Page 1 of 2

Date:	i	-	11	0		1
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Early Public Comment Registration Statement - Common Council 2012 OPERATING 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:	Hoff Address: Z	ADISON. 5-3713
·	H	ADISON. 53713
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 13	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
At this procting are year representing	a an arganization or a navon other th	ann vauraalfi 🗆 Vaa* 🔻 Na

At this meeting are you representing an organization or a person other than yourself: \(\sum \text{Yes}^* \) \(\sum \text{No} \) (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

Name, address and telephone number of each person or organization you are representing:					
う る	SIELF				
Are you beir	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 vered "no," STOP ; 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 answ you must sig	wered "yes" to the question, STOP. 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 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 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 1	16[1] Signature Ama				
	Print Name J. W. Talle Ft				

Date: /// / @ / / /

Early Public Comment Registration Statement - Common Council 2012 OPERATING 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: Hy Uster	Address:	14 Pinehurat Circle
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	MN & ONE BOX IN THIS COLUMN
Amendment No. <u>13</u>	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 \(\subseteq \text{No} \) 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

Are you being paid for your representation?	⊠No		
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 the next question.)	s No "yes," go on to		
Are you an elected official or employee who is appearing solely on behalf of your offi municipality or other governmental body?	ice or for your		
(If you answered "yes" to the question, STOP. You need not complete the rest of this for you must sign this form. If you answered "no" to the question, go on to the next question.)	rm, except that		
If you are being paid for your representation, or if your appearance is part of other paid du advised that:	ties, please be		
 Before you engage in lobbying as a lobbyist, you or your principal must authorization with the City Clerk. 	t file an		
 Your principal is not permitted to authorize you to lobby unless you are req with the City Clerk. 	gistered		
	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 www.cityofmadison.com/clerk/index.html or go to the at Room 103 of the City-County Building, Madison, for more information.)	e Clerk's Office		
Date /// Signature Print Name Pth /// ///			

Date: 11/16/11

Early Public Comment Registration Statement - Common Council 2012 OPERATING 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: SAM ANTHIA CRO	WNOVER Address: 270	2 KENDALL AVE.
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 Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 \sum 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

Name, addre	ss and telephone number of each person or organization you are representing:			
MADISON SYMPHONY, BALLET, OPERA, CTM, LI CHAO PING, LANDRY DANCE, WI CHAMBER ORCHESTRA, WI ACADEMY FOR SCIENCE, ANTS & LETTERS, BACH DANCING DYNAMITES Are you being paid for your representation?				
KANOPI	P DANCE, WI CHAMBER ORCHESTRA WI ACADEMY FOR			
SCIENC	E, ADTS & LETTERS, BACH DANCING DYNAMITES			
Are you being	g 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," STOP ; you need not complete the rest of this form. If you answered "yes," go on to the next question.)				
Are you an municipality of	elected official or employee who is appearing solely on behalf of your office or for your office or for your other governmental body?			
(If you answe you must sigi	ered "yes" to the question, STOP. 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 being 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: _______

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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:	# 6/5E
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. Op Budget	☐ 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP ; you if the name of whom you represent as	g 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	e, addre (∕∕∕√/	ess and telephone number of each person or organization you are representing: B. G. G. G. Washington Madusare.	
		J	_
			_
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 \sum \noting Notice red "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on a stion.)	
		elected official or employee who is appearing solely on behalf of your office or for your other governmental body?	ır
(If yo you n	u answe nust sigi	ered "yes" to the question, STOP. You need not complete the rest of this form, except the n this form. If you answered "no" to the question, go on to the next question.)	эt
	are bei ed that:	ing paid for your representation, or if your appearance is part of other paid duties, please b	е
	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 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.)	e
Date	1	Signature	
		Print Name Telan T. Arches	

Date:	

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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:	V(Address: Z	301 Wonders
ENTER AMENDMENT NUMBER	CHECK 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	SupportOpposeNeither Support Nor Oppose	
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	

Name	Name, address and telephone number of each person or organization you are representing:				
Are y	ou bei	ing paid for your representation?			
(If yo	u ansv	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; 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 yo you n	ou ans must si	wered "yes" to the question, STOP. 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.)			
	u are b sed 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	ase go oom 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:		

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: Tim Birkley	Address: \(\oo	02 S. Pauk St.
	Mo	od S. Pauk St.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. <u>OA</u>	Support Oppose Neither Support Nor Oppose	◯ Wish to speak◯ Do not wish to speak◯ Available to answer questions
Amendment No. 6 B	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	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
Amendment No. 15	Support Oppose Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No. 16A	Support Oppose Neither Support Nor Oppose	
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representin (If you answered "no," STOP; you	ng an organization or a person other th need not complete the rest of this for	nan yourself: Yes No m. If you answered "yes," provide

(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:			
AFS	IME Local GO	1602,5	. Park St.
Mad	IME Local GO ison WI, Go	8-380-0710	
Are you being	g paid for your representation?		☐ Yes No
Are you appe (If you answe the next ques	aring as part of your other paid duties ared "no," STOP; you need not compl ation.)	s for this person or organization ete the rest of this form. If yo	on?
Are you an municipality o	elected official or employee who is or other governmental body?	appearing solely on behalf	of your office or for your ☐ Yes ☐ No
(If you answe	ered "yes" to the question, STOP. You this form. If you answered "no" to th	ou need not complete the re e question, go on to the next	st of this form, except that question.)
If you are be	ng paid for your representation, or if	your appearance is part of o	ther paid duties, please be
1.	Before you engage in lobbying as authorization with the City Clerk.	a lobbyist, you or your pri	incipal must file an
2.	Your principal is not permitted to a with the City Clerk.	uthorize you to lobby unless	you are registered
3.	If your principal spends or will owe reporting period (half year), the principal clerk for the remainder of the calend	cipal must file expense state	ring services in any ements with the City
(Please go to at Room 103	o the City Clerk's website <u>www.cityofr</u> of the City-County Building, Madison	madison.com/clerk/index.html , for more information.)	or go to the Clerk's Office
Date	Signature Print Name	Tim Birkley	

Date:	11	-16	-//	
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CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: Adeling Enke Onso	Address: 38	33 Ridgeway AV
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	33 Ridgeway AV dison WI 53704 N & ONE BOX IN THIS COLUMN
1	✓ Support	Wish to speak
Amendment No. <u>Ce /</u>	Oppose Neither Support Nor Oppose	Do not wish to speak Available to answer questions
Amendment No. <u>Le [3</u>		☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 15	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>UB</u>	☑ 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
At this meeting are you representing (If you answered "no." STOP: you	ng 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 a		• • •

