Date: 11/15/2011

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: AUL RHOD	) E Address: 64	al Milwaulee St 4/03
ENTER AMENDMENT NUMBER	Ma	dison W153718
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
	ing an organization or a person other u need not complete the rest of this t and go on to the next question.)	

REGISTRATION STATEMENT - PAGE 2  Name, address and telephone number of each person or organization you are representing:			
Are yo	ou beir	ng paid for your representation?	☐ Yes ☐ No
(If you	ı answ	pearing as part of your other paid duties for this person or covered "no," <b>STOP</b> ; you need not complete the rest of this for estion.)	organization?
Are y munic	ou an ipality	elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your
(If you you m	u ansv nust sig	vered "yes" to the question, <b>STOP.</b> You need not comple gn this form. If you answered "no" to the question, go on to	ete the rest of this form, except that the next question.)
	are be	eing paid for your representation, or if your appearance is t:	part of other paid duties, please be
	1.	Before you engage in lobbying as a lobbyist, you or authorization with the City Clerk.	your principal must file an
	2.	Your principal is not permitted to authorize you to lobb with the City Clerk.	by unless you are registered
	3.	If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file expe Clerk for the remainder of the calendar year?	for lobbying services in any ense statements with the City
(Pleas at Ro	se go om 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/il</u> 3 of the City-County Building, Madison, for more informatio	ndex.html or go to the Clerk's Office on.)
Date		Signature	

Print Name

Date:	

### CITY OF MADISON Registration Statement - Common Council

### **2012 CAPITAL BUDGET**

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Ang Schr	Ver Address: 110	Blue Rider PKWY
i g P	· \	Blue Ridge Pkwy Jadism 53705
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes \sum No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Name, addre	ess and telephone	number of each per	son or organizatio	n you are rep	resenting	:
Park	wood Hills	neighborh	vod Asso	ciation	1	
	410 Ar	h'etam	Lanc			
	Mulism	53705				
Are you bein	ng paid for your rep	resentation?		]	Yes	Ď∕Ño
	ered "no," <b>STOP;</b> y	our other paid duties you need not comple				
•	elected official or or other governme	employee who is ntal body?	appearing solely	on behalf of [	your offi	ce or for your
1		question, <b>STOP.</b> Yo answered "no" to the				m, except that
If you are be advised that:	• .	epresentation, or if	your appearance i	s part of othe	er paid dut	ties, please be
1.	Before you enga authorization with	nge in lobbying as the City Clerk.	a lobbyist, you o	or your princ	ipal must	file an
2.	Your principal is with the City Cler	not permitted to au k.	uthorize you to lob	by unless yo	ou are reg	gistered
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?						
		vebsite <u>www.cityofm</u> Building, Madison,			go to the	Clerk's Office
Date	1   15   11	Signature	Anra	Sch		
		Print Name	Anna	Sch?	ver	
					1	

Date: 11/15/11

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Brevela Lonke	↓ Address: 3	DN Hancocle St
	$\overline{\mathcal{N}}$	DN Houcocle St ladism Wi S3703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	•
Amendment No.	☐ Support ☐ Oppose ☑ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>◯ Wish to speak</li><li>◯ Do not wish to speak</li><li>◯ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>◯ Wish to speak</li><li>◯ Do not wish to speak</li><li>◯ Available to answer questions</li></ul>
Amendment No. 20 a 45	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representir (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other need not complete the rest of this fo and go on to the next question.)	than yourself:  Yes No orm. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2  Name, address and telephone number of each person or organization you are representing:			
		·	
Are you	ı being	g paid for your representation?	☐ Yes ☐ No
Are you (If you the nex	answe	earing as part of your other paid duties for this person of the rest of the stion.)	or organization?
		elected official or employee who is appearing solel or other governmental body?	y on behalf of your office or for your ☐ Yes ☐ No
(If you you mu	answe ıst sigi	ered "yes" to the question, <b>STOP.</b> You need not con n this form. If you answered "no" to the question, go or	nplete the rest of this form, except that n to the next question.)
If you a		ng paid for your representation, or if your appearance	e is part of other paid duties, please be
	1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	ı or your principal must file an
	2.	Your principal is not permitted to authorize you to with the City Clerk.	lobby unless you are registered
	3.	If your principal spends or will owe more than \$1,0 reporting period (half year), the principal must file exclerk for the remainder of the calendar year?	000 for lobbying services in any xpense statements with the City
(Please at Rooi	e go to m 103	the City Clerk's website <u>www.cityofmadison.com/cle</u> of the City-County Building, Madison, for more inform	rk/index.html or go to the Clerk's Office ation.)
Date		Signature	·

Print Name

PLEASE PRINT CLEARLY Name: Kevin Wynn	Address:	1422 Lucy Lu Madison, Wi
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 13	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 20 a	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 20 B	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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At this meeting are you representin (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	need not complete the rest of this t	than yourself: ☐ Yes ☐ No form. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2  Name, address and telephone number of each person or organization you are representing:			
Are you bei	ng paid for your representation?	☐ Yes ☐ No	
Are you app (If you answ the next qu	pearing as part of your other paid duties for this perwered "no," <b>STOP;</b> you need not complete the rest estion.)	son or organization?	
Are you ar municipality	n elected official or employee who is appearing a or other governmental body?	solely on behalf of your office or for your	
(If you ans	wered "yes" to the question, <b>STOP.</b> You need not ign this form. If you answered "no" to the question, g	complete the rest of this form, except that go on to the next question.)	
If you are badvised that	peing paid for your representation, or if your appear at:	rance is part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, authorization with the City Clerk.	you or your principal must file an	
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3.	If your principal spends or will owe more than reporting period (half year), the principal must f Clerk for the remainder of the calendar year?	\$1,000 for lobbying services in any ile expense statements with the City	
(Please go at Room 10	to the City Clerk's website <u>www.cityofmadison.con</u> 33 of the City-County Building, Madison, for more in	n/clerk/index.html or go to the Clerk's Office formation.)	
Date	Signature		

Print Name

Date: //- /5 - Z01/

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Mauveen M	1ulma Address: 21.	8 N Pinckney St 1aalison WI 5370
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	. Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Name	Name, address and telephone number of each person or organization you are representing:			
Are yo	ou bein	g paid for your representation?		
(If you	ou appo u answ ext que	earing as part of your other paid duties for this person or organization?  Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If you you m	u answ nust sig	rered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that in this form. If you answered "no" to the question, go on to the next question.)		
-	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be		
	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?		
(Pleas at Ro	se go t om 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)		
Date		Signature		
		Print Name		

Date:	ulis	111	
		-	

PLEASE PRINT CLEARLY Name: GARY MOLL	Address: 28	38 Progress RO ADISON WI, 53716
•	MP	ADISON WI 53716
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	·
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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At this meeting are you representin (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	g an organization or a person other th need not complete the rest of this for nd go on to the next question.)	nan yourself: ☐ Yes ☐ No m. If you answered "yes," provide

Name, address and telephone number of each person or organization you are representing:			
Are you being	g paid for your representation?		
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization? Yes Andrew Yes ared "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
(If you answered "yes" to the question, <b>STOP.</b> 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.)			
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be		
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at Room 103	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)		
Date \\\	Signature  Print Name  CARY Molt		

Date: 13 36//

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name:  ENTER AMENDMENT NUMBER	Address: Add	N & ONE BOX IN THIS COLUMN
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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REGISTRATION STATEMENT - PAGE 2  Name, address and telephone number of each person or organization you are representing:		
Are you being	paid for your representation?	☐ Yes ☐ No
Are you appea (If you answere the next questi	ring as part of your other paid duties for this person or organization of the content of the con	on?
Are you an el municipality or	ected official or employee who is appearing solely on behalf other governmental body?	of your office or for your ☐ Yes ☐ No
(If you answer you must sign	ed "yes" to the question, <b>STOP.</b> You need not complete the resthis form. If you answered "no" to the question, go on to the next of	st of this form, except that question.)
If you are bein advised that:	g paid for your representation, or if your appearance is part of of	ther paid duties, please be
1. E	Before you engage in lobbying as a lobbyist, you or your pri authorization with the City Clerk.	ncipal must file an
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r	f your principal spends or will owe more than \$1,000 for lobby reporting period (half year), the principal must file expense state Clerk for the remainder of the calendar year?	ing services in any ments with the City
(Please go to a at Room 103 o	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> of the City-County Building, Madison, for more information.)	or go to the Clerk's Office

