24356 25091 24620 24357

Date:  $\frac{3|20|12}{|12|}$ 

#### CITY OF MADISON

# **Early Public Comment Registration Statement - Common Council**

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

Please Print		PLEASE PRINT NAME CLE	ARLY
Agenda No. 4 S	472	Name  Address  Address  Machsan	In the
Please check the app	ropriate box:	Please check tl	he appropriate box:
At this meeting are you (If you answered "no of who you represent	," <b>STOP;</b> you need not co and go on to the next ques	cation or a person other than yourself: omplete the rest of this form. If you ans	to speak o answer questions  Yes No No wered "yes," provide the name
Are you appearing as (If you answered "no	or your representation? s part of your other paid du	uties for this person or organization? omplete the rest of this form. If you an	☐ Yes ☐ No ☐ Yes ☐ No swered "yes," go on to the next
question.) Speaking Limits:	Information Hearing	non Council)5 minutes 	

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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.)		
If you are beithat:	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?		
(Please go to Room 103 of t	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		
	Print Name		

Date:  $\frac{3/20/12}{}$ 

#### CITY OF MADISON

# **Early Public Comment Registration Statement - Common Council**

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

Please Print			PRINT NAME CLE		
Agenda No. 45	72	Name	Brenda We 214 Freder Ladison W	ichsbung 535	(ov)
Please check the approp			Please check t		
At this meeting are you re (If you answered "no," S of who you represent and	ort Nor Oppose epresenting an organization STOP; you need not comple I go on to the next question. none number of each person	ete the rest of .)	other than yourself: f this form. If you ans	h to speak to answer quest Yes swered "yes,"	×Νο
Are you being paid for you Are you appearing as par (If you answered "no," Squestion.)	our representation?  It of your other paid duties to the second of the s	for this perso lete the rest o	on or organization? of this form. If you an	☐ Yes ☐ Yes aswered "yes,"	DOO DOO go on to the next
Ir	Public Hearing (Common Conformation Hearing	3	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?			
(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.)			
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date	Print Name Brenda Walkowki			

	7/	ſ	i
Date:	<u> </u>	201	/12

### **CITY OF MADISON**

# Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE	PRINT NAME CLEA	RLY	•
Agenda No. 5-72.	73	NameAddress	Mike TeRosse 6121 Frederick Marlin, UD	Eg Lag.	
At this meeting are you (If you answered "no," of who you represent a	opriate box:  oport Nor Oppose  representing an organize STOP; you need not con and go on to the next quest ophone number of each pe	mplete the rest tion.)	oj inis jorm. Ij you unsw	k to speak answer quest  Yes vered "yes,"	tions No
(If you answered "no, question.)	your representation?  part of your other paid du  "STOP; you need not co	omplete the res	i oj inis jorm. Ij you unsi	☐ Yes ☐ Yes wered "yes,"	☐ No ☐ No ' go on to the next
Speaking Limits:	Information Hearing		.3 minutes		

Are yo other g	u an ele overnn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you this for	answei m. 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.)
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please Room I	go to 103 of ti	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

Date:	3.	20-1	2

### CITY OF MADISON

# Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE PRINT NAME CLEA	
Agenda No. 5 -	72-73 Hew Communs	Name KAREN TERO Address 6121 Frodorium Madason Wie	
At this meeting are you (If you answered "no, of who you represent of	oport Nor Oppose  u representing an organization of the state of the s	Wish to spea Do not wish Available to on or a person other than yourself: plete the rest of this form. If you answ	to speak answer questions  Yes No No vered "yes," provide the name
	," STOP; you need not com	es for this person or organization?  splete the rest of this form. If you ans	☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	3 minutes	

Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No		
(If you answe this form. If y	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 be 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?		
(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: $\frac{9/21/2012}{}$
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### **CITY OF MADISON**

# Early Public Comment Registration Statement - Common Council

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

Please Print	_	PLEASE PRINT NAME CLEA	
Agenda No.	5,72	Name  Address  Madison	vell ericksburg Lane , WI 53718
Please check the app	propriate box:	Please check th	e appropriate box:
At this meeting are y (If you answered "no of who you represent	o," <b>STOP;</b> you need to and go on to the nex	ganization or a person other than yourself: not complete the rest of this form. If you ans	to speak answer questions  Yes No wered "yes," provide the name
			·
Are you being paid f	or your representation	n?	☐ Yes ☐ No
Are you appearing a (If you answered "no question.)	s part of your other page," <b>STOP;</b> you need	aid duties for this person or organization? not complete the rest of this form. If you an	☐ Yes ☐ No swered "yes," go on to the next
Speaking Limits:	Information Heari	fommon Council)5 minutes ing3 minutes 	