(SEE BACK)

Nam	Name, address and telephone number of each person or organization you are representing:			
Are y	you beir	ng paid for your representation?		
(If yo		earing as part of your other paid duties for this person or organization? Yes No vered "no," STOP ; 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?			
		vered "yes" to the question, STOP. 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.)		
	u are be sed 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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(Plea at Ro	ase go t oom 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	11-1	Signature Adelina Enke Onstud Print Name Adelina ENKE Onstud		
		Print Name Adelina ENKE Onshud		

Date: _///6///

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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 DeTho	rne Address: 200	OG E Mifflin St
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	adison, WT 53704 I & ONE BOX IN THIS COLUMN
Amendment No. <u>6 A</u>	Support□ Oppose□ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 6B	Support□ Oppose□ Neither Support Nor Oppose	
Amendment No.	Support□ Oppose□ Neither Support Nor Oppose	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No. 6B	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP ; 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

Name, address and telephone number of each person or organization you are representing:					
Are y	ou bei	ng paid for your represe	ntation?		☐ Yes ☑ No
(If yo	ou ansv	pearing as part of your o vered "no," STOP; you r estion.)	ther paid dutie	s for this person or organization in the set of this form. If yo	on? ☐ Yes ☐ No u answered "yes," go on to
		elected official or em or other governmental		appearing solely on behalf	of your office or for your ☐ Yes ☐ No
				ou need not complete the re e question, go on to the next	
	u are b		sentation, or if	your appearance is part of o	ther paid duties, please be
	1.	Before you engage authorization with the		s a lobbyist, you or your pri	incipal must file an
	2.	Your principal is not with the City Clerk.	permitted to a	uthorize you to lobby unless	you are registered
	3.		year), the prin	e more than \$1,000 for lobby icipal must file expense state dar year?	
		to the City Clerk's webs 3 of the City-County Bui		madison.com/clerk/index.html , for more information.)	or go to the Clerk's Office
Date		9/11	Signature	MAN OM	
	٠	y	Print Name	Matthew Delhorn	12

Date: 11/16/11	Date:	plu
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CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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 Bongar	Ma	OBuckeye Rd dison WI 53716
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	T & ONE BOX IN THIS COLUMN
Amendment No. 4	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☒ Do not wish to speak☐ Available to answer questions
Amendment No. <u>B</u>	✓ Support✓ Oppose✓ Neither Support Nor Oppose	
Amendment No	☑ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>5</u>	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

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 yo	u bein	ng paid for your representation?	
Are you (If you the nex	answ	earing as part of your other paid duties for this person or organization? Yes No rered "no," STOP ; 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 mu	answ ust sig	vered "yes" to the question, STOP. 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 a		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.	
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(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 3 of the City-County Building, Madison, for more information.)	
Date _		Signature	
		Print Name	

Date: 11/16/11

CITY OF MADISON **Registration Statement - Common Council 2012 OPERATING 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 Wise	Address: _ <u>3</u> 3	16 Ivyst.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	16 Ivyst.
Amendment No. <u>& A</u>		☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer questions
Amendment No. <u>68</u>	☐ 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No15	☒, 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	nan yourself: ☐ Yes No rm. 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 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 No vered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)	
Are yo munic	ou an ipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?	
(If you you m	ı ansv nust sig	vered "yes" to the question, STOP. 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 advise		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 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:	11/16	/11

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: Jon Campbell	Address: 4607 Esch Ln. Madison, WI 53704		
ENTER AMENDMENT NUMBER	CHECK 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No//	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No15	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	

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 bei	ing paid for your representation?	
(If yo	u ansv	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)	
Are y munio	you ar cipality	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	ou ansv nust si	wered "yes" to the question, STOP. 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.)	
	u are b sed tha	being paid for your representation, or if your appearance is part of other paid duties, please be it:	
	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	ise go oom 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:

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: //a/ Jac / Sc	Address:	166 Hawkinson Bl
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	MN & ONE BOX IN THIS COLUMN
Amendment No. <u>GA</u>	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP ; you n	an organization or a person other eed not complete the rest of this	r than yourself: Yes

(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:				
	Cal Q/			
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 vered "no," STOP ; 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 ansi you must si	(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 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 03 of the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

Date: ______

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: \{	25 Rutledge St.
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
	g an organization or a person other t need not complete the rest of this fo nd go on to the next question.)	

Name, address and telephone number of each person or organization you are representing:			
Are yo	ou bein	ng paid for your representation?	
(If you	ou appe u answe ext que	earing as part of your other paid duties for this person or organization? Yes No rered "no," STOP ; 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, STOP. 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 Roc	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 3 of the City-County Building, Madison, for more information.)	
Date _.		Signature	
		Print Name	

Date: 11-16-11

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: Joe Seite	Address: P. (0. Box 989 edicon WI 53705
ENTER AMENDMENT NUMBER		
Amendment No. <u>Lo A</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>4B</u>	✓ 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	✓ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 16A	Support Doppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
(If you answered "no," STOP; yo	nting an organization or a person other to ou need not complete the rest of this fo of the next question.)	

Name, a	addrę	ess and telephone number of each person or organization you are representing:
Are you	being	g paid for your representation?
	nswe	earing as part of your other paid duties for this person or organization?
		elected official or employee who is appearing solely on behalf of your office or for your other governmental body?
		ered "yes" to the question, STOP. You need not complete the rest of this form, except than this form. If you answered "no" to the question, go on to the next question.)
lf you ar advised		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?
		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/	16,	///	

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: KEN SEIFET	Address: 💪 ర	9 Traveler LANE
	MA	d.30N WI 537/8
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No. <u></u> <u>A</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>& B</u>	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>15</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 16A	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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 m. If you answered "yes," provide

Name, address and telephone number of each person or organization you are representing:			
	<u>`</u>		
Are you being paid for your representation?	☐ Yes ☐ No		
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 the next question.)	on?		
Are you an elected official or employee who is appearing solely on behalf municipality or other governmental body?	of your office or for your ☐ Yes ☐ No		
(If you answered "yes" to the question, STOP. You need not complete the resyou must sign this form. If you answered "no" to the question, go on to the next of			
If you are being paid for your representation, or if your appearance is part of ot advised that:	ther paid duties, please be		
 Before you engage in lobbying as a lobbyist, you or your prinauthorization with the City Clerk. 	ncipal must file an		
 Your principal is not permitted to authorize you to lobby unless with the City Clerk. 	you are registered		
3. If your principal spends or will owe more than \$1,000 for lobby reporting period (half year), the principal must file expense states Clerk for the remainder of the calendar year?	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> at Room 103 of the City-County Building, Madison, for more information.)	or go to the Clerk's Office		
Date Signature			
Print Name			

Date:	11/16/11	

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: 87	B Golf PKuy Lison WI 53704	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	·	
Amendment No. 6 A	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions	
Amendment No. <u>6</u> <u>&</u>	✗ 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	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions	
Amendment No15	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions	
Amendment No. 16 A	☐ 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
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.)			