Signature
Print Name

Date: 1/-/5-//

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY  Name: STEVE BREITLE	Address: 1602	S PACK STREET
	MADIS	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	nan yourself: ⊠ Yes □ No rm. If you answered "yes," provide

Name, address and telephone number of each person or organization you are representing:						
Are y	ou being	g paid for your represe	entation?		☐ Yes 🗵 No	
(If you	ou appe u answe ext ques	ered "no," <b>STOP;</b> you	other paid dutie need not comp	s for this person or org lete the rest of this forr	anization?	□ No no on to
Are y	ou an cipality o	elected official or em or other governmental	ployee who is body?	appearing solely on	behalf of your office or f ☐ Yes ☐ No	or your
(If you answered "yes" to the question, <b>STOP.</b> 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.)						
	are be ed that:	ing paid for your repre	esentation, or if	your appearance is pa	art of other paid duties, ple	ease be
	1.	Before you engage authorization with the	in lobbying as e City Clerk.	s a lobbyist, you or y	our principal must file ar	1
	2.	Your principal is not with the City Clerk.	permitted to a	authorize you to lobby	unless you are registered	I
	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?					
(Plea at Ro	se go to om 103	o the City Clerk's web of the City-County Bu	site <u>www.cityot</u> uilding, Madisor	madison.com/clerk/ind n, for more information.	ex.html or go to the Clerk's )	s Office
Date	11-1	5-11	Signature	SAR		
			Print Name	STEVE BR	GROW	

Date:	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: 10m ZiArnik	Address:	25 EAGleWUD DR.
ENTER AMENDMENT NUMBER		ONA WI 53593
Amendment No/7	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:			
Are you be	ing paid for your representation?		
Are you ap (If you ans) the next qu	pearing as part of your other paid duties for this person or organization?  Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to restion.)		
Are you a	n elected official or employee who is appearing solely on behalf of your office or for your yor other governmental body?		
(If you ans you must s	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)		
If you are badvised that	peing paid for your representation, or if your appearance is part of other paid duties, please be at:		
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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 at Room 1	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 11-15-11	_
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: YETER OST2	ーエルカ Address: 53	3 W. MAINST
Control of the Contro		47,50N
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	ng an organization or a person other the	

the name of whom you represent and go on to the next question.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes ☐ No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Print Name

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Date \_\_\_\_

Signature

Date: 11/15/1/

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: 3 // Hanght	Address: 27	18 Dryden Dr.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	d. ron WI 53704
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☒ Wish to speak</li><li>☐ Do not wish to speak</li><li>☒ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representin (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	g an organization or a person other th need not complete the rest of this for nd go on to the next question.)	an yourself:⊠ Yes □ No m. If you answered "yes," provide

Name, addre	ss and telephone number of each person or organization you are representing:
61	reater Madison Convention and Vistors Bureau
	615 E Washington Lis Midison
Are you being	g paid for your representation?
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization? Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to stion.)
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If you answe you must sign	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be
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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 to at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)
Date	Signature Print Name

Date:	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: BILL WELLMA	-N Address: 60 (	LANGOON ST.
	MAC	11 SON, WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 17	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom 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	ing paid for your representation?	☐ Yes ☐ No
Are you appe (If you answe the next ques	ppearing as part of your other paid duties for this person or organization? wered "no," <b>STOP;</b> you need not complete the rest of this form. If you a uestion.)	Yes No nswered "yes," go on to
Are you an municipality	n elected official or employee who is appearing solely on behalf of y or other governmental body?	your office or for your ☐ Yes ☐ No
(If you answey	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of sign this form. If you answered "no" to the question, go on to the next que	of this form, except that estion.)
If you are be advised that:	being paid for your representation, or if your appearance is part of othe at:	r paid duties, please be
1.	Before you engage in lobbying as a lobbyist, you or your princi authorization with the City Clerk.	pal must file an
2.	Your principal is not permitted to authorize you to lobby unless you with the City Clerk.	ou are registered
3.	If your principal spends or will owe more than \$1,000 for lobbying reporting period (half year), the principal must file expense statemed Clerk for the remainder of the calendar year?	services in any ents with the City
(Please go to at Room 103	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or 03 of the City-County Building, Madison, for more information.)	go to the Clerk's Office
Date	Signature	
	Print Name	

Date: 1000 15 2011

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Fred Mon	S Address: S	500 WISONSIN Avenue
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other t need not complete the rest of this fo nd go on to the next question.)	

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes ☐ No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3.

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Print Name

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Date \_\_\_\_\_

Signature

Date:	11-15-	11

PLEASE PRINT CLEARLY Name:	37 Address: $37$	7 N. PINCENEY ANSION HICC
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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	g an organization or a person other the need not complete the rest of this for nd go on to the next question.)	

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Date \_\_\_\_\_ Signature \_\_\_\_\_
Print Name

Date:	
Date.	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: PHIL BHLL	Address: 42	8 M. 17/4/N ST.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No. 17	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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 whom you represent and go on to the next question.)

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Print Name

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Signature

3.

Date \_\_\_\_\_

Date: 11-15-11

### Early Public Comment Registration Statement - Common Council 2012 CAPITAL BUDGET

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Franny Ingebr	itson Address: 5/6	Wisconsin Ave. #1
$\mathcal{J}$		53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>

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#### Page 2 of 2

Name, address and telephone number of each person or organization you are representing:			
-			
Are you	u being	g paid for your representation?	
Are you (If you the ne)	answe	earing as part of your other paid duties for this person or organization? Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to stion.)	
Are yo municij	ou an e	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?	
(If you you mu	answe ust sigr	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question.)	
If you a		ng paid for your representation, or if your appearance is part of other paid duties, please be	
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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 at Roo	e go to m 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)	
Date _		Signature	
		Print Name	

Date:	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		- 11 1 1/1/1
Name: Andy Stebni	Address: 9/5	Wasan Hill
	Mal	Waban XIII dison 53711
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Yes ☐ No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes □No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Print Name

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Date \_\_\_\_\_

Signature

Date: 15 Nov 11

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Robert KLEBA Address: 1213 & Mifflin St		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	3703
Amendment No	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing an organization or a person other than yourself:   Yes   No  (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)		

Name, address and telephone number of each person or organization you are representing:			
	·		
Are you bein	ng paid for your representation?		
Are you app (If you answ the next que	pearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)		
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If you ansv you must sig	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)		
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be		
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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 at Room 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date:	15	
	 1	

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: ⟨⟨	5 [Mwell Dive
ENTER AMENDMENT NUMBER		M-SUN WI
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representir (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other to need not complete the rest of this found and go on to the next question.)	han yourself: ☐ Yes ☐ No rm. If you answered "yes," provide

(SEE BACK)

Name, addre	ess and telephone num	ber of each pe	rson or	organizatio	on you are	represen	ting:	
HA.	mes Company							
	mes conques	Ì						
Are you beir	ng paid for your represe	entation?				∑(Ye	s 🗌 1	No
Are you app (If you answ the next que	earing as part of your of ered "no," <b>STOP;</b> you bestion.)	other paid dutie need not comp	s for thi <i>lete the</i>	s person o rest of this	r organiza s form. If y	tion?	Yes ered "yes	☐ No ," go on to
	elected official or em or other governmental		appea	ring solely	on beha	lf of your ☐ Ye	office o	r for your No
(If you answ you must sig	vered "yes" to the ques yn this form. If you ansv	stion, <b>STOP.</b> Y wered "no" to th	ou nee ne ques	d not com <sub>l</sub> tion, go on	plete the r to the nex	est of this t question	s form, e n.)	xcept that
If you are be advised that	eing paid for your repre :	esentation, or it	your a	opearance	is part of	other paid	d duties,	please be
1.	Before you engage authorization with the	in lobbying as City Clerk.	s a lob	oyist, you	or your p	orincipal n	nust file	an
2.	Your principal is not with the City Clerk.	permitted to a	authoriz	e you to lo	obby unles	ss you are	e registe	red
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?							
(Please go t at Room 103	o the City Clerk's webs 3 of the City-County Bu	site <u>www.cityof</u> ilding, Madisor	madiso n, for mo	n.com/cleri ore informa	k∕index.htr tion.)	<u>nl</u> or go to	the Cle	rk's Office
Date/_/	1-15-11	Signature	<u>B</u>	K	( PF	1	K.	<i>)</i>
		Print Name	/5	080	M D	an	N	

Date:		
<b>–</b> 40.		

