

23749

Date:	det	4	2011	,

WISH TO SPEAK FORM

CITY OF MADISON

Registration	Statement	Common Co	uncil	
.		COMMITTEE		
Please Print		PLEASE F	RINT NAME CL	.EARLY
Agenda No	3	Name Address	Amy 5018 Mad	Kinast Tomahawk Tr ison
Please check the approp	oriate box:		Please check	the appropriate box:
Support Oppose		AND	Wisl	h to speak
	port Nor Opp	ose		
At this meeting are you re (If you answered "no," So of who you represent and Name, address and teleph	T OP; you need not d go on to the next qu	complete the rest of estion.)	this form. If you a	nswered "yes," provide the name
Are you being paid for you appearing as par (If you answered "no," S	t of your other paid of	luties for this perso complete the rest o	n or organization? Tthis form. If you a	☐ Yes ☐ No ☐ Yes ☐ No inswered "yes," go on to the next
question.) Speaking Limits: Pr	ıblic Hearing (Comn formation Hearing ther Items	non Council)5 1	ninutes ninutes	

(SEE BACK)

	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental 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 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.	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						

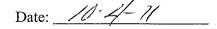


Date: 9-1-4201

WISH TO SPEAK FORM

Registrati	on Statement -	Common Council					
G		COMMITTEE					
Please Print		PLEASE PRINT NAM	1 - 1				
Agenda No. 13		Name Michael Address 5108					
Please check the app	ropriate box:	Please	check the appropriate box:				
SupportOppose		AND	Wish to speak				
	Neither Support Nor Oppose						
At this meeting are you (If you answered "no, of who you represent	." STOP; you need no	nization or a person other than you to complete the rest of this form. If the stion.)	ourself:				
Name, address and te	dephone number of each	h person or organization you are	representing: 24 NGTEV QUOTY				
Are you being paid fo	r your representation?		☐ Yes ☐ No				
Are you appearing as (If you answered "no question.)	part of your other paid "STOP; you need no	duties for this person or organize t complete the rest of this form. I	ation? \square Yes \square No If you answered "yes," go on to the next				
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes					

	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?						
	If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign his form. If you 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.	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 10/4	Signature May 1						
	Print Name Michael Kienitz						





Registrat	ion Statement	Common Cou	ncil	***************************************	<u></u>
Agenda No	48	PLEASE PF Name Address	RINT CLEARLY AUGUST MUNISIT MUNISIT	I Zort	<u>/</u>
Please check o	ne:	AND	Please chec	ek:	
Support		•	Availal	ble to answ	er
Oppose			questio	ons	
Neither S	Support Nor Opp	pose			
(If you answered "no of who you represent	ou representing an organd," STOP; you need not and go on to the next quellephone number of each	complete the rest of the uestion.)	nis form. If you ansv	,	☑No ovide the name
				14 AND	
Are you being paid for	or your representation?			Yes	☐ No
	part of your other paid," STOP; you need not			Yes wered "yes," go	No on to the next
Speaking Limits:	Information Hearing.	mon Council)5 min	nutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No					
	pered "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 b 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.	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 f the City-County Building, Madison, for more information.)					
Date	Signature					
	Print Name					

Date:	10	1	9	í	1	(



Registrat	ion Statement	Common Co	uncil		
			PRINT CLEARLY		
Agenda No/	3 4 48		Doug Hu Potter La 15 Ellis Po	ursh wson Inc. Her Ct 537	1 [[
Please check o	ne:	AND	Please chec		
Support Oppose			Availab questio	le to answer ns	
	Support Nor Op	pose			
(If you answered "no of who you represent Name, address and te	ou representing an organism." STOP; you need not and go on to the next quellephone number of each	t complete the rest of uestion.) h person or organizat	this form. If you answ		the name
Are you being noid for	or your representation?			ØVes □No	
Are you appearing as	part of your other paid," STOP; you need not	duties for this person tomplete the rest of	n or organization? Tthis form. If you ansv	Yes No	
Speaking Limits:	Public Hearing (Com Information Hearing.	3 r	ninutes		

	ther governmental body? The you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body? Yes Yes							
	If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign his form. If 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?							
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 Print Name							