(SEE BACK)

Name, address and telephone number of each person or organization you are representing:							
Are you	being	paid for your repre	sentation?			Yes	lo
Are you (If you a the next	nswe	aring as part of you red "no," STOP; yo tion.)	r other paid dutio ய need not comp	es for this person o plete the rest of this	r organization? s form. If you a	?	⊠ No " go on to
Are you municipa	ı an e ality o	elected official or e r other government	mployee who is al body?	s appearing solely	on behalf of [your office o ☐ Yes ☑ N	r for your lo
(If you a	answe st sigr	ered "yes" to the qu n this form. If you ar	estion, STOP. Y swered "no" to t	ou need not com he question, go on	plete the rest of to the next qu	of this form, e estion.)	xcept that
lf you aı advised		ng paid for your rep	oresentation, or i	f your appearance	is part of othe	er paid duties,	please be
1		Before you engage authorization with	e in lobbying a he City Clerk.	s a lobbyist, you	or your princ	ipal must file	an
2	2.	Your principal is n with the City Clerk.		authorize you to lo	obby unless yo	ou are 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 at Roon	go to 1 103	the City Clerk's we of the City-County	ebsite <u>www.cityo</u> Building, Madiso	fmadison.com/cler n, for more informa	<u>k/index.html</u> or ation.)	go to the Cle	rk's Office
Date _	11	116/11	Signature	Sarah A Donald	Carier		
			Print Name	Donald	Conver		

Date: 1/16/11

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: AY YOUNG	Address:	
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. 4 B	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>15</u>	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

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	e, addre	ess and telephone number of each person or organization you are representing:
Are y	ou bein	ng paid for your representation?
(If you		earing as part of your other paid duties for this person or organization? ☐ Yes ☐ No rered "no," STOP; 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 you or other governmental body?
		vered "yes" to the question, STOP. You need not complete the rest of this form, except tha gn this form. If you answered "no" to the question, go on to the next question.)
	ı are be ed 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.
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(Plea at Ro	se go to om 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	11	Signature My MAN PUNG

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: EMAAN A, H	Address: 62	37 V159 A DIDGE DR THOREB, W1 53572
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No15	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	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representin (If you answered "no," STOP ; you the name of whom you represent a		than yourself: Yes No orm. If you answered "yes," provide

Name, addre	ess and telephone number of each person or organization you are representing:	
Are you bein	ng paid for your representation?	•
Are you appe (If you answe the next que	earing as part of your other paid duties for this person or organization? Yes No rered "no," STOP ; 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, STOP. 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.)	
lf 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?	
(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 3 of the City-County Building, Madison, for more information.)	
Date	Signature	_
	Print Name	_

Date:	11/16/11	
-		

PLEASE PRINT CLEARLY Name: June Goglio	Address: 94	4 E. Dagton St.
	Ma	4 E. Dagton St. dison, W
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	1
Amendment No. 6A	✓ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 68	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>15</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 16 A	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representin (If you answered "no," STOP ; you the name of whom you represent a	g 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 yo	u being	paid for your represer	ntation?			☐ Yes No	
Are yo (If you the nex	answe	aring as part of your ot red "no," STOP; you n tion.)	her paid duties eed not comple	for this person te the rest of th	or organization? nis form. If you a] No on to
Are yo munici	ou an e	elected official or emp r other governmental b	oloyee who is a body?	appearing sole	ly on behalf of	your office or for Yes No	your
(If you you m	answe ust sigr	ered "yes" to the quest on this form. If you answ	tion, STOP. Yo ered "no" to the	u need not cor question, go o	mplete the rest on to the next que	of this form, except estion.)	that
If you a		ng paid for your repres	sentation, or if y	our appearanc	e is part of othe	r paid duties, pleas	e be
	1.	Before you engage i authorization with the		a lobbyist, yo	u or your princi	pal must file an	
	2.	Your principal is not with the City Clerk.	permitted to au	ithorize you to	lobby unless yo	ou are registered	
	3.	If your principal spen reporting period (half Clerk for the remainde	year), the princ	cipal must file e	000 for lobbying expense stateme	services in any ents with the City	
(Please at Roo	e go to m 103	the City Clerk's webs of the City-County Bui	lding, Madison,	for more inforn	nation.)		Office
Date	11/	16/11	Signature	June	En Goglid	Lo.	Warren
_	,		Print Name	June	boglid		
			-				

Date: 11-16-2011

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING BUDGET

PLEASE PRINT CLEARLY Name:		w Wilson #605
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. <u>6 A</u>	✗ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak★ Do not wish to speak☐ Available to answer questions
Amendment No. <u>65</u>	✓ 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	☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer questions
Amendment No13	Support○ Oppose○ Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No\S	✓ Support☐ Oppose☐ Neither Support Nor Oppose	
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	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
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 m. If you answered "yes," provide

Name,		ss and telephone number of each person or organization you are representing:		
 	1+	FRAME LOCAL GO		
Are you	u being	g paid for your representation?		
	answe	earing as part of your other paid duties for this person or organization? Yes XNo ered "no," STOP ; 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?		
		ered "yes" to the question, STOP. 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		
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
:	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
;	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)		
Date	11-	16-11 Signature 3774-1,2		
	,	Print Name Dan Dixon		

Date: IIIIQU

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: 786 77 Zion	Address: 53	37 Aztalan Dz
, Q ,	MAC	jison, Wi 53718
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. <u>CB</u>	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>5</u>	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak '☐ Do not wish to speak ☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	nan yourself: Yes