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY  Name: DAVID MOLLENHOFF Address: 1501 MORRISON ST.					
	MAI	OLSON, WI 53703			
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN			
<u> </u>	<u> </u>	<u> </u>			
Amendment No.	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
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	ng an organization or a person other the need not complete the rest of this for				

the name of whom you represent and go on to the next question.)

#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Yes No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.)

Signature

Print Name

Date \_\_\_\_\_

Date:	

#### CITY OF MADISON Registration Statement - Common Council

#### 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: 2(	24 WAUNONA WA ADISON 53713
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 17	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	ng an organization or a person other the need not complete the rest of this for	

(SEE BACK)

the name of whom you represent and go on to the next question.)

#### REGISTRATION STATEMENT - PAGE 2 The person or organization vo

Name, address and telephone number of each person or organization you are representing:  COPERTER MADISON CHAHBER OF COMMERCE						
<u>COPER</u>	ITEIL PIAUISO	OU CHA	HOUL OF (	DMME/LCC	<del>K.</del>	
Are you bein	g paid for your representa	ition?		☐ Yes	[∑] No	
(If you answe	Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next question.)					
Are you an municipality	elected official or employ or other governmental bod	yee who is a dy?	opearing solely on	behalf of your off	fice or for your	
(If you answeyou must sig	ered "yes" to the question In this form. If you answere	n, <b>STOP.</b> You ed "no" to the c	need not complete question, go on to th	the rest of this fonce next question.)	rm, except that	
If you are be advised that:	ing paid for your represer	ntation, or if yo	our appearance is p	art of other paid du	uties, please be	
1.	Before you engage in lauthorization with the Cit		lobbyist, you or y	our principal mus	t file an	
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 at Room 103	o the City Clerk's website of the City-County Buildin	www.cityofmang, Madison, fo	odison.com/clerk/ind or more information.	<u>lex.html</u> or go to th )	e Clerk's Office	
Date 11	(5) u S	Signature 🔀	Janes Jel	N		
		/-/	Jim In	HURR		

Date: ///15 / //

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Ledell Zell	ers Address: 510	o N. Carroll St.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No/	☐ Support Oppose ☐ Neither Support Nor Oppose	<ul><li>◯ Wish to speak</li><li>◯ Do not wish to speak</li><li>◯ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Name	Name, address and telephone number of each person or organization you are representing:				
——Are vo	ou beir	ng paid for your representation?			
Are you	ou app u answ	pearing as part of your other paid duties for this person or organization?   Yes No vered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)			
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?			
(If you you m	u ansv nust sig	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)			
	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be t:			
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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 3 of the City-County Building, Madison, for more information.)			
Date		Signature			
		Print Name			

Doto		
Date:		

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Jennifor Ale	Xanker Address:	eater Madis in Chans
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representir (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other to need not complete the rest of this fo and go on to the next question.)	han yourself: ☐ Yes ☐ No rm. If you answered "yes," provide

(SEE BACK)

Name, addr	ess and telephone number of each person or organization you are representing:
Are you bein	ng paid for your representation?
	pearing as part of your other paid duties for this person or organization? Yes No vered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
•	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be
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?
at Room 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date	Signature Senn for Alexander

Date: //-/5-//

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Junan Schmitz Address: 210 Marinette,				
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUI	MN & ONE BOX IN THIS COLUMN		
Amendment No. #11	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you represent ar	need not complete the rest of this t	than yourself:  Yes  No form. If you answered "yes," provide		

ame, address and telephone number of each person or organization you are representing:		
re you being paid for your representation?		
re you appearing as part of your other paid duties for this person or organization? Yes \ \ \ No i you answered "no," <b>STOP;</b> you need not complete the rest of this form. If you answered "yes," go on to be next question.)		
re you an elected official or employee who is appearing solely on behalf of your office or for your unicipality or other governmental body?		
you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that but must sign this form. If you answered "no" to the question, go on to the next question.)		
you are being paid for your representation, or if your appearance is part of other paid duties, please be lvised that:		
<ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> </ol>		
<ol> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> </ol>		
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?		
lease go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office Room 103 of the City-County Building, Madison, for more information.)		
ente //-/5-// Signature Moan Mhmety  Print Name		

Date: <u>Vov/5, 2011</u>

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: acolo Scha	effer Address:	82 alpine Meadow Cir
ENTER AMENDMENT NUMBER		MN & ONE BOX IN THIS COLUMN
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	need not complete the rest of this	r than yourself: ⊠́Yes ☐ No form. If you anśwered "yes," provide

Name, address and telephone number of each person or organization you are representing:			
5 mo	ort Growth Greater Madson 701 e wash are		
sk	107 Madison, WI 53703 608-609-2005		
Are you being	ng paid for your representation?		
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization?	] No on to	
Are you an municipality of	elected official or employee who is appearing solely on behalf of your office or for or other governmental body?	your	
(If you answe you must sigi	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, excep gn this form. If you answered "no" to the question, go on to the next question.)	t that	
If you are be	eing paid for your representation, or if your appearance is part of other paid duties, plea t:	se be	
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 ///5-// Signature			
	Print Name Carolos Stras (fer		

Date: 11/15/2011

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Aycia Kaplan	Address: 636	dison, WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	•
Amendment No. 17	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	₩ish to speak Do not wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other the need not complete the rest of this for nd go on to the next question.)	

Name, address and telephone number of each person or organization you are representing:					
Are you l	being	paid for your repre	sentation?		☐ Yes ☐ No
Are you a (If you ar the next	nswe	red "no," <b>STOP;</b> yo	r other paid dutie u need not comp	s for this person or lete the rest of this	organization?
Are you municipa	an e	elected official or e r other government	employee who is al body?	appearing solely	on behalf of your office or for your ☐ Yes ☐ No
(If you a	nswe t sign	red "yes" to the qu this form. If you ar	uestion, <b>STOP.</b> Y swered "no" to th	ou need not comp ne question, go on t	lete the rest of this form, except that o the next question.)
If you are advised t		ng paid for your rep	presentation, or if	your appearance i	s part of other paid duties, please be
1.		Before you engage authorization with	le in lobbying as the City Clerk.	s a lobbyist, you o	or your principal must file an
2.		Your principal is r with the City Clerk		authorize you to lol	oby unless you are registered
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?				
(Please ( at Room	go to 103	the City Clerk's we of the City-County	ebsite <u>www.cityof</u> Building, Madisor	madison.com/clerk n, for more informat	<u>findex.html</u> or go to the Clerk's Office ion.)
Date	and the same of th	5/2011	Signature Print Name	Alveia Ka	plan

Date: 15 Nov 10/1

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY, Name:	Address: 7/1	Marinette 18
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
	Support	Wish to speak
Amendment No.	<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
<b>O</b> ,	g an organization or a person other th need not complete the rest of this for nd go on to the next question.)	-

(SEE BACK)

Name, address and telephone number of each person or organization you are representing:			
Are you being	g paid for your representation?		
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization?  Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If you answ you must sig	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)		
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be		
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 at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 11/15/201/

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Andrew Schn	erder Address:	0 Box 260319 Madison 53726
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	,	

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

			ATEMENT - PAGE 2	a.
Name, addre	ss and telephone num	ber of each perso	on or organization you are	representing:
	1///			
Are you being	g paid for your represe	ntation?		☐ Yes ☐ No
Are you appe (If you answe the next ques	ered "no," <b>STOP;</b> you n	ther paid duties for the complete the comple	or this person or organizate the rest of this form. If yo	
	elected official or empor other governmental l		ppearing solely on behal	f of your office or for your Yes No
(If you answeyou must sign	ered "yes" to the ques n this form. If you answ	tion, <b>STOP.</b> You vered "no" to the o	need not complete the requestion, go on to the nex	est of this form, except that t question.)
If you are be advised that:	ing paid for your repre	sentation, or if yo	our appearance is part of	other paid duties, please be
1.	Before you engage authorization with the	• -	ı lobbyist, you or your p	rincipal must file an
2.	Your principal is not with the City Clerk.	permitted to autl	norize you to lobby unles	s you are registered
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?			
(Please go to at Room 103	o the City Clerk's webs of the City-County Bui	ite <u>www.cityofma</u> Iding, Madison, fo	ndison.com/clerk/index.htm or more information.)	nl or go to the Clerk's Office
Date	1/15/2011	Signature	750	?
	E .	Print Name	Andrew Schn	eider .