Date: 10/4/11



AVAILABLE TO ANSWER QUESTIONS FORM

Registrati	on Statement -	Common C	ouncil		
		PLEASE	PRINT CLEARLY		
Agenda No13	/ 48	Name Address	DAN DAY D'ONOFEIO K. 7530 WES	OTKE TWANS U	Nay Maoisa
Please check or	ne:	AND	Please che	ck:	
Support	,		Availa	ble to ansv	wer
Oppose			questi		
	upport Nor Op	pose			N.
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need no	t complete the rest	n other than yourself: of this form. If you ans	V Yes sweréd "yes," _I	□ No provide the name
Name, address and tel	ephone number of each	A CONTRACTOR OF THE PROPERTY O		iting:	
Are you being paid for your representation? Yes No					
Are you appearing as (If you answered "no, question.)	part of your other paid " STOP; you need no	l duties for this person to complete the rest	son or organization? of this form. If you an	Yes swered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	5	3 minutes		

_		lected official or emplemental body?	oyee who is appear	ing solely on behalf of your office or for your municipality or Yes Yo				
		red "yes" to the quest ou answered "no" to		ed not complete the rest of this form, except that you must sign to the next question.)				
If you that:	are be	ing paid for your rep	resentation, or if yo	our appearance is part of other paid duties, please be advised				
	1.	Before you engage with the City Clerk.	• •	byist, you or your principal must file an authorization				
	2.	Your principal is no City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
	3.		the principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the				
		o the City Clerk's w the City-County Build		vadison.com/clerk/index.html or go to the Clerk's Office at ore information.)				
Date _		0/4/11	Signature Print Name	DANIEL VIDAG				
				/				

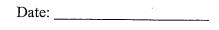
Date: 9/10/9/11



AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement	
	COMMITTEE
	PLEASE PRINT CLEARLY
17 2 15 18	Name DENNIS luckson
Agenda No. 13 È 4 B	Address 2980 JONATHAN CIRCLE
	MADISON, WI 53911
Please check one:	AND Please check:
Support	Available to answer
	questions
Oppose	•
☐ Neither Support Nor O	ppose
(If you answered "no," STOP; you need no of who you represent and go on to the next. Name, address and telephone number of extensions.	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question.) ach person or organization you are representing:
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need n question.)	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 ag

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?
(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:	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 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.)
Date OC	14, 2011 Signature Demni Juerson Print Name DEUNIS JUGASON





Registration	Statement - Com	mon Council		PPTD-000/paint-00-www.new
	F	LEASE PRINT CLE	ARLY	
10		same Aud	ver Howi	ich
Agenda No. 13+9	A. A.	ddress 4927 1 ²	rickous Trail	
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Please check one:	A	ND Pleas	e check:	
		$\sqrt{\mathbf{A}}$	vailable to answei	r
Oppose	,		uestions	
~ ~	oort Nor Oppose		•	
At this meeting are you rep (If you answered "no," ST of who you represent and g Name, address and telephone	OP; you need not complete to on to the next question.)	the rest of this form. If	you answered "yes," proverge	No ide the name
		1.00	V	
Are you being paid for your	r representation?		∑ Yes □	No
Are you appearing as part of (If you answered "no," STO question.)	f your other paid duties for <i>OP</i> ; you need not complete	this person or organizat the rest of this form. If	ion? XYes you answered "yes," go of	No n to the next
Info	lic Hearing (Common Coun rmation Hearing er Items	3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your murnmental body?	inicipality or No
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that y If you answered "no" to the question, go on to the next question.)	ou must sign
If you are bethat:	being paid for your representation, or if your appearance is part of other paid duties, please	e be advised
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with City Clerk.	n the
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any repoperiod (half year), the principal must file expense statements with the City Clerk for remainder of the calendar year?	-
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk of the City-County Building, Madison, for more information.)	s's Office at
Date <u>/ 3.4</u>	Signature Print Name Andrew How, Co	k





Registratio	on Statement	Common Cou	ıncil	
		PLEASE PI	RINT CLEARLY	
Agenda No.	,	Name	Novel Radomsto 5521 Terre Milan GUI	C) Hart
Please check on	e:	AND	Please check	· Allichas To
Support	•		Available	Wishes 70 eto answer Speak
			question	s
Neither Su	pport Nor Opp	oose		
At this meeting are you (If you answered "no," of who you represent an	STOP; you need not	complete the rest of t		Yes No No Provide the name
Name, address and tele	phone number of each	person or organization	on you are representing	;
<u> 6/en</u>	Onk Hills	N.A.		
Are you being paid for	your representation?			☐ Yes ☐ No
Are you appearing as pa (If you answered "no," question.)				Yes No red "yes," go on to the next
	Public Hearing (Comr Information Hearing	3 m		

•	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body? Yes No
	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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Date	Signature
	Print Name