Name	e, addre	ess and telephone nu	ımber of each person or	organization you are	e representing:	
A	FSC	ME /N	tal Coo			
Are y	ou beir	ng paid for your repre	sentation?		☐ Yes No	
(If you		ered "no," STOP; yo	r other paid duties for th u need not complete the		tion?	No n to
		elected official or e or other government		aring solely on beha	lf of your office or for y ☐ Yes ☐ No	our
			estion, STOP. You nee swered "no" to the ques		rest of this form, except to at question.)	that
-	are be	• • • • • • • • • • • • • • • • • • • •	resentation, or if your a	ppearance is part of	other paid duties, please	be
	1.	Before you engag authorization with t	e in lobbying as a lob he City Clerk.	byist, you or your p	orincipal must file an	
	2.	Your principal is now with the City Clerk.	ot permitted to authoriz	e you to lobby unles	ss you are registered	
	3.	reporting period (h	ends or will owe more alf year), the principal n nder of the calendar yea	nust file expense sta	• -	
			bsite <u>www.cityofmadiso</u> Building, Madison, for m		<u>ml</u> or go to the Clerk's Of	fice
Date		φ U	Signature	wa Gotun		
			Print Name	Sog Gotz	ion	

Date:

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: Favian McM	Mac	3 Farrell St lison WI 53714
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No. / p q	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representin (If you answered "no," STOP ; 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 rm. If you anśwered "yes," provide

(SEE BACK)

Name	e, addr	ess and telephone number of each person or organization you are representing:	
			_
Are y	ou bei	ng paid for your representation?	
(If yo	u answ	pearing as part of your other paid duties for this person or organization? Yes Novered "no," STOP ; 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 you or other governmental body?	ır
		vered "yes" to the question, STOP. 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.)	ıt
-	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be	Э
	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?	
		Signature Print Name To the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office (Management) Output Description of the City-County Building, Madison, for more information.) Output Description of the Clerk's Office (Management) Output Description of the City-County Building, Madison, for more information.) Output Description of the Clerk's Office (Management) Output Description of the Clerk's Office (Management) Description of the City-County Building, Madison, for more information.))

Date: 11 / 16 / 11

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING BUDGET

Name: JEFF PORTEY	Address: 63	8 W. LAKESIDEST
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MADISON WI N & ONE BOX IN THIS COLUMN
Amendment No. <u>(A</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 65	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No/5	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>\$</u>	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
	g an organization or a person other to need not complete the rest of this for and go on to the next question.)	

Name, add	dress and telephone number of each person or organization you are representing:
	TATJE 25
Are you be	eing paid for your representation?
Are you ap (If you and the next q	opearing as part of your other paid duties for this person or organization? Yes Swered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to uestion.)
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 and you must a	swered "yes" to the question, STOP. 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 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?
(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 103 of the City-County Building, Madison, for more information.
Data	Signature
Date	Signature Print Name
	rint name / / ·

Date: 11/16/2011

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: John B. Elliott	Address: 24	02 HOARD STREET
ENTER AMENDMENT NUMBER		·
Amendment No. 6A	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 6 B	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 15	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 13	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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 found go on to the next question.)	han yourself: ☐ Yes ✓ No rm. If you answered "yes," provide

Nam	Name, address 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 In No wered "no," STOP ; 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, STOP. 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.)			
	u are b sed 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?			
(Plea at Ro	ase go oom 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	Date 11/16/2016 Signature Make White				
	ι	Print Name John B. Ellion			

Date: 11/16/11

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Cincly Reit	Address: 7	345 Century Place iddleton, WE 53562
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. 63	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	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment Noしら	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
(If you answered "no," STOP; ye	nting an organization or a person other ou need not complete the rest of this a nt and go on to the next question.)	than yourself: Yes No form. 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 represe	entation?			☐ Yes ☐ No
Are you appe (If you answe the next ques		other paid duties need not comple	for this perso ete the rest of	on or organization f this form. If you	?
Are you an municipality	elected official or em or other governmental	ployee who is body?	appearing so	olely on behalf o	f your office or for your □ Yes □ No
(If you answe	ered "yes" to the ques n this form. If you ansv	stion, STOP. Yo wered "no" to the	ou need not d e question, go	complete the rest o on to the next qu	of this form, except that uestion.)
If you are be advised that:	ing paid for your repre	esentation, or if	your appeara	nce is part of oth	er paid duties, please be
1.	Before you engage authorization with the	in lobbying as e City Clerk.	a lobbyist, y	ou or your princ	cipal must file an
2.	Your principal is not with the City Clerk.	permitted to a	uthorize you	to lobby unless y	ou are registered
3.	If your principal spe reporting period (hal Clerk for the remaind	f year), the prin	cipal must file	1,000 for lobbying expense statem	ng services in any ments with the City
(Please go to at Room 103	o the City Clerk's web of the City-County Bu	site <u>www.cityofn</u> ilding, Madison,	nadison.com/ for more info	clerk/index.html c rmation.)	or go to the Clerk's Office
Date	16/11	Signature	Circle	Reitzi	4

Date: _____

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING BUDGET

PLEASE PRINT CLEARLY Name:	devsm Address: UE	22 Clemens dism, WI 53701		
ENTER AMENDMENT NUMBER	CHECK 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. 6	☐ 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
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	☐ Wish to speak☐ Do not 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 whom you represent and go on to the next question.)				

Name. a	ddres	s and telephor			STATEMENT -	PAGE 2 ization you are re	epresentin	g: 544 11955
7a,	N 6		An	dersm	423	elimme	Ane	Mordish 23201
Are you l	being	paid for your r	epresent	tation?			☐ Yes	No
Are you a (If you ar the next	nswei	ed "no," STOF	your oth ; you ne	ner paid dutie eed not comp	s for this pers lete the rest o	on or organization of this form. If you	on? ☐ Ye u answered	es No d "yes," go on to
		lected official other governn			appearing s	olely on behalf	of your of	ffice or for your No
						complete the res o on to the next o		orm, except that
If you are advised t		ng paid for you	r represe	entation, or if	your appeara	ince is part of ot	her paid d	uties, please be
1.		Before you er authorization w			s a lobbyist,	you or your pri	ncipal mus	st file an
2.		Your principal with the City C		ermitted to a	uthorize you	to lobby unless	you are re	egistered
3.			d (half y	ear), the prin	ncipal must file	1,000 for lobby e expense state		
		the City Clerk's of the City-Cou				clerk/index.html ormation.)	or go to th	ne Clerk's Office
Date	1//	6(201)	_	Signature	ling	d And	les	
				Print Name	7 Who	L Hr	1024 SDY	