Date: 1/15/1

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Kevin Schies	Sev Address: 2.2	East Lakelawn Place
		720M, WII 5 00
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. 17	Support Oppose Neither Support Nor Oppose	<ul><li> Wish to speak</li><li> □ Do not wish to speak</li><li> □ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no." STOP: you	ng an organization or a person other the need not complete the rest of this for	nan yourself:  Yes No

(SEE BACK)

the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:					
					-
Are you bei	ng paid for your represen	itation?		☐ Yes ☐ No	-
Are you app (If you answ the next qu	vered "no," <b>STOP;</b> you ne	ner paid dutie eed not comp	s for this person or organi. lete the rest of this form. I	zation?	
Are you ar municipality	n elected official or emp v or other governmental b	loyee who is ody?	appearing solely on bel	half of your office or for you ☐ Yes ☐ No	r
(If you ansi you must si	wered "yes" to the quest ign this form. If you answe	ion, <b>STOP.</b> Y ered "no" to th	ou need not complete the ne question, go on to the n	e rest of this form, except that ext question.)	t
If you are badvised that		entation, or if	your appearance is part	of other paid duties, please be	€
1.	Before you engage in authorization with the		s a lobbyist, you or your	principal must file an	
2.	Your principal is not pwith the City Clerk.	permitted to a	authorize you to lobby un	less you are registered	
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?				
(Please go at Room 10	to the City Clerk's websi 33 of the City-County Buil	te <u>www.cityof</u> ding, Madisor	madison.com/clerk/index.in, for more information.)	html or go to the Clerk's Office	Э
Date	115/11	Signature Print Name	Para - li		
		i iiii i vaine	occu (xxx		

Date//15-204

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: 26	30 KENDAIC A
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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 whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:			
	,		
Are you bei	ng paid for your representation?		
Are you app (If you answ the next qu	pearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)		
Are you ar municipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If you ans	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)		
If you are badvised that	peing paid for your representation, or if your appearance is part of other paid duties, please be at:		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
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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?		
(Please go at Room 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: _//-/5//	
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# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Dennis Weld	Address: 450s	5 W. 1254h St.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	*
Amendment No/	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other tl need not complete the rest of this fol nd go on to the next question.)	

#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes ☐ No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes □ No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City

(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.)

Clerk for the remainder of the calendar year?

Date	Signature	
p	Print Name	,

Date: 11-15-11

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: SHALON KILF	Address: UH	WILLIAMSON		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>		
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
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 whom you represent and go on to the next question.)				

#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Yes □ No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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: 1/15/11

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: MARTING	Address: 4118	3 HEGG AGE
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	nan yourself: ☐ Yes ☐ No m. If you answered "yes," provide

(SEE BACK)

Name, address and telephone number of each person or organization you are representing:			
Are you bein	ng paid for your representation?	☐ Yes ☐ No	
-			
Are you appe (If you answe the next que	earing as part of your other paid duties for this person erered "no," <b>STOP;</b> you need not complete the rest of estion.)	on or organization?	
Are you an municipality	elected official or employee who is appearing so or other governmental body?	olely on behalf of your office or for your Yes No	
(If you answ you must sig	vered "yes" to the question, <b>STOP.</b> You need not o gn this form. If you answered "no" to the question, go	complete the rest of this form, except that o on to the next question.)	
If you are be advised that:	eing paid for your representation, or if your appeara ::	nce is part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, y authorization with the City Clerk.	you or your principal must file an	
2.	Your principal is not permitted to authorize you with the City Clerk.	to lobby unless you are registered	
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 t at Room 103	to the City Clerk's website <u>www.cityofmadison.com/</u> 3 of the City-County Building, Madison, for more info	clerk/index.html or go to the Clerk's Office ormation.)	
Date	Signature		

Date:	<u> </u>	<i>15</i> -	11	
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# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Kon Hawko	Address: 520	2 Monument LANG
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	2 Monument LANG 500, WI 53704
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representin (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	g an organization or a person other the need not complete the rest of this for nd go on to the next question.)	nan yourself:  Yes  No m. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2  Name, address and telephone number of each person or organization you are representing:				
Are you beir	ng paid for your representation?	☐ Yes   ✓No		
Are you app (If you answ the next que	pearing as part of your other paid duties for this person evered "no," <b>STOP;</b> you need not complete the rest of estion.)	on or organization?  Yes No f this form. If you answered "yes," go on to		
Are you an municipality	n elected official or employee who is appearing so or other governmental body?	olely on behalf of your office or for your		
(If you ansv you must sig	wered "yes" to the question, <b>STOP.</b> You need not o gn this form. If you answered "no" to the question, go	complete the rest of this form, except that on to the next question.)		
If you are be advised that	eing paid for your representation, or if your appeara t:	nce is part of other paid duties, please be		
1.	Before you engage in lobbying as a lobbyist, y authorization with the City Clerk.	you or your principal must file an		
2.	Your principal is not permitted to authorize you with the City Clerk.	to lobby unless you are registered		
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 at Room 10	to the City Clerk's website <u>www.cityofmadison.com/</u> 33 of the City-County Building, Madison, for more info	iclerk/index.html or go to the Clerk's Office ormation.)		
Date //-	15 - [ Signature 1652	Marly		

Print Name Ron HANKO

Date: 11/15/2011

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Gary Steb	n;+2 Address: 9	15 Waban Hill dison, W153711
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 17	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>Æ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other the need not complete the rest of this for and go on to the next question.)	

#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes ☐ No Are you being paid for your representation? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.) Signature Date \_\_\_\_\_

Print Name

Date: 11-1551/

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY  Name: Swith Watson	Address: 160	oz s Park St		
		isca W1 53716		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN		
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
At this meeting are you representing an organization or a person other than yourself: Yes \sum No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," provide the name of whom 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 representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.) Date \_//- /5-//

Date: 1500 11

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Ly Donova	) Address: <u>531</u>	BNO. PINCKWEYST XSON WI 53709
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 17	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representin (If you answered "no," STOP: you	g an organization or a person other th need not complete the rest of this for	an yourself:  Yes No m. If you answered "yes," provide

the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:		
Are y	ou bein	g paid for your representation?
(If you	ou appe u answe ext ques	earing as part of your other paid duties for this person or organization? Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to stion.)
Are y munic	ou an cipality o	elected official or employee who is appearing solely on behalf of your office or for your office or your
(If yo you n	u answ nust sigi	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)
	are be ed that:	ing paid for your representation, or if your appearance is part of other paid duties, please be
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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(Plea at Ro	se go to om 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)
Date	11/10	S/II Signature /m (/_ b)
		Print Name Kin W. Donard

Date:	11/15/11

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Delo Ra Men	nton Address: locs	5 E Washington Ne dison W153703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other the need not complete the rest of this for nd go on to the next question.)	