Are you an oother govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form. If	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are bothat:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go t Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	1 / .
	3/20/12
D 4	0 (00)
Date:	

#### CITY OF MADISON

# Early Public Comment Registration Statement - Common Council

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

Please Print	PLEASE PRINT NAME CLEA	ARLY
Agenda No. 4,5,72	Name Amy Szal  Address 6002 Fr  Madism	edericksburg Ln
Please check the appropriate box:	Please check th	e appropriate box:
<ul><li>Support</li><li>✓ Oppose</li><li>Neither Support Nor Oppose</li></ul>		
(If you answered "no," STOP; you need of who you represent and go on to the no	organization or a person other than yourself:  d not complete the rest of this form. If you answers  ext question.)  f each person or organization you are represent	
Are you being paid for your representat	ion?	☐ Yes ☐ No
Are you appearing as part of your other (If you answered "no," <b>STOP</b> ; you nee question.)	paid duties for this person or organization?  ed not complete the rest of this form. If you ans	Yes No wered "yes," go on to the next
Information Hea	(Common Council)5 minutes aring3 minutes3 minutes	

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answe this form. If y	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 be 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.)		
Date3	Signature Ong B. Syalkowski  Print Name Amy B. Szalkowski		

Date: 3/20/12

#### **CITY OF MADISON**

## Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE PRINT NAME CLE	
Agenda No. 4, 5	5,72	Name Ted Sza Address 6002 Free Madison	Kowski dericksburg 53718
Please check the app	propriate box:	Please check t	he appropriate box:
Support Oppose Neither Su	pport Nor Oppose	AND Wish to spo Do not wis Available t	
(If you answered "no of who you represent	," <b>STOP;</b> you need not compand go on to the next questic		swered "yes," provide the name
Name, address and te	lephone number of each pers	son or organization you are represen	ting:
Are you being paid fo	or your representation?		☐ Yes │ No
Are you appearing as (If you answered "no question.)	part of your other paid dutie," STOP; you need not com	es for this person or organization? plete the rest of this form. If you an	Yes XNo swered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	3 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?			
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)	
If you ar that:	re bein	g 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?	
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)	
Date	3/	20/12 Signature 12 Dollanh.	
	1	Print Name Ted 529 (Kowski	



Date:	3.	UB	. 1	7	
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## **WISH TO SPEAK FORM**

Registration Statement	Common C	Council	<u>.</u>	
Please Print		•		
	PLEAS	E PRINT NAM	IE CLEARLY	
11 - 70	Name	BRIAN L	LUNSON	
Agenda No. 4, 5, 72	Address	120 EA	ST LAKESIDE	<u>ST.</u>
		Moson,	WI	
Please check one:	AND	Pleas	e check:	
Support		V	Wish to Spea	k
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	complete the res	on other than yo t of this form. If	ourself: Yes you answered "yes,	
Name, address and telephone number of each	h person or organ	ization you are r	epresenting:	
VERRIAN HONES			·	
6861 SOUTH TOWN DRY	F			
•				
Are you being paid for your representation?			Yes	No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)				No No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		.3 minutes		

Are you an elected official or enother governmental body?	mployee who is appearing solely on behalf of your office or for your municipality or Yes Vo
	uestion, <b>STOP.</b> You need not complete the rest of this form, except that you must sign to the question, go on to the next question.)
If you are being paid for your that:	representation, or if your appearance is part of other paid duties, please be advised
1. Before you engage with the City Cl	ge in lobbying as a lobbyist, you or your principal must file an authorization erk.
<ol> <li>Your principal i City Clerk.</li> </ol>	s not permitted to authorize you to lobby unless you are registered with the
3. If your principal period (half year remainder of the	spends or will owe more than \$1,000 for lobbying services in any reporting ar), the principal must file expense statements with the City Clerk for the calendar year?
(Please go to the City Clerk'. Room 103 of the City-County Ba	s website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ailding, Madison, for more information.)
Date March 20, 2017	Signature
•	Print Name BENN MUNSON



Date:	
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## **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registra	tion Statement -	Common Co	ouncil		- · · · · · · · · · · · · · · · · · · ·
Please Print  Agenda No. 4	T ETC	PLEASE Name Address	PRINT NAME CLEA DEFE VA 2630 WA MADISON	GOSENSE	ual
Please check	one:	AND	Please chec	k:	
Support			Wish	to Speak	
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	rou representing an organ o, "STOP; you need not t and go on to the next qu	complete the rest o uestion.)	f this form. If you answ		☐ No provide the name
Name, address and to	elephone number of each	i person of organiza	tion you are representing	ıg.	
Are you being paid f	or your representation?			Yes	■ No
Are you appearing as	part of your other paid part of your other paid part of you need not	duties for this perso complete the rest o	n or organization? f this form. If you answ	Yes yered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing	· · · · · · · · · · · · · · · · · · ·	ninutes		

(SEE BACK)

-		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, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
		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 _	3/2	Signature Print Name  Signature  Print Name
		/



	7	50
Date:	$\sim$	20
Date.		

## WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil			
Please Print	PLEASE	PRINT NAME CLEA			
Agenda No. 45,72	Name	Ken Godder 2904 Gzag Mapism		7	
Please check one:	AND	Please checl	<b>«:</b>		
<b>Support</b>		Wish 1	o Speak		
<b>Oppose</b>					
Neither Support Nor Op	pose				
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next of Name, address and telephone number of each	nt complete the rest question.)	of this form. If you answ		No provide the	пате
	· · ·				
Are you being paid for your representation?	,		Yes	☐ No	
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this per ot complete the res	rson or organization? t of this form. If you answ	Yes wered "yes,"	□ No go on to the	e next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes			

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



Date: 3-20-12

## **WISH TO SPEAK FORM**

Registration Statement	- Common C	Council			
Agenda No. 4-5-72 Grandview ammons	Name			lontgor Dr.	
Please check one:	AND	7 .	se checl		
<ul><li>☐ Support</li><li>☐ Oppose</li></ul>			Wish t	o Speak	
Neither Support Nor O	ppose				
At this meeting are you representing an or (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	tot complete the resi question.)	t of this form. <u>l</u>	If you answe	ered "yes,"	No provide the name
Are you being paid for your representation	?			Yes	No
Are you appearing as part of your other pa (If you answered "no," STOP; you need no question.)	id duties for this per tot complete the res	rson or organiz t of this form. I	zation? <i>If you answe</i>	☐ Yes ered "yes,"	No go on to the next
Speaking Limits: Public Hearing (Co Information Hearin Other Items	g	3 minutes			

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



Date: 03-20-12

### **CITY OF MADISON**

Registrat	ion Statement	Common C	ouncil			
Please Print		PLEASE	E PRINT NA	AME CLEA	RLY	(
Agenda No. 4	6,72,73	Name Address	11 20	chiE King son	Blac S Mil Wi S	1 WY 3718
Please check the ap	propriate box:		Plea	ise check the	appropriate	e box:
<ul><li>Support</li><li>Oppose</li></ul>		AND		Wish t	o speak	
	Support Nor Op	pose				
(If you answered "no of who you represen	you representing an orga o," STOP; you need no t and go on to the next of elephone number of eac	nt complete the rest question.)	of this form	. If you answ		☑No provide the name
Ara vou annearing a	for your representation? s part of your other paid o," STOP; you need no	d duties for this per	rson or orgar	nization? n. If you ansv	Yes Yes vered "yes,"	☐ No ☐ No go on to the next
question.)						
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	z	3 minutes			

(SEE BACK)

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



Date: 3/20/2012

### **WISH TO SPEAK FORM**

Registrati	on Statement	Common C	ouncil			
Please Print  Agenda No.	72,73	PLEASE Name Address	PRINT NA	ME CLEA MCG	RLY SUE	ST RIVE 5371
Please check or	1e:	AND	Plea	se check	ζ:	·
<b>Support</b>			X	Wish t	o Speak	
Oppose						
Neither S	upport Nor Op	pose				
(If you answered "no, of who you represent o	u representing an organ organ organ organ of and go on to the next quephone number of each	complete the rest uestion.)	of this form.	If you answe		No provide the name
Are you being paid for	r your representation?				Yes	□No
Are you appearing as full (If you answered "no, question.)	part of your other paid " STOP; you need not	duties for this per complete the rest	son or organize of this form.	zation? <i>If you answ</i>	☐ Yes ered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing.					

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



Date: _	3	-20-	12	
_				

## WISH TO SPEAK FORM

Registration Statement		Council	
	COMMITTEE		
Please Print	PLEASE	E PRINT NA	ME CLEARLY
Agenda No. 45,72,11	Name Address	Bath	un Hill Fredericksburg Ln
		111000	ON 001 73/18
Please check one:	AND	Plea	ise 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 not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest uestion.)	t of this form.	If you answered "yes," provide the name
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this per	rson or organiz	☐ Yes ☐ No  zation? ☐ Yes ☐ No  If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		.3 minutes	

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?						
(If you answe this form. If y	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 be 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						
	Print Name						



