble to ans	swer
Oppose			questic	ons	
Neither S	Support Nor Op	pose			
(If you answered "no	ou representing an organ o," STOP; you need not thand go on to the next qu	complete the rest		☐ Yes wered "yes,"	No provide the name
Name, address and to	elephone number of each	n person or organiz	ation you are represent	ing:	
Are you being paid for	or your representation?			☐ Yes	☐ No
	part of your other paid o," STOP; you need not			☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing	3			

•		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, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you a that:	are beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at a clerk's Clerk's Clerk's Office at a clerk's
Date _	6/	Signature Jason Wells Print Name Jason (Wells
		Print Name Joson Wells



AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registra	ation Statement -	Common Co	uncil		
Agenda No 📿	1856/#8		PRINT CLEARLY FINANCIA X 5312 La 12 Made 25	itenterger e Mendofa M W153	0x 70
Please check	one:	AND	Please che	ck:	
Support	t ·		Availa	ble to answer	
Oppose			questio	ons	
Neither	Support Nor Op	pose			
(If you answered "r of who you represer	you representing an organo," STOP; you need not and go on to the next question telephone number of each	t complete the rest of question.)	this form. If you ans		e name
Are you appearing a	for your representation? as part of your other paid no, "STOP; you need not			☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to to	he next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 n	ninutes		

	ected official or employee who is appearing solely on behalf of your office or for your municipality of tental body?
(If you ans this form. I	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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(Please go Room 103 (the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office a he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



AVAILABLE TO ANSWER QUESTIONS FORM

Madison

Registra	tion Statement -	COMMITTEE	ouncil		
		PLEASE	PRINT CLEARLY	<i>(</i>	
		Name	Paul S	wzlaci	redel
Agenda No.	21850	Address	6016W	2 Hu	444
		_	Markes	an, WI	= 53946
Please check	one:	AND	Please ch	eck:	
Support			Avail	able to ans	swer
Oppose			quest	ions	
At this meeting are y (If you answered "n of who you represen	Support Nor Op you representing an orga o," STOP; you need not t and go on to the next q elephone number of each	nization or a persor t complete the rest o	of this form. If you ar	nswered "yes,"	No provide the name
Are you appearing a	For your representation? s part of your other paid o, "STOP; you need not			☐ Yes ☐ Yes nswered "yes,"	No No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing.	3			

•		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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Date _		Signature
		Print Name



Date: 6/7/2011 AVAILABLE TO ANSWER QUESTIONS FORM Madison

CITY OF MADISON

Registra	tion Statement -	Common Co	uncil		
Agenda No. 2	856/*8	PLEASE I Name 1 Address	PRINT CLEARLY Page 19 Voc Sun Prairi	wicki St. e 53590	
Please check	one:	AND	Please chec	ek:	
Support			Availal	ole to answer	
Oppose			questio	ons	
Neither !	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orga o," STOP; you need no t and go on to the next q elephone number of eac	t complete the rest of question.)	this form. If you answ	Yes No No vered "yes," provide the noting:	ame
			:		
, 0,	or your representation?			∐ Yes ∐ No	
	s part of your other paid o, "STOP; you need not			∐ Yes ∐ No wered "yes," go on to the 1	next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3 r	ninutes		

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	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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