(SEE BACK)

Name, address and telephone number of each person or organization you are representing:				
I'Reater Madison Mamber				
415 E Washington Ne				
Madison 53%1				
re you being paid for your representation?				
Are you appearing as part of your other paid duties for this person or organization?  Yes  No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next question.)				
re you an elected official or employee who is appearing solely on behalf of your office or for you unicipality or other governmental body?				
(If you answered "yes" to the question, <b>STOP.</b> 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.)				
you are being paid for your representation, or if your appearance is part of other paid duties, please b dvised that:				
<ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> </ol>				
<ol> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> </ol>				
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 Offic t Room 103 of the City-County Building, Madison, for more information.)				
ate 11/15/11 Signature Wellah				
Print Name DeloRa Newton				

Date:	11-15-11	

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Scott Watson	Address: 621	7 Riedmant Rel .
	Maa	lisan WI 53711
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No. <u>/ 7</u>	<ul><li>⊠ Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:				
Are y	ou beir	ing paid for your representation?		
(If yo	u answ	pearing as part of your other paid duties for this person or organization?	No on to	
Are y	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
(If yo you n	u answ nust sig	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, exceptign this form. If you answered "no" to the question, go on to the next question.)	ot that	
	are be	peing paid for your representation, or if your appearance is part of other paid duties, plea at:	ise be	
	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?		
(Plea at Ro	se go t oom 10:	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's 03 of the City-County Building, Madison, for more information.)	Office	
Date	11	Signature Out Water		
		Print Name Scott Walson		

Date: \_\_///5///\_\_\_\_

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: 205 Ma	Del Mar Drive dison, WD 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes \int \text{No} \text{ No (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:		
Are y	ou bei	ing paid for your representation?
(If you	u ansv	pearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are y munic	ou ar	n elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If yo you n	u ansı nust si	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
	ı are b ed tha	peing paid for your representation, or if your appearance is part of other paid duties, please be at:
	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?
(Plea at Ro	se go om 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: ///5/4

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY		1 Klasser Proc.
Name: Scott Faulle.	Address: 66	of WIL ANG.
ENTER AMENDMENT NUMBER		ADISON WE SOLUMN
<b>—</b>	V Support	Wigh to angel
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)		

Name, address and telephone number of each person or organization you are representing:		
	9.444	
Are y	ou bei	ng paid for your representation?
(If you	u ansv	pearing as part of your other paid duties for this person or organization?  Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
		n elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If you you m	u ansı nust si	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)
	are bed tha	eing paid for your representation, or if your appearance is part of other paid duties, please be t:
	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?
(Pleas at Ro	se go om 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: November 15, 2011

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: HAMANG PA	TEL Address: ///	o Seminole Highway adison, WI 53711
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	,
Amendment No	Support Doppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Ayailable to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other the need not complete the rest of this for nd go on to the next question.)	

Name, address and telephone number of each person or organization you are representing:					
La	ndmank	X, LLC			
2	2 E.	Mifflin	5+.	Suite	800
	Madison	, W1	5370	3	
Are you being	g paid for your repr	resentation?		<u>)</u> \	′es □ No
Are you appe (If you answe the next ques	ered "no," <b>STOP;</b> yo	ur other paid duties fo ou need not complete	or this person of this e the rest of this	r organization?	☑ Yes ☐ No vered "yes," go on to
Are you an municipality	elected official or or other governmer	employee who is aphtal body?	opearing solely	on behalf of yo	ur office ør for your ⁄es ⊠No
(If you answ you must sig	ered "yes" to the q n this form. If you a	question, <b>STOP.</b> You answered "no" to the c	need not comp question, go on	plete the rest of the to the next questi	his form, except that on.)
If you are be advised that:		epresentation, or if yo	our appearance	is part of other pa	aid duties, please be
1.	Before you enga authorization with	ige in lobbying as a the City Clerk.	lobbyist, you	or your principal	must file an
2.	Your principal is with the City Clerk	not permitted to autl k.	norize you to lo	obby unless you a	are registered
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 _ / / -	15-2011	Signature	44-	f.+1	
-		Print Name	HAMAN	VG PATE	oma mana

Date:	11/13/11

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Crain McDowell	Address: V	250 Prospect Commons
	Su	n Prairie WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COL	UMN & ONE BOX IN THIS COLUMN
Amendment No	<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	need not complete the rest of this	er than yourself:  Yes  No s form. If you answered "yes," provide

Name, address and telephone number of each person or organization you are representing:			
A	ing paid for your representation?		
Are you be	ing paid for your representation? ☐ Yes ☒ No		
Are you ap (If you ans the next qu	pearing as part of your other paid duties for this person or organization?  Yes  No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)		
Are you a municipalit	n elected official or employee who is appearing solely on behalf of your office or for your y or other governmental body?		
(If you ans you must s	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)		
If you are I advised tha	peing paid for your representation, or if your appearance is part of other paid duties, please be at:		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2.	<ol> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> </ol>		
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 at Room 1	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)		
Date _i\/	Signature (Print Name Croig McDowell)		
	Print Name Craig McDowell		

Date: 1//15/1/

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: PAUL Z/M!	7ER Address: 14	38 N STOUGHTONK
ENTER AMENDMENT NUMBER		0130N W/ 53714
Amendment No/	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other t need not complete the rest of this fo nd go on to the next guestion.)	

Name, address and telephone number of each person or organization you are representing:							
Are yo	ou being	g paid for your repre	sentation?			Yes	⊠No
(If you	ou appe I answe ext ques	aring as part of your ared "no," <b>STOP;</b> you ation.)	other paid dutie uneed not comp	es for this pers blete the rest o	on or organizati of this form. If yo	ion?	s ⊠ <sup>′</sup> No "yes," go on to
Are yo munic	ou an e ipality c	elected official or e or other government	mployee who is al body?	s appearing s	olely on behalf	of your offi ☐ Yes	ce or for your ⊠No
(If you you m	ı answe nust sigr	ered "yes" to the qu n this form. If you an	estion, <b>STOP.</b> \ swered "no" to to	ou need not he question, g	complete the re o on to the next	est of this for question.)	m, except that
	are bei ed that:	ng paid for your rep	resentation, or i	f your appear	ance is part of o	other paid du	ties, please be
	1.	Before you engag authorization with t	e in lobbying a he City Clerk.	s a lobbyist,	you or your pr	rincipal must	file an
	2.	Your principal is n with the City Clerk.	ot permitted to	authorize you	to lobby unless	s you are re	gistered
	3.	If your principal spreporting period (h Clerk for the remain	alf year), the pri	ncipal must fil	\$1,000 for lobb le expense state	ying services ements with	s in any the City
(Pleas	se go to om 103	o the City Clerk's we of the City-County E	bsite <u>www.cityo</u> Building, Madiso	fmadison.com n, for more inf	/clerk/index.htm formation.)	n <u>l</u> or go to the	e Clerk's Office
Date	11/1	15/11	Signature	Paul	Jenn PAII	21/1	MER
			Print Name		1110	<u> </u>	- 4

Date:	

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name:	Address: //	138 N. Stoughton 10 Madison 537/4
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	ng an organization or a person other need not complete the rest of this fo and go on to the next guestion.)	

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: □No ☐Yes 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Print Name

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Signature

Date \_\_\_\_\_

Date: ////5///

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: 14	38 N Slavephon Red
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other the need not complete the rest of this for nd go on to the next question.)	

(SEE BACK)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Yes ☐ No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1.

- authorization with the City Clerk.
- Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk.
- If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.)

Date	Signature	
	Print Name	

Date: 11/15/11

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Mark Linsmelt	Address: 14	38. N. Stongston R Madison WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐Yes No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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: \_\_(, // ) -///

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Tool Kupista	Address:	1602 s, Peura St
		Madegan 53715
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	MN & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representir	ng an organization or a person othe	r than yourself: ☐ Yes

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:				
Are y	ou bei	ng paid for your representation?		
(If you	u ansv	pearing as part of your other paid duties for this person or organization? Yes Nowered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)		
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If yo you n	u ansı nust si	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)		
	ı are b ed tha	eing paid for your representation, or if your appearance is part of other paid duties, please be t:		
	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 03 of the City-County Building, Madison, for more information.)		
Date		Signature		
		Print Name		

Date:	1/-/5-//
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# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Bernie San	Address: / ᠘/ 3	88 N. Stanlatin R.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N& ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	Support Doppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ 'Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other t need not complete the rest of this fo nd go on to the next question.)	

REGISTRATION STATEMENT - PAGE 2  Name, address and telephone number of each person or organization you are representing:							
Are you	being	paid for your represe	entation?			☐ Yes	
Are you (If you a the next	nswei	aring as part of your o red "no," <b>STOP;</b> you i ion.)	other paid duties for need not complete t	this person of the	or organizations or organizations. If you	on?    Yes	No
Are you municipa	an e	lected official or em	ployee who is app body?	earing solel	y on behalf	of your office	e or for your No
(If you a	answe st sign	red "yes" to the ques this form. If you ansv	stion, <b>STOP.</b> You nevered "no" to the qu	eed not com estion, go or	plete the res to the next	st of this form question.)	, except that
If you ar advised		ng paid for your repre	esentation, or if your	r appearance	e is part of of	ther paid dutie	es, please be
1		Before you engage authorization with the	in lobbying as a le City Clerk.	obbyist, you	or your pri	ncipal must f	ïle an
2	<ol> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> </ol>						
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 at Room	go to 103	the City Clerk's webs of the City-County Bu	site <u>www.cityofmadi</u> ilding, Madison, for	ison.com/cle more inform	rk/index.html ation.)	or go to the	Clerk's Office
Date/	1/-/	5-11	Signature S	Prois		Sans	
			THIRTNAING <u>U</u>	Crriii	7.		