Date: 3-20-17

## WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council	
Please Print	PLEASE	SE PRINT NAME CLEARLY	
Agenda No. <u>4, 5, 72, 73</u>	Name Address	Barbara Brochtrup 1213 Mendowlark Madison, WI 537/4	
Please check one:	AND	Please check:	
<b>Support</b>		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 not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest nuestion.)	est of this form. If you answered "yes," provide th	e 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.)	l duties for this per t complete the res	erson or organization?	he next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes	

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)	
If you are be that:	ring paid for your representation, or if your appearance is part of other paid duties, please be advised	
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
(Please go t Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



Date: 3-20-2017

## WISH TO SPEAK FORM

Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 46)72,73	Name Crey Clestentez  Address 6106 Frederichsburg Lane  Madison
Please check one:	AND Please check:
Support	Wish to Speak
<b>⊘</b> Oppose	
Neither Support Nor C	ppose
(If you answered "no," <b>STOP</b> ; you need of who you represent and go on to the ne.	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name et question.) each person or organization you are representing:
Are you being paid for your representation	n? Yes No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	ommon Council)5 minutes ng3 minutes3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
(If you answ this form. If	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)	
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised	
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



Date: 3/20/12

## **WISH TO SPEAK FORM**

Registra	tion Statement	COMMITTEE	ouncil	
Please Print		PLEASE	PRINT NAME CLEARLY	
Agenda No. 45	72	Name	Tim Allen 734 North Star Dr	demand
Please check	one:	AND	Please check:	
X Support			Wish to Speak	
Oppose				
Neither !	Support Nor Opp	pose		
(If you answered "no of who you represen	t and go on to the next qu	complete the rest og uestion.)	other than yourself: Yes No f this form. If you answered "yes," provide the station you are representing:	name
			·	
Are you being paid f	or your representation?		☐ Yes ☐ No	
Are you appearing as (If you answered "no question.)	s part of your other paid of p," STOP; you need not	duties for this perso complete the rest o	on or organization?	: next
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3 1	minutes	

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



Date:  $\frac{3/20/2012}{}$ 

## WISH TO SPEAK FORM

Registration Statement -	Common C	Council
	COMMITTEE	
Please Print	PLEASI	SE PRINT NAME CLEARLY
Agenda No. 4,6,72,73		Leah Voigt Potter  4813 Martha Lane  Madison, W1 53714
Please check one:	AND	Please check:
Support	<u> </u>	Wish to Speak
<b>Oppose</b>		
Neither Support Nor O	opose	
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next Name, address and telephone number of each of the next o	ot complete the res question.)	est of this form. If you answered "yes," provide the name
Are you being paid for your representation  Are you appearing as part of your other paid  (If you answered "no," STOP; you need n	d duties for this pe	Yes No  werson or organization? Yes No  west of this form. If you answered "yes," go on to the next
question.)  Speaking Limits: Public Hearing (Co Information Hearin Other Items	mmon Council)	5 minutes3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
(If you answ this form. If	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)	
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised	
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Nama	



Date: _	3/	20	1	7	
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## **CITY OF MADISON**

Registration St	atement - Common COMMITTEE	Common Council COMMITTEE			
Please Print	Name	SE PRINT NAME CLEARLY  Leslie Olson			
Agenda No	Address	s 6610 Hopewell Dr. Madison WI 53718			
Please check one:	AND	Please check:			
<b>Support</b>	·	Wish to Speak			
Oppose					
Neither Suppor	rt Nor Oppose				
(If you answered "no," <b>STOP</b> of who you represent and go o	senting an organization or a person to the next question.)  number of each person or organ	est of this form. If you answered "yes," provide the name			
		·			
Are you being paid for your re	epresentation?	Yes No			
Are you appearing as part of y (If you answered "no," STOP question.)	your other paid duties for this per; you need not complete the res	erson or organization?			
Inform	Hearing (Common Council) nation Hearing Items	3 minutes			

(SEE BACK)

		elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
		ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If yo that:	u are be	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
*	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
		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
		Print Name



Date: 3-20-2012

# **WISH TO SPEAK FORM**

Registration Statem	nent - Common C	ouncil	
Please Print	PLEASE	PRINT NAME CLE	EARLY
Agenda No. 45,72	NameAddress _	Ruth H 523 Di madise	VISION OP, WI
Please check one:	AND	Please che	eck:
Support		Wish	to Speak
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to what Name, address and telephone numbers.	ng an organization or a perso In need not complete the rest the next question.)	of this form. If you an	swerea yes, provide me name
Are you being paid for your repres  Are you appearing as part of your of (If you answered "no," STOP; you question.)	other naid duties for this net	son or organization? of this form. If you a	☐ Yes ☐ No ☐ Yes ☐ No nswered "yes," go on to the nex
Speaking Limits: Public Hea	ring (Common Council) n Hearings	3 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?				
	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 beithat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised				
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)				
Date	Signature				
•	Print Name				