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: Linda D Wolfe	Address: /(e14	+ Hookor Ave
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	4 Hooker Ave 1 (36) (2) & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	
Amendment No. 66	☐ 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>15</u>		☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

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, addre	Name, address and telephone number of each person or organization you are representing:			
Are you bein	g paid for your representation?	☐ Yes ☐ No		
Are you appe (If you answe the next que	earing as part of your other paid duties for the ered "no," STOP; you need not complete the stion.)	is person or organization?		
Are you an municipality	elected official or employee who is appea or other governmental body?	ring solely on behalf of your office or for your		
(If you answ you must sig	rered "yes" to the question, STOP. You nee In this form. If you answered "no" to the ques	d not complete the rest of this form, except that tion, go on to the next question.)		
If you are be advised that:		ppearance is part of other paid duties, please be		
1.	Before you engage in lobbying as a lob authorization with the City Clerk.	byist, you or your principal must file an		
2.	Your principal is not permitted to authorize with the City Clerk.	e you to lobby unless you are registered		
3.	If your principal spends or will owe more reporting period (half year), the principal relationship Clerk for the remainder of the calendar year.	than \$1,000 for lobbying services in any nust file expense statements with the City ar?		
at Room 103	3 of the City-County Building, Madison, for m	on.com/clerk/index.html or go to the Clerk's Office ore information.)		
Date/	Signature Print Name	inda D Wolfe		

Date: 1/-/6-//	
	_

PLEASE PRINT CLEARLY Name: JAMES C,	LOWARDS Address: 5	126 WOODSIDE TERRAC
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	1429
Amendment No. 6A	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. <u>6B</u>	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No//	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No/5	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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 need not complete the rest of this found go on to the next question.)	than yourself: X Yes

Name, address and telephone number of each person or organization you are representing:				
	AFSCME	LOCAL.	60	
	AFSCME 8033 Exc MADISON	ELSIOR J	DRIVE	
	MADISON.	WISCONSI.	N	
Are you being	g paid for your represe	ntation?		☐ Yes ☐ No
Are you appe (If you answe the next ques	ered "no," STOP; you n	ther paid dutie need not comp	s for this person or organization lete the rest of this form. If you	on? Yes No u answered "yes," go on to
	elected official or emp or other governmental b		appearing solely on behalf	of your office or for your Yes No
			ou need not complete the respective question, go on to the next of	
If you are be advised that:	ing paid for your repres	sentation, or if	your appearance is part of of	ther 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	the City Clerk's webs of the City-County Bui	ite <u>www.cityof</u> Iding, Madison	madison.com/clerk/index.html n, for more information.)	or go to the Clerk's Office
Date <u>//-/</u>	6-1/	Signature	Sames Clowd	
	//	Print Name	James Claws JAMES C. EDW.	ARDS

Date: _//~//_____

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: Adelina Enke Onso	ud Address: 385	33 Ridgeuxoup AV. Dison WI 53204
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. <u>& A</u>	☑ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. <u>&B</u>	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	☐ Wish to speak☒ Do not wish to speak☐ Available to answer questions
Amendment No. 15	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 16 B	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing	g an organization or a person other th	an yourself: ☐ Yes -ᠿˈNo

(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	you bei	ng paid for your representation?			
(If yo	ou ansv	pearing as part of your other paid duties for this person or organization?			
		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, STOP. 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.)			
	u are b sed 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 3 of the City-County Building, Madison, for more information.)			
Date	//-	16-11 Signature allera Enkelmswa			
		Print Name			

Date: 41/16/11

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: CAL MARX	Address: N6	826 ENGLISH SETTLEMENT RD
		BANY, WI 53502
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	UMN & ONE BOX IN THIS COLUMN
Amendment No. <u>6</u> 4	Support□ Oppose□ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 63	⊠ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>15</u>	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP; 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:
AFSCME LOCAL 60, 80BELLEESIUR DR, MADISON WI
Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on the next question.)
Are you an elected official or employee who is appearing solely on behalf of your office or for you municipality or other governmental body?
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except the 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 authorization with the City Clerk.
 Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)
Date Signature
Print Name

PLEASE PRINT CLEARLY Name: AV DUG Address:					
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN			
Amendment No. <u>13</u>	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not 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 whom you represent and go on to the next question.)					

Name	e, addre	ess and telephone number of each	ch person or organization y	ou are representing:
Are y	ou bein	ng paid for your representation?		☐ Yes ☐ No
(If you	ou appe u answe ext ques		duties for this person or orgomplete the rest of this for	ganization?
Are y munic	ou an cipality	elected official or employee w or other governmental body?	ho is appearing solely on	behalf of your office or for your ☐ Yes ☐ No
(If you	u answ nust sig	vered "yes" to the question, STO on this form. If you answered "no	OP. You need not complete " to the question, go on to t	e the rest of this form, except that he next question.)
-	are be ed that:	- -	, or if your appearance is p	part of other paid duties, please be
	1.	Before you engage in lobbyi authorization with the City Cler		your principal must file an
	2.	Your principal is not permitted with the City Clerk.	d to authorize you to lobby	unless you are registered
	3.	If your principal spends or wi reporting period (half year), th Clerk for the remainder of the	e principal must file expen	or lobbying services in any se statements with the City
(Plea at Ro	se go to om 103	to the City Clerk's website <u>www.</u> 3 of the City-County Building, Ma	dison, for more Information	4
Date	(Signate	ure (Jaw)	uly
	/	Print N		JAY YOUNG

PLEASE PRINT CLEARLY					
Name: LINDA PALO	WIN Address: 2	930 LAKELAND			
		MADISAL			
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN				
Amendment No		☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
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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.)					

