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| Date: | 7 | [5] | () | |
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| Registration Statement | COMMITTEE | Council | | - | ****** |
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| Please Print | | E PRINT NAI | | | |
| Agenda No. # 23 C# 29 | Name Address | Mana Yol U | reen 11500 dison | Busal nsin n (w. | lauhi I 53703 |
| Please check one: | AND | Plea | se chec | k: | |
| □ Support | | | Wish 1 | to Speak | |
| Oppose | | | | | |
| Neither Support Nor Opp | • | pport-tgino | | | |
| 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 qu | complete the rest | on other than y of this form. 1 | ourself: If you answ | Yes vered "yes," | ☐ No provide the name |
| Name, address and telephone number of each | • | zation you are | representi | ng: | |
| Health First wit | | | | | |
| 401 Wisconsin | Ave | | | | |
| madison WI | 5370 | 3 | | | |
| 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 per complete the rest | son or organiz | zation? <i>If you ans</i> м | Ves wered "yes," | ☐ No 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? Yes No |
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| | | 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.) |
| 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 the City-County Building, Madison, for more information.) |
| Date _ | 7/5 | Signature Maner Musulachi, Print Name Mauren Busalaculi |
| | | 111111111111111111111111111111111111111 |



Date:

WISH TO SPEAK FORM

| Registration Statement - | Common C | Council |
|--|---|--|
| Please Print | PLEASE | E PRINT NAME CLEARLY |
| Agenda No. 23 | Name Address | Dame Macorula, 1213 Bester 37#3 Marisin W 5370; |
| Please check one: | AND | Please check: |
| □ Support | | Wish to Speak |
| Oppose | | |
| Neither Support Nor Op | pose | |
| of who you represent and go on to the next Name, address and telephone number of ear | ot complete the rest question.) | t of this form. If you answered "yes," provide the name |
| Are you being paid for your representation? | } | ☐ Yes No |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.) | d duties for this per ot complete the rest | rson or organization? Yes No t of this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Con Information Hearing Other Items | g | .3 minutes |

| - | | ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No |
|-----------------|----------|--|
| | | red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.) |
| If you that: | are 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 he City-County Building, Madison, for more information.) |
| Date _ | | Signature Jami MoCoccell Print Name James McCoccell |



| | 7/5/11 | |
|-------|--------|--|
| Date: | 1/0/10 | |

| Registration Stateme | ent - Common Co | ouncil |
|--|--|--|
| Please Print Agenda No. 23 | PLEASE Name Address | PRINT NAME CLEARLY Leland Pan 7213 Knoll Ct, Middleton |
| Please check one: | AND | Please check: |
| Support | | Wish to Speak |
| Oppose | | |
| Neither Support No | r Oppose | |
| At this meeting are you representing a (If you answered "no," STOP ; you no f who you represent and go on to the Name, address and telephone number ASCOCARA STAR | eed not complete the rest of next question.) | f this form. If you answered "yes," provide the name |
| Are you being paid for your represent Are you appearing as part of your oth (If you answered "no," STOP; you n question.) | er paid duties for this perso | Yes No on or organization? Yes No of this form. If you answered "yes," go on to the next |
| Information H | g (Common Council)5 Iearing | minutes |

| | n elected official or employee ernmental body? | who is appearing solely on behalf of your o | office or for your municipality or Yes No |
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| , , | • | STOP. You need not complete the rest of thi uestion, go on to the next question.) | s form, except that you must sign |
| If you are that: | being paid for your represen | tation, or if your appearance is part of other | er paid duties, please be advised |
| 1. | Before you engage in low with the City Clerk. | bbying as a lobbyist, you or your principal r | must file an authorization |
| 2. | Your principal is not pe City Clerk. | rmitted to authorize you to lobby unless yo | u are registered with the |
| 3. | | or will owe more than \$1,000 for lobbying principal must file expense statements with r year? | |
| | • | e <u>www.cityofmadison.com/clerk/index.html</u> Madison, for more information.) | or go to the Clerk's Office at |
| Date | | Signature | |
| | | Print Name | |



| Date: _ | 7 | 15/11 | |
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| Registration Stateme | nt - Common Council COMMITTEE | | |
|---|---|--|--|
| Please Print | PLEASE PRINT NAME CLEARLY Name JENNS Lujan | | |
| Agenda No. 23 | Name Jenny Lujan Address 210 Martin Luther Knah Madesun Wi #587 | | |
| Please check one: | AND Please check: | | |
| ☐ Support | Wish to Speak | | |
| Oppose | | | |
| Neither Support Nor | Oppose | | |
| (If you answered "no," STOP ; you ne of who you represent and go on to the Name, address and telephone number of | n organization or a person other than yourself: Yes No ed not complete the rest of this form. If you answered "yes," provide the name next question.) of each person or organization you are representing: Madison Danc Co | | |
| 210 Martin | Luther King Jr Blud Rm Di | | |
| Mad ison | W1 53 | | |
| Are you being paid for your representation? | | | |
| Are you appearing as part of your othe (If you answered "no," STOP ; you ne question.) | 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 | | |
| Information He | (Common Council)5 minutes earing | | |