Date: 3/20/12

## **WISH TO SPEAK FORM**

Registration Stat	ement - Common C	Council	_
Please Print	PLEASE	E PRINT NAME CLEARLY	
Agenda No	Name Address	Rachel Longley 6205 Dominion Dr. Madison W1 53718	
Please check one:	AND	Please check:	
<b>Support</b>		Wish to Speak	
Oppose			
Neither Support	Nor Oppose		
At this meeting are you represent (If you answered "no," STOP; yof who you represent and go on Name, address and telephone nu	you need not complete the rest to the next question.)	t of this form. If you answered "yes," provide t	the name
Are you being paid for your repr	resentation?	☐ Yes ☐ No	
Are you appearing as part of you (If you answered "no," STOP; y question.)	or other paid duties for this person need not complete the rest	rson or organization? Yes No to f this form. If you answered "yes," go on to	the next
Informati	earing (Common Council) ion Hearing	3 minutes	

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



Date:
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### **CITY OF MADISON**

Registration Statement -	Common C	ouncil
Agenda No. 4, 5, 72	Name	PRINT NAME CLEARLY  KENT HUL  5~3 DIVISION ST.
Please check one:	AND	Please check:
<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Op</li></ul>	pose	Wish to Speak
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest uestion.)	of this form. If you answered "yes," 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 not question.)	duties for this pers t complete the rest	on or organization?
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes

(SEE BACK)

other governm				
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.)			
If you are being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please go 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			
<u></u>	Print Name			



Date:	3/20/12	_
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## **CITY OF MADISON**

Registrat	tion Statement - ַ	COMMITTEE	Council		
Please Print		PLEASE	E PRINT NAME CLE	EARLY	
Agenda No. 72		Name Address	Jay Longle 6205 Domini Madison, W.	ion Nr I 53711	8
Please check of	one:	AND	Please che	ck:	
Support			Wish	to Speak	
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	you representing an orga o, "STOP; you need not t and go on to the next q elephone number of each	t complete the rest uestion.)	of this form. If you ans		☑ No provide the name
Are you being paid f	or your representation?			Yes	☐ No
Are you appearing as (If you answered "no question.)	s part of your other paid o, "STOP; you need not	duties for this per t complete the rest	son or organization? of this form. If you an	☐ Yes swered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing.		3 minutes		

(SEE BACK)

_	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	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
	Print Name



_	7 ~	SÓ	~~	12	
Date:	~				

Registration Stateme	ent - Common C	Council	
Please Print		E PRINT NAME CLEARI	_Y
Agenda No. 4,5,72	Name Address	CIUDY Glaeden - EOZ CallISTO MADISONS	Knott PR
Please check one:	AND	Please check:	
Support		Wish to	Speak
Oppose		•	
Neither Support No	r Oppose		
At this meeting are you representing (If you answered "no," STOP; you no f who you represent and go on to the Name, address and telephone number	eed not complete the rest e next question.)	t of this form. If you answere	
	· .		
Are you being paid for your represen	tation?		Yes No
Are you appearing as part of your oth (If you answered "no," STOP; you r question.)	ner paid duties for this per need not complete the res	rson or organization? t of this form. If you answer	☐ Yes ☐ No ed "yes," go on to the next
Information F	g (Common Council) Jearing	3 minutes	

Are you an el other government	lected 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 be 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
	Print Name



Registration Sta	atement - Common	Council		·
Please Print	PLEAS	SE PRINT NAM	E CLEARLY	
Agenda No. 4,5,72,73	Name Addres	Kristina ) s 602 Apo Madison	tauser 110 Way	
Please check one:	AND	Pleas	e check:	
Support			Wish to Speak	•
Neither Support  At this meeting are you represe (If you answered "no," STOP of who you represent and go of the Name, address and telephone in the Name and the Name an	enting an organization or a per you need not complete the re n to the next question.)	est of this form. If	you answerea yes,	☐ No provide the name
Inform	our other paid duties for this r	5 minutes3 minutes	☐ Yes tion? ☐ Yes you answered "yes,"	☐ No ☐ No ' go on to the next

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



Date: March 20/20/2

## **WISH TO SPEAK FORM**

Registrat	ion Statement	COMMITTEE	ouncil	WWWWallands.com	Ministration (Constitution of the Constitution
Please Print  Agenda No.	5,72	PLEASE Name Address	PRINT NAM Dean 738 Mados	ME CLEARLY Mafusza Mchean	K Seve
Please check o	ne:	AND	·	se check:	
Support				Wish to Speal	k
<b>Oppose</b>					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organ," STOP; you need not and go on to the next queen of each	complete the rest uestion.)	of this form. If	fyou answered "yes,"	No No provide the name
		· .			
Are you being paid for	or your representation?			☐ Yes	□No
	part of your other paid," STOP; you need not				☐ No " go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing.				