Nam	e, add	ress and telephone	e number of each person or organiz	cation you are representing:	
)UERTURE	CENTER		
Are y	ou bei	ing paid for your re	presentation?	☐ Yes	
(If yo	ou ansv	pearing as part of y wered "no," STOP; estion.)	your other paid duties for this perso you need not complete the rest of	n or organization? Yes No this form. If you answered "yes," go on to	
		n elected official o		lely on behalf of your office or for your ☐ Yes ☐ No	
			question, STOP. You need not co answered "no" to the question, go	omplete the rest of this form, except that on to the next question.)	
	u are b sed tha		representation, or if your appearar	nce is part of other paid duties, please be	
	1.		gage in lobbying as a lobbyist, y th the City Clerk.	ou or your principal must file an	
	2.	Your principal i	s not permitted to authorize you to	o 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?			
			website <u>www.cityofmadison.com/c</u> ty Building, Madison, for more infor	lerk/index.html or go to the Clerk's Office mation.)	
Date		110/11	Signature	a Saulu	
		. /	Print Name	DA BALDWIN	

Date:	11	115	1	
	- + +		+	

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: D21RD22 GAR	Address: e	50 S. HAMILTON ST
		50 S. HAMILTON ST 52702
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	MN & 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representin (If you answered "no," STOP ; you the name of whom you represent a	need not complete the rest of this	r than yourself: ☐ Yes ☐ No form. If you answered "yes," provide

(SEE BACK)

Name, address and telephone number of each person or organization you are representing:				
Are you being	paid for your represent	ation?		☐ Yes No
Are you appe (If you answe the next ques		er paid duties for ed not complete	or this person or orgar e the rest of this form.	nization?
Are you an emunicipality o	elected official or emplor other governmental bo	oyee who is a ody?	opearing solely on be	ehalf of your office or for your
(If you answe you must sigr	ered "yes" to the question on this form. If you answe	on, STOP. You red "no" to the o	need not complete the question, go on to the	ne rest of this form, except that next question.)
If you are bei advised that:	ng paid for your represe	entation, or if yo	our appearance is part	t of other paid duties, please be
1.	Before you engage in authorization with the C	lobbying as a City Clerk.	lobbyist, you or you	ur principal must 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	the City Clerk's website of the City-County Build	e <u>www.cityofma</u> ling, Madison, f	ndison.com/clerk/index or more information.)	a.html or go to the Clerk's Office
Date <u>\\</u>		Signature	De Gardon De 12 Mg &	

Date:	11/16/11	
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PLEASE PRINT CLEARLY Name: SENSEW	BRINIR Address: 8	S18 PRESPECT PI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	AD IRON WE START
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	g an organization or a person other tl need not complete the rest of this fol nd 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 yo	u ansv	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; 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?				
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	are bed tha	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				

Date: //-//_____

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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:	mily Address: 2/	'O Marinette T
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 13	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP ; you not the name of whom you represent and	eed not complete the rest of this fo	than yourself: Yes ☐ No orm. If you answered "yes," provide

(SEE BACK)

ame, address and telephone number of each person or organization you are representing:
The Market of Sast persons regulation of Sast persons of Sast
120 11) M/N/M.
182 W. WWW.
re you being paid for your representation?
re you appearing as part of your other paid duties for this person or organization? Yes \ \ \ \ Yes \ \ \ \ Not f you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on the next question.)
re you an elected official or employee who is appearing solely on behalf of your office or for your indicate the property of t
f you answered "yes" to the question, STOP. You need not complete the rest of this form, except th ou must sign this form. If you answered "no" to the question, go on to the next question.)
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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 1/-/6-// Signature Suban Schmith
Print Name

Date:	1	/-/	/,	<u> </u>	11	

PLEASE PRINT CLEARLY Name: Susan Confe	Address: 00	Staff
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No/3	Support Oppose Neither Support Nor Oppose	
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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

Name, address and telephone number of each person or organization you are representing:						
Are you bei	ng paid for your repre	sentation?		Yes No		
	vered "no," STOP; you		es for this person or organiz plete the rest of this form. If	ation? Yes No you answered "yes," 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, 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 badvised tha		resentation, or	if your appearance is part o	f 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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			fmadison.com/clerk/index.ht n, for more information.)	tml or go to the Clerk's Office		
Date//	/16/11	Signature	Susan Oroth	M		
	ı	Print Name	SUSANU C	CROFTON		

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: KEN LONNO	RUIST Address: 350	O RUSSELL ST ADISON 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No13	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no." STOP: you	ng an organization or a person other th need not complete the rest of this for	nan yourself: ☐ Yes

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Name, address and telephone number of each person or organization you are representing:					
Are y	ou beir	ng paid for your repre	esentation?		☐ Yes 🂢 No
(If yo	ou app u answ ext que	ered "no," STOP; yo	r other paid dutie u need not comp	es for this person or or or olete the rest of this fol	ganization? ☐ Yes
		elected official or or other government		s appearing solely on	behalf of your office or for your ☐ Yes ☑ No
(If yo you r	ou answ nust sig	vered "yes" to the qu gn this form. If you ar	uestion, STOP. \asswered "no" to the	You need not complet he question, go on to t	e the rest of this form, except that he next question.)
	u are be sed that		oresentation, or i	f your appearance is p	part of other paid duties, please be
	1.	Before you engage authorization with		s a lobbyist, you or	your principal must file an
	2.	Your principal is r with the City Clerk		authorize you to lobby	y unless you are registered
	3.	If your principal spreporting period (hand) Clerk for the remains	ıalf year), the pri	ncipal must file expen	or lobbying services in any se statements with the City
(Plea at Ro	ase go t oom 10	o the City Clerk's we 3 of the City-County	ebsite <u>www.cityo</u> Building, Madiso	fmadison.com/clerk/ind n, for more_information	dex.html or go to the Clerk's Office
Date	e designation de la constitución	-16-11	Signature	Hur	taryuist
			Print Name	KEN LO	unaluist

Date:	16	Nev	2011

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: 4/	n Marmetty Tr
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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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 "m. If you answered "yes," provide

(SEE BACK)

Name, address and telephone number of each person or organization you are representing:			
Are yo	ou being	g paid for your representation?	☐ Yes ☐ No
(If you	ou appe u answe ext ques	earing as part of your other paid duties for this person or o ered "no," STOP; you need not complete the rest of this fo stion.)	rganization?
		elected official or employee who is appearing solely or other governmental body?	n behalf of your office or for your ☐ Yes ☐ No
(If you you m	u answe nust sigr	ered "yes" to the question, STOP. You need not comple n this form. If you answered "no" to the question, go on to	te the rest of this form, except that the next question.)
	are bei 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 authorization with the City Clerk.	your principal must file an
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(Pleas	se go to om 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/ir</u> of the City-County Building, Madison, for more information	ndex.html or go to the Clerk's Office
Date	16	Signature Ale Can y Print Name	Defension