Date:////5///

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: TERRY ANELSON	Address: 14/	38 N. STOCKHIND RD
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	, , , , , , , , , , , , , , , , , , ,
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	need not complete the rest of this f	than yourself:  Yes

Name,	addre	ss and telephone num	ber of each pe	erson or org	anization you ar	e representing	g:
Are yo	u being	g paid for your represe	entation?			☐ Yes	No No
Are yo (If you the ne	answe	earing as part of your or ered "no," <b>STOP;</b> you restion.)	ther paid dutieneed not comp	es for this pe plete the res	erson or organiz t of this form. If	ation?	es 💟 No d "yes," go on to
		elected official or em or other governmental		s appearing	solely on beh	alf of your of ☐ Yes	fice or for your
(If you you mu	answe ust sigr	ered "yes" to the ques n this form. If you ansv	stion, <b>STOP.</b> Y vered "no" to tl	ou need no he question,	ot complete the go on to the ne	rest of this for	orm, except that
If you a		ng paid for your repre	sentation, or i	f your appe	arance is part o	f other paid d	uties, please be
	1.	Before you engage authorization with the		s a lobbyis	t, you or your	principal mus	st file an
	2.	Your principal is not with the City Clerk.	permitted to a	authorize yo	ou to lobby unle	ess you are re	egistered
	3.	If your principal sper reporting period (half Clerk for the remaind	year), the pri	ncipal must			
(Please at Roo	e go to m 103	the City Clerk's webs of the City-County Bu	site <u>www.cityot</u> ilding, Madisor	fmadison.co n, for more i	m/clerk/index.h nformation.)	t <u>ml</u> or go to th	ne Clerk's Office
Date <u>/</u>	11/15/	<u> </u>	Signature	Tex	Melson		

Date: 11-15-2014

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY  Name: KENT D MILLER	Address: ामु उ	58 N Stoughton Rd
ENTER AMENDMENT NUMBER		ISON WI, 53714
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	nan yourself:  Yes  No m. If you answered "yes," provide

Name, address and telephone number of each person or organization you are representing:					
Are you being	g paid for your repre	sentation?	8	☐ Yes	
Are you appe (If you answe the next ques	ered "no," <b>STOP;</b> you	other paid duties u need not comple	for this person or organizate the rest of this form. If y	ation? ☐ Yes ঐ No you answered "yes," go on to	
Are you an municipality	elected official or e or other government	mployee who is a al body?	appearing solely on beha	llf of your office or for your ☐ Yes ☑ No	
(If you answe	ered "yes" to the qu n this form. If you an	estion, <b>STOP.</b> Yo swered "no" to the	u need not complete the a question, go on to the nex	rest of this form, except that xt question.)	
If you are be advised that:	ing paid for your rep	resentation, or if y	our appearance is part of	other paid duties, please be	
1.	Before you engag authorization with t		a lobbyist, you or your p	principal must file an	
2.	<ol> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> </ol>				
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 at Room 103	o the City Clerk's we of the City-County E	ebsite <u>www.cityofm</u> Building, Madison,	nadison.com/clerk/index.ht. for more information.)	ml or go to the Clerk's Office	
Date <u>//-/5</u>	-2011	Signature		2	
		Print Name	Kent D MILLER		

Date: 11-15-2019

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name:	Address: 140	38 N. Stoughton Jison WI 531148
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No/	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>  Wish to speak</li><li>  Do not wish to speak</li><li>  Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you the name of whom you represent a	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	nan yourself: ☐ Yes ☐ No rm. If you answered "yes," provide

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: □No Are you being paid for your representation? ☐Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Print Name

at Room 103 of the City-County Building, Madison, for more information.)

Date

Signature

Date: 1/15/2011

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Leigh Molles	nhoff Address: /50	)/ Merrison
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other th need not complete the rest of this for nd go on to the next question.)	

Name, address and telephone number of each person or organization you are representing:			
Are you bein	g paid for your representation?		
Are you app (If you answ the next que	earing as part of your other paid duties for this person or organization? Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If you answ you must sig	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that an		
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be		
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.		
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(Please go t at Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 11/15/11

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY				
Name: Steve Johnson	Address: 14.38	10 Staighton Rd		
	Mad	N Staughton Rd Ison, WI 53597		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN		
Amendment No	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
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At this meeting are you representing an organization or a person other than yourself:   Yes   No  (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)				

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ No Yes 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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: 1/-15-//

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: TAMES Meich	Address: 44	38 S. Stoughton RD ADISON, WICE
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No	<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing an organization or a person other than yourself:   Yes   No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)		

#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.)

Print Name

Signature

Date \_\_\_\_

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name:	Address: 14	38 Stoughton ed
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	Southon ed dean WI 5359) N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	nan yourself:  Yes  No rm. If you answered "yes," provide

#### **REGISTRATION STATEMENT - PAGE 2**

Name, address and telephone number of each person or organization you are representing:			
Are you being	g paid for your representation?		
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization?  Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
(If you answey	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)		
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be		
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(Please go to at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 11~15~2011

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Roderck W May	<i>PQ1</i> Address:/	1438 Stosyhton Id.  Nadison WI 53597	
ENTER AMENDMENT NUMBER		MN & ONE BOX IN THIS COLUMN	
Amendment No. 17	<ul><li>⊠ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Do not wish to speak Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
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 whom you represent and go on to the next question.)			

Name, address and telephone number of each person or organization you are representing:			
Are you be	eing paid for your representation?		
Are vou a	opearing as part of your other paid duties for this person or organization? ☐ Yes ☐ No swered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to		
Are you a municipali	an elected official or employee who is appearing solely on behalf of your office or for your ty or other governmental body?		
(If you an you must	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)		
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(Please go at Room 1	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 103 of the City-County Building, Madison, for more information.)		
Date	Signature		

Print Name

Date: // -/5 - 20/1

### Early Public Comment Registration Statement - Common Council 2012 CAPITAL BUDGET

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Ross Faulkner	Address:	( Wisconsin Ave.
	Mo	odison, wy 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions ☐ No
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions

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.)

(SEE BACK)

#### Page 2 of 2

Nam	ne, add	ress and telephone number of each person or organization you are representing:
		·
Are y	you bei	ng paid for your representation?
(If yo	ou ansv	pearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
	•	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
		wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If 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 3 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name
		T.

Date: 11 /5 / 11

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Victor Codrigor	Address: $\frac{211}{M}$	Lathing Str Edism WI 53726
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other th need not complete the rest of this for	

#### **REGISTRATION STATEMENT - PAGE 2**

Name, address and telephone number of each person or organization you are representing:		
Are yo	ou bei	ng paid for your representation?
(If you	ı ansv	pearing as part of your other paid duties for this person or organization? Yes No vered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are y	ou an cipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If you you m	u ansv nust si	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)
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(Pleas at Roo	se go om 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: 1, 15/11

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

Name: Shan Zelan	Address: 18	High Point Woods Dr Ap
ENTER AMENDMENT NUMBER	/	
Amendment No/	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

the name of whom you represent and go on to the next question.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ No ☐Yes 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? | Yes (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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Date	Signature
	Drint Nama

Ø/

Date: 11/16/11

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Intip Sandilia	Address:	516 Harvest Moon Cf.
ENTER AMENDMENT NUMBER		100 Harvest Mich Cf.  January WJ 53597  IN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐, Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other t need not complete the rest of this fo nd go on to the next question.)	

(SEE BACK)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes ☐ No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐Yes municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.)

Signature

Print Name

Date: 14/5/4

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY  Name: IM CARLEY	Address: 🖔 🖔 💍	1 OLD SAUKRD
- The state of	MAZ	1 OLD SAUKRD VISON
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)		

#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: □No ☐ Yes 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.) Date \_\_\_\_\_ Signature

Print Name

Date: //~/ <i>5</i> ~ル
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# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY	A delucación de	
Name: Leonard Shel	ton Address: 47	102 5. Dil facore
	made	02 5. Bilfacore Wis. 53708
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing an organization or a person other than yourself:   Yes   No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)		

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes □No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? \sum Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City

(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.)