| Are you an el other government | lected official or employee who is appearing solely on behalf of your office or for your municipality on mental body? |
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| | red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you are be that: | 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? |
| , _ | o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office a the City-County Building, Madison, for more information.) |
| Date7 | 15/11 Signature James Ly |



| Date: _ | 7-5-11 |
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| Registration Statement - | COMMITTEE | Council |
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| Please Print Agenda No. 23 | PLEASI Name Address | EPRINT NAME CLEARLY) Man Schmidg 210 Marinette y 1 |
| 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 no of who you represent and go on to the next of Name, address and telephone number of each and you have the state of | t complete the rest question.) | t 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 | duties for this per | rson or organization? Yes No |
| (If you answered "no," STOP ; you need no question.) | ot complete the res | t of this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Con Information Hearing Other Items | <u>,</u> | 3 minutes |

| Are you an el other governn | | ee who is appea | ring solely on behalf of your office or for your municipality of |
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| | red "yes" to the question ou answered "no" to the | | red not complete the rest of this form, except that you must sign to the next question.) |
| If you are beithat: | ng paid for your represe | entation, or if y | our appearance is part of other paid duties, please be advised |
| 1. | Before you engage in lawith the City Clerk. | obbying as a lo | bbyist, you or your principal must file an authorization |
| 2. | Your principal is not p City Clerk. | permitted to aut | horize you to lobby unless you are registered with the |
| 3. | | principal must | nore than \$1,000 for lobbying services in any reporting title expense statements with the City Clerk for the |
| | the City Clerk's webs he City-County Building, | | nadison.com/clerk/index.html or go to the Clerk's Office at nore information.) |
| Date | 5-11 | Signature Print Name | Suran Schmitz |
| | | | V |



| Date: | |
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CITY OF MADISON

| Registration Statement - | Common C | Council |
|--|---|--|
| Please Print | PLEASE | PRINT NAME CLEARLY |
| Agenda No = 33 | Name Address | Jeffrey Goldon 3208 Gregory St -madu 53711 |
| 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 quality Name, address and telephone number of each to the second to the next quality of the second telephone number of each to the second telephone number of each to the second telephone number of the second telephone number of each telephone number of the second telephone number of each telephone number of the second telephone number of each telephone number of the second telephone number of each telephone number of the second telephone number o | t complete the rest ruestion.) h person or organi | 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.) | | son or organization? Yes No of this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Com- Information Hearing Other Items | ······ | 3 minutes |

(SEE BACK)

| • | elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? |
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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.) |
| If you are t | 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 |
| | Print Name |



| Date: 7-5-11 | _ |
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| Registration Statement | c - Common Co | ouncil | |
|---|--|---|----------|
| Please Print | • | PRINT NAME CLEARLY | |
| Agenda No. 23 | Name _ - Address _ | Mary Carbino 122 W. Washing 53703 | fw) |
| Please check one: | AND | Please check: | |
| Support | | Wish to Speak | |
| Oppose | | | |
| Neither Support Nor C | Oppose | | |
| of who you represent and go on to the ne Name, address and telephone number of | not complete the rest of the r | of this form. If you answered "yes," provide th | ne name |
| 12 | 2 W. W. | shing for fue \$ 250 53702 |) |
| W | ladison: | 53703 | |
| Are you being paid for your representation | on? | ☐ Yes 📈 No | |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question.) | paid duties for this person that complete the rest of | son or organization? The Yes No of this form. If you answered "yes," go on to the solution of | the next |
| Information Hear | Common Council)5 ring | 3 minutes | |

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| | - | est of this form, except that you must sign |
| ing paid for your representation, | or if your appearance is par | rt of other paid duties, please be advised |
| Before you engage in lobbying with the City Clerk. | as a lobbyist, you or your pi | rincipal must file an authorization |
| Your principal is not permitted City Clerk. | to authorize you to lobby u | inless you are registered with the |
| period (half year), the princip | al must file expense statem | • • • • • • |
| | | dex.html or go to the Clerk's Office at |
| | | Carlino Mary Carbino |
| j | ou answered "no" to the question ing paid for your representation, Before you engage in lobbying with the City Clerk. Your principal is not permitted City Clerk. If your principal spends or will period (half year), the principal remainder of the calendar year? The City Clerk's website www. the City-County Building, Madiso | ou answered "no" to the question, go on to the next question.) ing paid for your representation, or if your appearance is part Before you engage in lobbying as a lobbyist, you or your private the City Clerk. Your principal is not permitted to authorize you to lobby the second se |



| Date: | 715 | 1201 | |
|-------|------|------|--|
| Date: | 1115 | 7201 | |

| Registration Statement - | Common C | Council |
|---|--------------------------------|--|
| Please Print | | E PRINT NAME CLEARLY |
| Agenda No. 23 | Name Address | Beth Huang 237 W. Lakelawn Pl. Apt 6 Madison, W 53703 |
| Please check one: | AND | Please check: |
| Support | | Wish to Speak |
| Oppose | | |
| Neither Support Nor Opp | pose | |
| At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each | complete the rest uestion.) | of this form. If you answered "yes," provide the name |
| | | |
| Are you being paid for your representation? | | Yes No |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.) | | son or organization? Yes No of this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Com- Information Hearing. Other Items | ••••• | 3 minutes |