Date:	4/16/11	
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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: /om (ART	Address:	16 Cornucopia Ct.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	Madison WI MADONE BOX IN THIS COLUMN
Amendment No [3	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions
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Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP ; you the name of whom you represent a		than yourself: 🏹 Yes 🔲 No form. If you answered "yes," provide

Name, addre	ess and telephone numb			u are representing:	
p	Overtur	e Cent	e/		
Are you beir	ng paid for your represer	ntation?		∑ Yes ∣	☐ No
Are you app (If you answ the next que	earing as part of your ot vered "no," STOP; you nestion.)	her paid duties eed not comple	for this person or orga te the rest of this forn	anization? Xes n. If you answered "	☐ No 'yes," go on to
	elected official or empor other governmental b		appearing solely on	behalf of your office	e or for your
(If you answ you must sig	vered "yes" to the quest gn this form. If you answ	ion, STOP. Yo ered "no" to the	u need not complete question, go on to the	the rest of this form e next question.)	n, except that
If you are be advised that	eing paid for your repres ::	sentation, or if y	our appearance is pa	art of other paid duti	es, please be
1.	Before you engage i authorization with the		a lobbyist, you or yo	our principal must	file an
2.	Your principal is not principal with the City Clerk.	permitted to au	thorize you to lobby	unless you are reg	istered
3.	If your principal spend reporting period (half Clerk for the remainde	year), the princ	cipal must file expense	r lobbying services e statements with th	in any ne City
	to the City Clerk's websi 3 of the City-County Buil				Clerk's Office
Date/	1/16/11	Signature	M		
		Print Name	Thru	-1 Carro	

Date:	_//-/	<u>/</u>

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: Jennifer McCu	lley Address: 509	ashton DK
	1	rona, w1 53593
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. <u></u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☑ Available to answer questions
Amendment No. 6 b	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>13</u>	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 16a	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	
At this meeting are you representin (If you answered "no," STOP ; you the name of whom you represent a	g an organization or a person other t need not complete the rest of this fo nd 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	g paid for your representation?	∭Ves □ No
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person ered "no," STOP ; you need not complete the rest of the stion.)	or organization? ☐ Yes ☐ No is form. If you answered "yes," go on to
	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 answe you must sign	ered "yes" to the question, STOP. 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 are be advised that:	ing 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 \$1,000 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/cle</u> of the City-County Building, Madison, for more inform	rk/index.html or go to the Clerk's Office nation.)
Date// -,	Signature ennight	Malley

Date:

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: Loci Kief	Address: 44	13 Doe Crossing Tr adison, WI 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	•
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 66	☑ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No. 15	SupportOpposeNeither Support Nor Oppose	₩ Wish to speakDo not wish to speakAvailable to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP ; you the name of whom you represent ar	g 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

Name, address and telephone number of each person or organization you are representing:			
	-		
Are you be	ing paid for your	representation?	☐ Yes ☒ No
Are you ap (If you ans) the next qu	wered "no," STC	of your other paid duties for this person?; you need not complete the rest o	on or organization?
	n elected officia y or other gover		olely on behalf of your office or for your ☐ Yes. ☐ No
(If you ans you must s	wered "yes" to a ign this form. If y	the question, STOP. You need not over answered "no" to the question, go	complete the rest of this form, except that o on to the next question.)
If you are to advised that		our representation, or if your appeara	ance is part of other paid duties, please be
1.		engage in lobbying as a lobbyist, with the City Clerk.	you or your principal must file an
2.	Your principa with the City	al is not permitted to authorize you Clerk.	to lobby unless you are registered
3.	reporting per	pal spends or will owe more than iod (half year), the principal must file remainder of the calendar year?	\$1,000 for lobbying services in any e expense statements with the City
(Please go at Room 10	to the City Cler 03 of the City-Co	k's website <u>www.cityofmadison.com/</u> ounty Building, Madison, for more info	/ <u>clerk/index.html</u> or go to the Clerk's Office ormation.)
Date	11/10/11	Signature	Low Kief
		Print Name	LOCI RICK

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: Jemmiter Post T	Address: 122 M CHECK ONE BOX IN THIS COLUMN	E. Gilman St #107 adison 53703
Amendment No. 13	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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

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 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 vered "no," STOP ; 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, STOP. 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 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 3 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date:	1/1	Licela
		1 - CV

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: Brenda Konte	Address: 30 N Hancock St Mailson W S370	6
ENTER AMENDMENT NUMBER	CHECK 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. LEAKB	☐ Support ☐ Wish to speak ☐ Oppose ☐ Do not wish to speak ☐ Neither Support Nor Oppose ☐ Available to answer questions	
Amendment No. 13	☐ Support ☐ Wish to speak ☐ Oppose ☐ Do not wish to speak ☐ Neither Support Nor Oppose ☐ Available to answer questions	
Amendment No	Support Wish to speak Oppose Do not wish to speak Neither Support ↑ stions	
Amendment No	Support Oppose Neither Support I stions	
Amendment No	Neither Support I Support Oppose Neither Support I Support Support I Support	
Amendment No	Support Oppose Neither Support stions	

At this meeting are you representing an organization or a (If you answered "no," **STOP**; you need not complete the the name of whom you represent and go on to the next question.)

⊠No provide

Name	e, addr	ress and telephone number of each person or organization you are representing:
Are y	ou bei	ing paid for your representation?
(If yo	u ansv	pearing as part of your other paid duties for this person or organization? Yes Nowered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
Are y munio	you an cipality	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	ou ansv nust si	wered "yes" to the question, STOP. 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.)
	u are b sed tha	being 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	ise go oom 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:	-	6"	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: MICHAE W SUV	NOTOGZ Address: 67	217 SANDS NES LN
		IND I SOW
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	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representin (If you answered "no," STOP ; you the name of whom you represent a		than yourself: ☐ Yes ☐ No form. If you answered "yes," provide

Name, addre	ess and telephone number of each person or organizatior	n you are representing:	
\wedge	VINCE		
	V		
Are you being	ng paid for your representation?	☐ Yes No	
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or vered "no," STOP ; you need not complete the rest of this estion.)	organization?	
Are you an municipality	elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your ☐ Yes No	
(If you answey	vered "yes" to the question, STOP. You need not compl on this form. If you answered "no" to the question, go on t	lete the rest of this form, except that o the next question.)	
If you are be advised that:	eing paid for your representation, or if your appearance i ::	s part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, you cauthorization with the City Clerk.	or your principal must 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	to the City Clerk's website <u>www.cityofmadison.com/clerk/</u> 3 of the City-County Building, Madison, for more informat	/index.html or go to the Clerk's Office	
	1-16-11 Signature Much	N Suhnih	
	Print Name	W SCHROWER	