Clerk for the remainder of the calendar year?

Date	Signature
	Print Name

Date: 11-15-11

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: SERRY KLUBE ENTER AMENDMENT NUMBER		DZ BILTMORE  DISON WI 53718  1 & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐Yes □No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes □No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.) Signature Date

Print Name

Date:	11/15/11
Date.	777071

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Ryan Och (hot	Address:  1/7	O2 S. Biltnore
regar ochinat	May	02 S. Biltnore l.son, WT 53718
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No/	<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Print Name

Date: 1//5///

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Michael Engelb	erger Address: 7/8	rost Rd dison WI 537/3
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. <u>/7</u>	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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### REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:		
Construction Labor Management Council 718 Post Rd 608-271-5501 Madison WI 537/3		
7,	18 Post Rd 60	18-271-5501
N	1adison WI 537/3	
Are you being	g paid for your representation?	☐ Yes           XNo
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next question.)		
	elected official or employee who is apported of the second	pearing solely on behalf of your office or for your Yes  No
(If you answered "yes" to the question, <b>STOP.</b> 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.)		
If you are be advised that:	ing paid for your representation, or if you	ur appearance is part of other paid duties, please be
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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.cityofmad</u> of the City-County Building, Madison, for	lison.com/clerk/index.html or go to the Clerk's Office r more information.)
Date//.	5/// Signature	-ymh/
17	Print Name	Pichael R. Engelberger

Date: 1/-/5-11
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### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY	A 11	
Name: Due Beil-Feac	Address: 921	Brevent Weeplung
,	M	Brevent Keeply
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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(SEE BACK)

the name of whom you represent and go on to the next question.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes ☐ No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.)

Print Name

Signature

Date \_\_\_\_\_

Date:	
Date.	

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name:	Address: 119	FO E DAYTON ST ADISON, WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other th need not complete the rest of this form nd go on to the next question.)	

Name, add	REGISTRATION STATEMENT - PAdress and telephone number of each person or organiza	
Are you be	eing paid for your representation?	☐ Yes ☐ No
Are you ap (If you ans the next qu	opearing as part of your other paid duties for this person swered "no," <b>STOP;</b> you need not complete the rest of the duestion.)	or organization? ☐ Yes ☐ No his form. If you answered "yes," go on to
Are you a municipalit	n elected official or employee who is appearing sole by or other governmental body?	ely on behalf of your office or for your Yes No
(If you ans	swered "yes" to the question, <b>STOP.</b> You need not consign this form. If you answered "no" to the question, go o	mplete the rest of this form, except that on to the next question.)
If you are advised that	being paid for your representation, or if your appearandat:	ce is part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, yo authorization with the City Clerk.	u or your principal must file an
2.	Your principal is not permitted to authorize you to with the City Clerk.	lobby unless you are registered
3.	If your principal spends or will owe more than \$1, reporting period (half year), the principal must file of Clerk for the remainder of the calendar year?	000 for lobbying services in any expense statements with the City

(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.)

Signature

Print Name

Date:	11/15/11	

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Anthony Anastas	Address: \(\( \( \( \) \)	2 S. Park
	Mas	2 S. Park ison, WI 53715
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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	g an organization or a person other the seed not complete the rest of this for and go on to the next question.)	

#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: □No Yes 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.) Signature Date \_\_\_\_\_

Print Name

Date: 11 - 15 - 11

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: JOE JAZIDZEWSIN' Address: 1571 ludry IZ  Sum TRAIRIE, wi 52590				
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN		
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions		
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
At this meeting are you representing an organization or a person other than yourself: Yes				

#### **REGISTRATION STATEMENT - PAGE 2**

Name,	addre	ess and	telephone n	number of each perso	n or organ	ization you ar	e representing:	
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<b>!</b>								
		,						
Are yo	u bein	g paid f	or your repr	esentation?			☐ Yes	No
Are you (If you the nex	answe	ered "no	s part of you o," <b>STOP;</b> yo	ur other paid duties foou need not complete	or this perse the rest o	on or organiz	ation? X Yes you answered "	☐ No yes," go on to
Are yo munici	ou an pality	elected or other	official or governmen	employee who is antal body?	opearing s	olely on beha	alf of your offic Yes [	e or for your No
(If you you mu	answ ust sig	ered "ye n this fo	es" to the q rm. If you a	uestion, <b>STOP.</b> You nswered "no" to the q	need not o	complete the o on to the ne	rest of this form axt question.)	n, except that
lf you a			I for your re	presentation, or if yo	ur appeara	ince is part o	f other paid duti	es, please be
	1.			ge in lobbying as a the City Clerk.	lobbyist,	you or your	principal must	file an
	2.		orincipal is a e City Clerk	not permitted to auth	norize you	to lobby unle	ess you are reg	istered
	3.	reporti	ng period (I	pends or will owe m half year), the princip inder of the calendar	al must file			
				ebsite <u>www.cityofma</u> Building, Madison, <b>t</b> ç			ml or go to the	Clerk's Office
		C			Some			
Date _	111	5-11		Signature	12	au	my/	
				Print Name			-	
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Date: 1//16/1/

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: 5 CM	Address: H/57	Rose CT Helon, WI 5356]
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No/ 7	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Print Name

at Room 103 of the City-County Building, Madison, for more information.)

Date \_\_\_\_\_

Signature

Date:	
Date.	

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: David Wan	Sh Address: 12	13 & Mifflins 3707
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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#### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes ☐ No Are you being paid for your representation? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.)

Signature

Print Name

Date \_\_\_\_\_

Date: 11 (15 11

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Day Noncy	Address:	adison, WI 5371
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	,
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representin (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	g an organization or a person other th need not complete the rest of this forn nd go on to the next question.)	an yourself:

Name, address and telephone number of each person or organization you are representing:		
Are you b	eing paid for your representation?	
Are you a (If you an the next o	ppearing as part of your other paid duties for this person or organization?  Yes No swered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to uuestion.)	
	an elected official or employee who is appearing solely on behalf of your office or for your ity or other governmental body?	
(If you ar you must	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)	
If you are advised th	being paid for your representation, or if your appearance is part of other paid duties, please be nat:	
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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 to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 103 of the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 11-15-2017

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Parto	79 Address: (Lf	20 Martin
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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	g an organization or a person other the need not complete the rest of this for and go on to the next question.)	

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Print Name

Signature

Date

### 08/08/2011

John Mathews telephone statement with Phil Ball.

#### John:

"I strongly believe that the great majority of the membership of MTI overwhelmingly opposes the Edgewater project and the use of TIF funds for this wholly inappropriate use of public dollars.

The Board of Education has expressed unanimous opposition to this project.

It should not have city support nor access to public funds, especially monies such as TIF that are clearly designated for schools, public infrastructure to eliminate blight and encourage development and services for those in need."

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: James 196	Address:	2 East Johnson S
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No.	⊠ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
		^

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

At this meeting are you representing an organization or a person other than yourself: 

Yes

the name of whom you represent and go on to the next question.)

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Print Name

Date: <u>[[//5//</u>]

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: I'm Leonhar	Address: 95	O E. Gorham
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	G. Gorham  I & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Clerk for the remainder of the calendar year?