| Are you an ele other governm | cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? |
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| | 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.) |
| If you are being 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 Eth P A Print Name Both Huang |



| Date: $\frac{t-5-(1)}{2}$ | Date: | 7-5- | Ĺ |) |
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| Registration Statement - | COMMITTEE | ouncil | | |
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| Please Print | | PRINT NAM | | · 0 |
| Agenda No. 23 | Name Address | 44 W | GARDNE MAN ST | 12 |
| Please check one: | AND | Please | e check: | |
| Support | | V V | Wish to Speak | |
| Oppose | | | | |
| ☐ Neither Support Nor Op | pose | | | |
| 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 each | ot complete the rest question.) | of this form. If y | vou answered "yes," | ☑ No provide the name |
| | | | | |
| Are you being paid for your representation? | • | | Yes | ☐ No |
| Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question.) | d duties for this per ot complete the rest | son or organizati of this form. If y | ion? | ☐ No ' go on to the next |
| Speaking Limits: Public Hearing (Cor Information Hearing Other Items | 5 | 3 minutes | | |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body? | | | |
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| | wered "yes" to the question, STOP. 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.) | | | |
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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 of the City-County Building, Madison, for more information.) | | | |
| Date | Signature | | | |
| | Print Name | | | |



DO NOT WISH TO SPEAK FORM

| Registrati | on Statement - | Common C | ouncil | |
|---|---|---|--------------------------------------|---|
| Please Print | | PLEASE | PRINT NAME CLE | ARLY |
| Agenda No. <u>名</u> 3 | (2309D) | NameAddress | PATRICIA FI 6/25 WATE MADISON, | REARAR REORD PS WE 53719 |
| Please check or | ne: | AND | Please chec | ck: |
| SupportOppose * | | | | t wish to speak |
| At this meeting are yo | ou representing an organic of the contract of | anization or a person t complete the rest of | n other than yourself: | Yes No wered "yes," provide the name |
| Name, address and tel | ephone number of eac | ch person or organiz | ation you are represent | ing: |
| Are you being paid for Are you appearing as (If you answered "no, | part of your other paid | I duties for this pers | | ☐ Yes ☒ No ☐ Yes ☒ No wered "yes," go on to the nex |
| question.) Speaking Limits: | Public Hearing (Con Information Hearing Other Items | 3 | minutes | |

| Are you an e other governs | lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No | | | |
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| | 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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| 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 | Signature | | | |
| | Print Name | | | |



| Date: | 4511 | |
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| | | |

DO NOT WISH TO SPEAK FORM

| Registration Statement | - Common Council |
|---|--|
| Please Print | PLEASE PRINT NAME CLEARLY Name COSEMARY LEE |
| Agenda No. 23 | Address 11 W W 1 (501) 53703 |
| Please check one: | AND Please check: |
| Support | Do not wish to speak |
| Oppose | |
| Neither Support Nor O | ppose |
| (If you answered "no," STOP; you need to of who you represent and go on to the next | rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name of question.) Each person or organization you are representing: |
| | |
| Are you being paid for your representation | n? Yes No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question.) | aid 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 Heari | ommon Council)5 minutes ng3 minutes3 minutes |

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

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| JF.四人 |
| |
| Madison |

| Date: | "/ | / | 5 | { | *** | _ |
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DO NOT WISH TO SPEAK FORM

| Registration Stateme | ent - Common Council COMMITTEE | | | | |
|--|--|--|--|--|--|
| Agenda No. 23090 | PLEASE PRINT NAME CLEARLY Name Address 4613 4111 53704 | | | | |
| Please check one: Support Oppose Neither Support Nor | AND Please check: Do not wish to speak Oppose | | | | |
| At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: | | | | | |
| Are you being paid for your representa | | | | | |
| (If you answered "no," STOP; you need question.) Speaking Limits: Public Hearing Information He | c 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 aring | | | | |

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

| | | | ion, STOP. You need r the question, go on to t | | form, except that you must sign |
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| If you that: | are bei | ng paid for your repr | esentation, or if your | appearance is part of other | paid duties, please be advised |
| | 1. | Before you engage is with the City Clerk. | n lobbying as a lobby | ist, you or your principal m | ust file an authorization |
| | 2. | Your principal is no City Clerk. | ot permitted to authori | ze you to lobby unless you | are registered with the |
| | 3. | If your principal spe period (half year), remainder of the cal | the principal must file | than \$1,000 for lobbying se expense statements with | ervices in any reporting the City Clerk for the |
| | | | ebsite <u>www.cityofmad</u> ing, Madison, for more | | or go to the Clerk's Office at |
| Date _ | 7 | 15/11 | Signature | Loven | Gallerud |
| | / | / | Print Name | Karen | Kallerud |