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



Date: 3-20-(2)

# **WISH TO SPEAK FORM**

Registration	n Statement	Common C	Council			
		COMMITTEE				
Please Print	·	PLEASE	PRINT NA		-	
Agenda No. 45	12,73	Name Address	602	FATK	W 6	AY
Please check one	:	AND	]	se check:		<u>50116</u>
Support	,			Wish to	Speak	
<b>Oppose</b>						
Neither Su	port Nor Opp	ose				
At this meeting are you a (If you answered "no," of who you represent and Name, address and telep	STOP; you need not of go on to the next qu	complete the rest estion.)	of this form.	if you answer		No provide the name
			,			
Are you being paid for y	our representation?				Yes	No No
Are you appearing as pa (If you answered "no," question.)	rt of your other paid of STOP; you need not	luties for this per complete the res	rson or organiz t of this form.	ration? If you answe	☐ Yes red "yes,"	No go on to the next
I	Public Hearing (Comr nformation Hearing Other Items		3 minutes			

Are you an elect other governmer	ted official or employee who is appearing solely on behalf of your office or for your municipality or atal body?  Yes No
	"yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you are being that:	paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	our principal is not permitted to authorize you to lobby unless you are registered with the lity Clerk.
p	Your principal spends or will owe more than \$1,000 for lobbying services in any reporting eriod (half year), the principal must file expense statements with the City Clerk for the emainder of the calendar year?
	e City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)
Date 3-7	0-17 Signature Park
	Print Name RICK FATILE

	3/20/12	
Date:		



Registration Statement -	Common C	ouncil		<del></del>
Please Print	PLEASE	PRINT NAI	ME CLEARLY	
Agenda No. 4,5,72	Name Address	Deris 6010 Mard	je De Marb Fredericks bu ism, WI 53	ug Ln
Please check one:	AND	Plea	se 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," <b>STOP</b> ; you need no of who you represent and go on to the next of	ot complete the res	on other than y		₹No ovide the name
Name, address and telephone number of each	ch person or organ	ization you are	e representing:	
Are you being paid for your representation	?		☐ Yes	No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this pe ot complete the res	rson or organi st of this form.		$\textstyle  extstyle  extstyle $
Speaking Limits: Public Hearing (Continuous Information Hearing) Other Items	g	3 minutes		

•			
Are you an eleother governm		who is appear	ing solely on behalf of your office or for your municipality or Yes No
, , ,	red "yes" to the question, Sou answered "no" to the qu		ed not complete the rest of this form, except that you must sign to the next question.)
If you are beinthat:	ng paid for your represent	tation, or if yo	our appearance is part of other paid duties, please be advised
1.	Before you engage in lob with the City Clerk.	bying as a lob	obyist, you or your principal must file an authorization
2.	Your principal is not per City Clerk.	mitted to auth	norize you to lobby unless you are registered with the
3.		orincipal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
	the City Clerk's website he City-County Building, N		nadison.com/clerk/index.html or go to the Clerk's Office at ore information.)
Date 3/	wliz	Signature Print Name	Dense R DeMarb



Date: MARA20 2012

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration State	ment - Common C	ouncil	
Please Print  Agenda No. 4, 5, 72,	PLEASE Name Address	6/05	MECLEARLY  MillER  Vicksburg RD  ON W=
Please check one:	AND	Plea	se check:
<b>Support</b>		X	Wish to Speak
Oppose			
Neither Support N	Nor Oppose		
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to Name, address and telephone num	u need not complete the rest the next question.)	of this form. If	f you answered "yes," provide the name
Are you being paid for your repres	sentation?		☐ Yes ☐ No
Are you appearing as part of your (If you answered "no," STOP; you question.)	other paid duties for this per u need not complete the rest	son or organiza of this form. I	ation? Yes No If you answered "yes," go on to the next
Information	ring (Common Council) n Hearing	3 minutes	

(SEE BACK)

Are you an ellother government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	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 be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
_	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	3	 <i>Σ</i> ο	-	L	

