

23675

Date: 1///20//

### **WISH TO SPEAK FORM**

Registration Stat	tement - Common C	Council
Please Print # 2		E PRINT NAME CLEARLY
Agenda No. <u>C14</u> Budo	Name Address	George Hagenautr 5 Odana Ct Madisan Wi 53719
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support	Nor Oppose	
At this meeting are you represent (If you answered "no," STOP; of who you represent and go on Name, address and telephone no Angles of Magles of M	you need not complete the rest to the next question.)	of this form. If you answered "yes," provide the name
Are you being paid for your rep  Are you appearing as part of you  (If you answered "no," STOP;  question.)	ur other paid duties for this per	Yes No  son or organization? Yes No t of this form. If you answered "yes," go on to the next
Informat	learing (Common Council) ion Hearing	3 minutes

	N2515 TWITTER STATE TO THE STATE OF THE STAT
Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are being that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature George Hagenquey  Print Name George Hagenquey



Date:	
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### CITY OF MADISON

Registration Statement -	Common C	Council
Please Print	- ,	E PRINT NAME CLEARLY
Agenda NoQ	Name Address	STEVE HEAD DISY Oakwidge AVE MADISON
Please check one:	AND	Please check:
Support		Wish to Speak
<b>Oppose</b>		
☐ Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest question.)	t of this form. If you answered "yes," provide the name
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Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this per t complete the rest	rson or organization?  Yes No t of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		.3 minutes

(SEE BACK)

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
(If you answer	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
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(Please go to Room 103 of	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)			
Date 100	Signature Print Name $2 \times 1 \times $			



Date:/	1-1	-1/	
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Registration Statement -	Common C	ouncil		
Please Print  Agenda No.	Name	PRINT NAME O Beth 3121 Em Madison	Racelle	704
Please check one:	AND	Please c	heck:	
Support		Wi	ish to Speak	
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form. If you	answered "yes,"	No provide the name
Are you being paid for your representation?			Yes	No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question.)	d duties for this per ot complete the res	son or organization of this form. If you	? Yes u answered "yes,"	☐ No ' go on to the nex
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	J	3 minutes		

•	n elected official or emplo ernmental body?	yee who is appearing solely on behalf of yo	ur office or for your municipality or Yes No
100		on, <b>STOP.</b> You need not complete the rest of ne question, go on to the next question.)	this form, except that you must sign
If you are that:	being paid for your repre	esentation, or if your appearance is part of	other paid duties, please be advised
1.	Before you engage in with the City Clerk.	n lobbying as a lobbyist, you or your princip	al must file an authorization
2.	Your principal is not City Clerk.	permitted to authorize you to lobby unless	you are registered with the
3.		nds or will owe more than \$1,000 for lobbying principal must file expense statements and ar year?	
,	•	bsite <u>www.cityofmadison.com/clerk/index.ht</u> 18, Madison, for more information.)	ml or go to the Clerk's Office at
Date		Signature	
		Print Name	



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Date:	11	//	_			

Registration Statement -	COMMITTEE	ouncil	
Please Print	PLEASE	PRINT NAI	ME CLEARLY
Agenda No	Name Address	JAN 170	HAMIK 4 HILTON HEAD ADISON, WI 5
Please check one:	AND	Plea	se check:
Support		$\square$	Wish to Speak
Oppose - Mayors 7  Neither Support Nor Op	Budget		
Neither Support Nor Op	ppose		
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest question.)	of this form.	If you answered "yes," provide the name
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Are you being paid for your representation	?		☐ Yes    X No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this per ot complete the res	son or organize of this form.	zation?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes	

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Date	Signature		
	Print Name		
	1/ Neshb		



Date:	11-1	-11	

Registration Statement -	Common C	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No.	Name Address	Jennifer McCalley 509 Ashtor Dr Deroner
Please check one:	AND	Please check:
Support		Wish to Speak
<b>Oppose</b>		
Neither Support Nor Op	pose	
Name, address and telephone number of each	t complete the resi uestion.)  h person or organi	t of this form. If you answered "yes," provide the name ization you are representing:
8033Excolsion De.		
Maclison, W1 53717	-	
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)	duties for this per t complete the res	rson or organization? Yes No  If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing) Other Items		.3 minutes

	REGISTRATION STATEMENT - PAGE 2
Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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Date <u>U - 1</u>	Signature Some Sund for McCelly  Print Name Some for McCelly
11,	55400



Date:	11/1/11	

Registration Statement -	Common Co	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	Name _ Address _	Decky Steinhoff 2134 Linden Aug Modison, W/ 53704
Please check one:	AND	Please check:
<b>Support</b>		Wish to Speak
Oppose		
■ Neither Support Nor Op	pose	
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next.  Name, address and telephone number of each	ot complete the rest of question.)	of this form. If you answered "yes," provide the name
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Are you being paid for your representation?	)	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this person of complete the rest of	on or organization?
	mmon Council)5 33	minutes

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



Date:	//	1)(	•
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Registration Statement -		uncil
	COMMITTEE	
Please Print	PLEASE P	RINT NAME CLEARLY
Agenda No.	Name Address	BRIAN BUTLER 132 E. WILSON APT 110 MADISON 53703
Please check one:	AND	Please check:
Support		Wish to Speak
<b>Oppose</b>		
Neither Support Nor Op	pose	
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REGISTRATION STATEMENT - PAGE 2				
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Date /// (/ Signature Signature				
Print Name BRIAN BUT LEA				
1760				



Date:	•	1		//	
		- 1	/		

Registration Statement -	COMMITTEE	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No. # 2	Name Address	HINDA BALDWIN 2930 LAKELAND MADISON
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q  Name, address and telephone number of each	complete the rest uestion.)	of this form. If you answered "yes," provide the name
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Speaking Limits: Public Hearing (Com Information Hearing. Other Items	***************************************	3 minutes

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Date	Signature	
	Print Name	