Date:	1	The second second	

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: (au)son	Address:	6 E Daylon 51 47 \$3703
		53 703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 66 B	☐ 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representin	g an organization or a person other th	an yourself:

(SEE BACK)

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

Name	Name, address and telephone number of each person or organization you are representing:			
Are y	ou bei	ing paid for your representation?		
(If yo	u ansv	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; 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 yo you r	ou ansi must si	wered "yes" to the question, STOP. 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.)		
	u are b sed 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	ase go oom 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: 1 1 0 1 1

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: JAMP Statlara	Address: 510	inspen 9.
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representin (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 rm. If you answered "yes," provide

(SEE BACK)

Name, address and telephone number of each person or organization you are representing:			
Are you beir	ing 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 or orgwered "no," STOP; you need not complete the rest of this for estion.)	ganization?	
	n elected official or employee who is appearing solely on or other governmental body?	behalf of your office or for your ☐ Yes ☐ No	
(If you answ you must sig	wered "yes" to the question, STOP . You need not complete ign this form. If you answered "no" to the question, go on to th	e the rest of this form, except that he next question.)	
If you are be advised that	peing paid for your representation, or if your appearance is pat:	part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, you or yauthorization with the City Clerk.	your principal must file an	
2.	Your principal is not permitted to authorize you to lobby with the City Clerk.	unless you are registered	
3.	If your principal spends or will owe more than \$1,000 for reporting period (half year), the principal must file expensions for the remainder of the calendar year?		
(Please go t at Room 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/ind</u> 33 of the City-County Building, Madison, for more information	dex.html or go to the Clerk's Office	
Date	Signature		
	Print Name		

Date: 1/16/201/

CITY OF MADISON Registration Statement - Common Council 2012 OPERATING 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: Affy favon Ha	alstead Address: 27	z w. Washington Ar Vadison
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. <u>5</u>	☐ 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representin (If you answered "no," STOP ; 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 rm. If you answered "yes," provide

Name, addr	ess and telephone n	umber of each persor	n or organ	ization you ar	e repreșentino	g :	1
\mathcal{C}	Fruit Ate	atopo Mad	1801	City	4 Horns	45	<u>ASSO</u> C
	0					U	
Are you bei	ng paid for your repre	esentation?			Yes	☐ No	ı
Are you app (If you answ the next que	/ered "no," STOP; yo	r other paid duties fo ou need not complete	r this pers the rest o	on or organiz f this form. If	ation? Ye you answered	es d "yes," .	☐ No go on to
	elected official or or other governmen	employee who is ap tal body?	pearing s	olely on beh	alf of your of ☐ Yes	fice or No	for your
(If you ansv you must si	vered "yes" to the qu gn this form. If you ar	uestion, STOP. You a nswered "no" to the q	need not uestion, g	complete the o on to the ne	rest of this fo ext question.)	orm, exc	ept that
If you are ba		presentation, or if you	ur appeara	ance is part c	f other paid d	uties, pl	ease be
1.	Before you engaç authorization with	ge in lobbying as a the City Clerk.	lobbyist,	you or your	principal mus	st file a	n
2.	Your principal is r with the City Clerk	not permitted to auth	orize you	to lobby unle	ess you are re	egistere	d
3.	reporting period (h	pends or will owe mand the princip inder of the calendar	al must fil	\$1,000 for lol e expense st	obying service atements with	es in an the Cit	y y
(Please go at Room 10	to the City Clerk's w 3 of the City-County	ebsite <u>www.cityofmad</u> Building, Madison, fo	dison.com r more infe	<u>/clerk/index.h</u> ormation.)	tml or go to th	e Clerk	's Office
Date//	1/16/2011	Signature		M.	latet		
		Print Name	4	Zwan 1	for (stear		

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: A GOLYA	O(5/5 Address:	MADISON OUT
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 5 Operating Budget	Support✓ OpposeNeither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(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

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 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:	

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:	3/ <i>BCJ(WL</i> // Address: //	ARDISON WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 5	☐ 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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

Name, addre	ress and telephone number of each person or organization you are representing:	
	AFTW1 4386	
Are you bein	ing paid for your representation?	
Are you appo (If you answe the next que	pearing as part of your other paid duties for this person or organization? ☐ Yes wered "no," STOP; you need not complete the rest of this form. If you answered "yes," g restion.)	□ No o on to
Are you an municipality	n elected official or employee who is appearing solely on behalf of your office or for your office or for other governmental body?	or your
(If you answ you must sig	wered "yes" to the question, STOP. You need not complete the rest of this form, exce ign this form. If you answered "no" to the question, go on to the next question.)	ept that
If you are be advised that:	peing paid for your representation, or if your appearance is part of other paid duties, ple at:	ease 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 t at Room 103	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.)	s Office
Date	Signature	
	Print Name	

Date:	 <u> </u> -	6	

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: Lara Maine	lla Address: 210	Martin Luther King Rm 401
		Rm 401
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	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	☐ 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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

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:		
Are you being paid for your representation?		☐ Yes ☐ No
Are you ap (If you and the next qu		person or organization? Yes No rest of this form. If you answered "yes," go on to
	an elected official or employee who is appear ty or other governmental body?	ng solely on behalf of your office or for your
(If you and you must s	swered "yes" to the question, STOP. You need sign this form. If you answered "no" to the questi	not complete the rest of this form, except that on, go on to the next question.)
If you are advised th		pearance is part of other paid duties, please be
1.	Before you engage in lobbying as a lobb authorization with the City Clerk.	yist, you or your principal must file an
2.	Your principal is not permitted to authorize with the City Clerk.	you to lobby unless you are registered
3.	If your principal spends or will owe more t reporting period (half year), the principal mu Clerk for the remainder of the calendar year	ust file expense statements with the City
(Please go at Room 1	o to the City Clerk's website <u>www.cityofmadison</u> 103 of the City-County Building, Madison, for mo	.com/clerk/index.html or go to the Clerk's Office re information.)
Date	Signature	

Print Name