Registration Statement	
Diagon Duine	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
	Name faul Reilly
Agenda No. 7 3 4 / L	Address 18 Alexandra Lane
	Madison 53718
Please check one:	AND Please check:
Support	Wish to Speak
Oppose	
Neither Support Nor O	ppose
At this meeting are you representing an or (If you answered "no," <b>STOP</b> ; you need to f who you represent and go on to the next	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.)
Name, address and telephone number of e	each person or organization you are representing:
Are you being paid for your representation	n? Yes \( \sum \text{No} \)
Are you appearing as part of your other part (If you answered "no," STOP; you need question.)	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Heari	Common Council)5 minutes ing3 minutes3 minutes

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answe this form. If y	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 be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(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	Signature
	Drint Nama



Date:	3/20/12	

Registratio	n Statement	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No. 45	72:73	Name	JANICE MUN 4105 VICKSK MASI 50N	izzk zure Ro	
Please check one	e:	AND	Please chec	ek:	
Support			Wish	to Speak	
Oppose					
Neither Su	pport Nor Opp	oose			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not ad go on to the next qu	complete the rest uestion.)	of this form. If you ansv	Yes No vered "yes," provide the naming:	ne —
Are you being paid for y	our representation?			Yes No	
Are you appearing as pa (If you answered "no," question.)	rt of your other paid of STOP; you need not	duties for this pers complete the rest	on or organization? of this form. If you answ	Yes No wered "yes," go on to the ne	xt
I	Public Hearing (Comr nformation Hearing Other Items	3	minutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body?  Yes No
, , ,	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are l that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 20 Mar 12

## **WISH TO SPEAK FORM**

Registration Statement -	Common C	ouncil		1-1/1-0-21/1-1-1-2	
Please Print	PLEASE	PRINT NAI	ME CLEARLY		
Agenda No. 4,5, 72,73	Name Address	O(33 Madis	Schaefer Dominion C Son WI	) <sub>(</sub> . 53718	
Please check one:	AND	Plea	se check:		
Support		X	Wish to Spea	k	
<b>Oppose</b>					
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 question.)	of this form. I	If you answered "yes,	No No provide the	name
Are you being paid for your representation.  Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this per	son or organiz	Yes  zation? Yes  If you answered "yes	□ No □ No ," go on to the	e next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes			

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
(If you answe this form. If y	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 be 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?	
(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	Signature	
	Print Name	



Date: 2-20-12

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Stateme	nt - Common C	Council
Please Print	PLEAS	E PRINT NAME CLEARLY
Agenda No5	Name Address	1 onya Nye 6202 Dominion Dr Madison W 53718
Please check one:	AND	Please check:
Support Support		Wish to Speak
Oppose		
Neither Support Nor	Oppose	
At this meeting are you representing an (If you answered "no," STOP; you need of who you represent and go on to the second Name, address and telephone number of	ed not complete the resinext question.)	of this form. If you answered "yes," provide the name
Are you being paid for your representa	tion?	☐ Yes ☐No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	r paid duties for this per ed not complete the res	son or organization? Yes No f of this form. If you answered "yes," go on to the next
Information He	(Common Council)	3 minutes

(SEE BACK)

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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,	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 3/20/12

# WISH TO SPEAK FORM

Registration Statement	Common C	Council
Please Print	COMMITTEE	
1 tease 1 lint	PLEASE	E PRINT NAME CLEARLY
Grandview Commons (All)	Name	John Driscoll
Agenda No. 72	Address	801 McLean Drive
		Madison, W1 53718
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," <b>STOP</b> ; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the res question.)	t of this form. If you answered "yes," provide the name
· · · · · · · · · · · · · · · · · · ·		
Are you being paid for your representation?  Are you appearing as part of your other paid	duties for this pe	Yes No  Yes No  Yes No
Af you answered "no," STOP; you need no	ot completé the res	st of this form. If you answered "yes," go on to the next
(question.)		
Speaking Limits: Public Hearing (Con Information Hearing Other Hems	5	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
<b>.</b>	
Date	Signature  Print Name



Date:  $\frac{3}{20/12}$ 

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Statement -	COMMITTEE	Council	
Please Print	PLEASE	SE PRINT NAME CLEARLY	
Agenda No. <u>4,5,72,73</u>	Name Address	CRAIG THOMPSON  1241 ALEXANDRIA LA  MADISON WI 53718	
Please check one:	AND	Please check:	
Support		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 of Name, address and telephone number of each	ot complete the rest question.)	st of this form. If you answered "yes," provide the nan	ne —
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.)	I duties for this person to complete the rest	erson or organization?	xt
Speaking Limits: Public Hearing (Con Information Hearing Other Items	Ç	3 minutes	

(SEE BACK)

Are you an e	lected 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 be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 3-70-12