Date	Signature
	Drint Name

Date:

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: 35	34 Timber Land 65 MAINES L-1 535
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	<b>√</b>
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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At this meeting are you representing (If you answered "no." STOP: you	ng an organization or a person other need not complete the rest of this fo	than yourself:  Yes  No
the name of whom you represent a		, 2.2. 22

(SEE BACK)

Name	, addr	ess and telephone number of each person or organization you are representing:	
Are yo	ou beir	ng paid for your representation?	
(If you	ı answ	pearing as part of your other paid duties for this person or organization? Yes Novered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)	
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?	
		vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)	
lf you advise		eing paid for your representation, or if your appearance is part of other paid duties, please be	
	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 3 of the City-County Building, Madison, for more information.)	
Date _		Signature	
		Print Name	

Date: //// 5 ///

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

Name: TIM VALENTYN	Address:	
ENTER AMENDMENT NUMBER CH	ECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No//	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:		
Are you be	ing paid for your representation?	
	pearing as part of your other paid duties for this person or organization?	
	n elected official or employee who is appearing solely on behalf of your office or for your y or other governmental body?	
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)	
If you are advised th	peing paid for your representation, or if your appearance is part of other paid duties, please be at:	
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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?	
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 33 of the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: //-////////

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Chuck Litwell	Address: 5	LUKKEN CT. 1Adison 53704
	N	1Adison 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	ng an organization or a person other t	than yourself: ☐ Yes ☐No

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:		
Are you be	ing paid for your representation?	
Are you ap (If you ans the next qu	pearing as part of your other paid duties for this person or organization?  Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to restion.)	
Are you a	n elected official or employee who is appearing solely on behalf of your office or for your yor other governmental body?	
(If you ans you must s	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)	
If you are I	peing paid for your representation, or if your appearance is part of other paid duties, please be at:	
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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 at Room 1	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 11/15/11

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: ROBERT A DINN	Address: \(\tilde{\ti}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	3 KETHE COURT
	VE	KONA
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you	g an organization or a person other t need not complete the rest of this fo	han yourself: ☐ Yes ☑ No rm. If you answered "yes," provide

the name of whom you represent and go on to the next question.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Yes ☐ No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes | No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Print Name

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Date

Signature

Date: 11/15/11

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: ARAH DUN (A	Reentre Address: 10 6	E DOTY ST	
	MAG		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN	
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
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### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐Yes ☐ No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.) Signature Date

Print Name

Date: Nov. 15, 2011

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Stuart Zan	lra Address: 53	312 Lighthouse Bay Dr.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	12 Lighthouse Bay Dr. adison, WI 53704  18 ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	g an organization or a person other th	an yourself: ☐ Yes

the name of whom you represent and go on to the next question.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: □ No ☐Yes 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes No municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Print Name

at Room 103 of the City-County Building, Madison, for more information.)

Date

Signature

# CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Scff Mchr	Address: 69	Du Century AUE Middledon, at 5356
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUI	
Amendment No/	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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At this meeting are you representin (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	need not complete the rest of this i	than yourself:☑ Yes   □ No form. If you answered "yes," provide

(SEE BACK)

	ess and telephone number of each person or org	
Painter	-5 LOCAL 802 - 1571 7	Fury Drive Sun Pravice 5358
	608-	834-1690
Are you bei	ng paid for your representation?	☐ Yes ☐ No
Are you app (If you answ the next que	pearing as part of your other paid duties for this pered "no," <b>STOP</b> ; you need not complete the resestion.)	person or organization?
Are you an municipality	elected official or employee who is appearing or other governmental body?	ng solely on behalf of your office or for your Yes No
(If you answ you must si	wered "yes" to the question, <b>STOP.</b> You need noing this form. If you answered "no" to the question	not complete the rest of this form, except that on, go on to the next question.)
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(Please go at Room 10	to the City Clerk's website <u>www.cityofmadison.c</u> 3 of the City-County Building, Madison, for more	<u>com/clerk/index.html</u> or go to the Clerk's Office e information.)
Date	Signature	
		·

Date: /////////

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Mathew C. Car	Ison Address: Mi	chael Best + Friedrich ne s. Pinckney St., Suite 700 ludixn, WI 53701
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No	<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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At this meeting are you representin (If you answered "no," <b>STOP</b> ; you the name of whom you represent as	g an organization or a person other need not complete the rest of this found go on to the next question.)	than yourself:☑ Yes ☐ No orm. If you answered "yes," provide

(SEE BACK)

	ess and telephone number of ea	ach person or organization yo	ou are representing:	
Landr	navk X, LLC			
22 E	nark X, LLC Mifflin St., Suit 800			
Madis	on, WI 57701			
Are you being	g paid for your representation?		Yes	No
Are you appe (If you answe the next ques	earing as part of your other paid ered "no," <b>STOP;</b> you need not estion.)	d duties for this person or org complete the rest of this form	anization? ⊠́Yes n. If you answered "ye	☐ No s," go on to
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answered "yes" to the question, <b>STOP.</b> 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.)			except that	
If you are be advised that:	ing paid for your representatio	n, or if your appearance is p	art of other paid duties	, please be
1.	Before you engage in lobby authorization with the City Cle	ving as a lobbyist, you or y erk.	our principal must file	e an
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?			
(Please go to at Room 103	o the City Clerk's website <u>www</u> 3 of the City-County Building, M	v.cityofmadison.com/clerk/ind ladison, for more information.	ex.html or go to the Cl	'erk's Office
Date	Signa Signa	iture Mill Mill		
*	Print	Name Matthew C. Carlo	SCH	

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Michael S. Green	Address: Michael Mulis	red Best + Friedrich LLP Vinckney, Suite 700 son, LI 53701
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	nan yourself: ☐ Yes ☐ No m. If you answered "yes," provide

	ess and telephone number of each person or organization you are representing:		
Landma	nk t, LLC		
27 E.	Mifflinst.		
Medica	milthinst.		
Are you bei	ng paid for your representation?		
Are you app (If you answ the next que	pearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)		
	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?		
(If you answered "yes" to the question, <b>STOP.</b> 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.)			
If you are b advised tha	eing paid for your representation, or if your appearance is part of other paid duties, please be t:		
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 at Room 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)		
Date	Signature Man		
	Print Name Michael S. breen		

Date: 11 15 11

## CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Amy Pleasing N	Address: 46	le Lauren LA.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	l
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representir (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other to need not complete the rest of this fo and go on to the next question.)	than yourself:  Yes No orm. If you answered "yes," provide

Name, address and telephone number of each person or organization you are representing:				
Are you	being paid for your repres	entation?		☐ Yes ∯ No
Are you a (If you ai the next	appearing as part of your nswered "no," <b>STOP;</b> you question.)	other paid duties need not comple	for this person or organiza ete the rest of this form. If y	☐ Yes No tion? ☐ Yes No you answered "yes," go on to
Are you municipa	an elected official or er lity or other governmenta	nployee who is I body?	appearing solely on beha	lf of your office or for your ☐ Yes ☐ No
(If you a you mus	nswered "yes" to the que t sign this form. If you ans	estion, <b>STOP.</b> Yo wered "no" to the	ou need not complete the requestion, go on to the nex	rest of this form, except that at question.)
If you are		esentation, or if	your appearance is part of	other paid duties, please be
1	Before you engage authorization with the	in lobbying as e City Clerk.	a lobbyist, you or your p	orincipal must file an
2	Your principal is no with the City Clerk.	t permitted to au	uthorize you to lobby unles	ss you are registered
3	. If your principal spe reporting period (ha Clerk for the remain	If year), the princ	more than \$1,000 for lobb cipal must file expense sta lar year?	bying services in any tements with the City
(Please at Room	go to the City Clerk's well 103 of the City-County B	osite <u>www.cityofn</u> uilding, Madison,	nadison.com/clerk/index.htr for more information.)	<u>ml</u> or go to the Clerk's Office
Date		Signature		
		Print Name		

Date: 11 15 201/

### CITY OF MADISON Registration Statement - Common Council 2012 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: 15	Kershfor Dr. 280H, WIS370
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	W & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No [	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No [	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No [	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No [	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No [	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes ☐ No 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 complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes municipality or other governmental body? (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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Print Name

at Room 103 of the City-County Building, Madison, for more information.)

Date \_\_\_\_\_

Signature

### Early Public Comment Registration Statement - Common Council 2012 CAPITAL BUDGET

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: ) sues Voul	Address:	07 S Park S
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. Edgewher	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself. Yes \(\subseteq\) 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.)

(SEE BACK)

### Page 2 of 2

Datai	11 /	16	/15
Date:	11/	10	// ()
	7		

## CITY OF MADISON Registration Statement - Common Council 2011 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: N68	26 ENGLISH SCATTERMENT 20
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	ng an organization or a person other t need not complete the rest of this for and go on to the next question.)	

UNPAID LOCAL 60

Nam	REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing:		
Are y	ou beir	ng paid for your representation?	
(If yo	u answ	pearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on the estion.)	
		elected official or employee who is appearing solely on behalf of your office or for your other governmental body?	
		vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except the gn this form. If you answered "no" to the question, go on to the next question.)	
•	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be::	
	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

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Signature

Print Name