23676



Date: 9-20-11

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil	
Please Print	PLEASE	PRINT NAME CLEARLY	
Agenda No	Name Address	Amy Kingst 5018 Tomahaw	K Frail
Please check one:	AND	Please check:	
Support		Wish to Sp	eak
Oppose Project 13 - 7	7F#41		
☐ 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 quality Name, address and telephone number of each	t complete the rest question.)	of this form. If you answered "y	
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.)		——————————————————————————————————————	Yes
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes	

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?				
(If you answer this form. If yo	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 beinthat:	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.	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:	9-20-11	

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council		
Please Print	PLEASI	E PRINT NAME	CLEARLY	
Agenda No		57EVE 1. 1602 5.	BRCITLOW PARK TO	7.
Please check one:	AND	Please	check:	
Support		Ø W	Vish to Speak	₹
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	complete the resu uestion.)	of this form. If yo	u answered "yes,"	☐ No ' provide the name
BULLDING & CONSTRUCTION	TRADES CO	SUNCIL OF	SOUTH COU	non WP
·				
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.)	*	_		No No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	•••••	3 minutes		

	elected 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	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 be 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?
(Please go Room 103 oj	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 9/20/11

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	Name Address	J. ERIC COBB 1602 S Parks+ #204 Mad WI S3+15
Please check one:	AND	Please check:
Support Oppose		Wish to Speak
Neither Support Nor O	ppose	
of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest question.) ch person or organia	of this form. If you answered "yes," provide the name ration you are representing:
BUILDING TRADES C	avill a)
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.)		son or organization? Yes No No of this form. If you answered "yes," go on to the next
	mmon Council)	3 minutes

	an elected official or employee who is appearing solely on behalf of your office or fovernmental body?	or your municipality or Yes A No				
	nswered "yes" to the question, STOP. You need not complete the rest of this form, exc I. If you answered "no" to the question, go on to the next question.)	cept that you must sign				
If you are that:	re being paid for your representation, or if your appearance is part of other paid dut	ies, please be advised				
1.	. Before you engage in lobbying as a lobbyist, you or your principal must file ar with the City Clerk.	1 authorization				
2.	Your principal is not permitted to authorize you to lobby unless you are regis City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spends or will owe more than \$1,000 for lobbying services in period (half year), the principal must file expense statements with the City remainder of the calendar year?					
	go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to 3 of the City-County Building, Madison, for more information.)	the Clerk's Office at				
Date	9/72/11 Signature Print Name J. EMI CSB	oD				



Date: 9.20.11

WISH TO SPEAK FORM

Registration		ommon Co	uncil		***	
Please Print Agenda No.		PLEASE P Name Address	Rober	MECLEA T DUM Dell DA	VN	
Please check one:		AND	Plea	se checl		
Support			Ж	Wish t	o Speak	
☑ Oppose☑ Neither Suppose	oort Nor Oppose	9				
At this meeting are you rep (If you answered "no," ST of who you represent and g	OP; you need not comp	olete the rest of			Yes ered "yes,"	☐ No provide the name
Name, address and telepho	ne number of each pers	on or organizat	ion you are	representin	g:	
- Hamus	compay					
Are you being paid for you		o for this manage		ation?	Yes Yes	□ No
Are you appearing as part (If you answered "no," ST question.)	or your other paid duties of you need not comp	s for this person plete the rest of	this form.	anon! If you answ	LY Yes ered "yes,"	☐ No go on to the next
Info	olic Hearing (Common Cormation Hearing er Items	3 m	ninutes			

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No			
100	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 bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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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 he City-County Building, Madison, for more information.)			
Date	Signature B D D D Print Name B O B D U N N			
	Print Name DUS DUNN			



Date: 20 Sep 2011

DO NOT WISH TO SPEAK FORM

Registration	Statement - Co	ommon Co mmittee	uncil		
Please Print		PLEASE F	PRINT NAME CLEA	ARLY	
Agenda No		Name	1602 S Mulison	STORN S. Parl	C 53715
Please check one:		AND	Please chec	ek:	
SupportOppose			Do not	t wish to sp	eak
Neither Supp	ort Nor Oppose	e			
At this meeting are you rep (If you answered "no," ST of who you represent and g Name, address and telepho	OP; you need not composite on to the next questic	plete the rest of on.)	this form. If you ansv		□ No rovide the name
Are you being paid for you Are you appearing as part of (If you answered "no," ST question.)	of your other paid dutie	es for this person	n or organization? Tthis form. If you ans	☐ Yes [☐ Yes [wered "yes," go	☐ No ☐ No o on to the next
Info	lic Hearing (Common ormation Hearinger Items	3 r	ninutes		

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?	
(If you answe this form. If y	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	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 i	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: 9 - 20 - 1



DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Cou	ıncil		
		COMMITTEE			
<u>Please Print</u>		PLEASE P	RINT NAME CLE	ARLY	
Agenda No.		Name J Address 3	m DeMin	nter uff	
Please check of	ne:	AND	Please chec	k:	
Support			Do not	wish to speak	«
Oppose					
	upport Nor Op	nose			
(If you answered "no, of who you represent	ou representing an organist of the second of each	complete the rest of t uestion.)	his form. If you answ		
	1				
Are you being paid fo	r your representation?			Yes N	o
	part of your other paid " STOP; you need not			☐ Yes ☐ N wered "yes," go on	
Speaking Limits:		mon Council)5 m 3 m	inutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)	
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 2-20-1/

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print Agenda No. #5	PLEASE PRINT NAME CLEARLY Name Address Address
Please check the appropriate box: Support Oppose Neither Support Nor Oppose	Please check the appropriate box: Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP ; you need not complete of who you represent and go on to the next question. Name, address and telephone number of each person	lete the rest of this form. If you answered "yes," provide the name 1.)
DMI 122 W. Wash	1
Are you being paid for your representation? Are you appearing as part of your other paid duties	for this person or organization?
(If you answered "no," STOP; you need not comple question.)	lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common C Information Hearing	3 minutes

-		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, 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 that:	ı are be	ing 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?
		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 ,	9-5	20-// Signature Man Schnitch

Print Name