## **WISH TO SPEAK FORM**

Registra	Registration Statement - Common Council				•
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No		NameAddress	6201 D	AN Ominian	
Please check	one:	AND	Please chec	k:	
Support Oppose			Wish	to Speak	
	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an organo, "STOP; you need not and go on to the next quelephone number of each	complete the rest of uestion.)	this form. If you answ		□ No provide the name
Are you being paid f	for your representation?			☐ Yes	☐ No
	s part of your other paid o," STOP; you need not			☐ Yes vered "yes," g	☐ No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 n	ninutes		

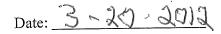
•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
1,	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date	3-7	20 -	12	
Date				

Registration Statement -	COMMITTEE	Council
Please Print	PLEASI	E PRINT NAME CLEARLY
Agenda No. 4, 5, 72,73	Name Address	Sr. Ellen Mavie Baranek 5901 Cottage Grove Rd Madison, WI 53718
Please check one:	AND	Please check:
Support		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 res question.)	st of this form. If you answered yes, provide the name
Are you being paid for your representation	?	☐ Yes ☐ No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this pe ot complete the re	erson or organization?
Speaking Limits: Public Hearing (Co Information Hearin Other Items	g	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name





Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 4, 5, 72, 73	Name Dan Haiden Address 620 Melean Dr Madison
Please check one:	AND Please check:
Support	Wish to Speak
Oppose	
Neither Support Nor C	)ppose
(If you answered "no," <b>STOP</b> ; you need of who you represent and go on to the ne	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.)  each person or organization you are representing:
Are you being paid for your representation	
Are you appearing as part of your other part (If you answered "no," STOP; you need question.)	paid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council)5 minutes ring

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



Date: 3/20/2012

## WISH TO SPEAK FORM

Registration Stateme	ent - <u>Common C</u>	ouncil
Please Print		PRINT NAME CLEARLY
Agenda No. 4, 5, 72, 73	Name Address	Tara White 637 Coperni (us Way Madison 53718
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support No	r Oppose	
At this meeting are you representing (If you answered "no," STOP; you not who you represent and go on to the Name, address and telephone number	eed not complete the rest e next question.)	of this form. If you answered "yes," provide the name
Are you being paid for your represen	tation?	☐ Yes ☐ No
Are you appearing as part of your oth (If you answered "no," STOP; you r question.)	ner paid duties for this per need not complete the rest	son or organization?
Information I	g (Common Council) Hearing	3 minutes

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



Date:	3	20	n

Registration Stat	ement - <u>Common C</u>	Council	
J	COMMITTEE		
Please Print	PLEASE	E PRINT NAME CLEARLY	
Agenda No. 4 5 ?	Name Address	Alisa Allen 134 Worth Ster Do Madison WI 53718	
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; yof who you represent and go on Name, address and telephone nu	you need not complete the rest to the next question.)	t of this form. If you answered "yes," provide the nan	ne _
Are you being paid for your repr Are you appearing as part of you (If you answered "no," STOP; y question.)	ir other paid duties for this pers	Yes No  rson or organization? Yes No t of this form. If you answered "yes," go on to the nex	_ xt
Informati	earing (Common Council)5 ion Hearing3 ms3	.3 minutes	

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 370 102

## **WISH TO SPEAK FORM**

Registrati	on Statement -	Common C	ouncil		<u>.                                    </u>
Please Print		PLEASE	PRINT NA	ME CLEARLY	a in
Agenda No.	,72,73	Name (	1111)( 129	My U	AUIS.
Please check of	ne:	AND	Plea	se check:	
<b>Support</b>			X	Wish to Spea	ık
<b>Oppose</b>					
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent	ou representing an orga," <b>STOP</b> ; you need not and go on to the next questions of eac	t complete the rest question.)	of this form.	If you answered "yes	
Are you being paid fo	or your representation?			☐ Yes	s 🗌 No
Are you appearing as (If you answered "no, question.)	part of your other paid," <b>STOP;</b> you need no	duties for this per t complete the rest	son or organize of this form.	zation?	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form. If	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at for the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:  $\frac{3/20/12}{}$ 

# WISH TO SPEAK FORM

Registration Statement	Common C	Council				
Please Print	PLEASE	E PRINT NAI Armand				
Agenda No. 4, 5, 72, +73	Name Address	637 Cog Madison	perhicus		-	
Please check one:	AND	Plea	se 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 not of who you represent and go on to the next q Name, address and telephone number of each	t complete the res uestion.)	t of this form.	If you answe		⊠ 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," STOP; you need no question.)	duties for this pe t complete the res	erson or organizest of this form.	zation? <i>If you answe</i>	Yes ered "yes,"	☐ No go on to th	ie next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes				

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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(Please go 1 Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	3	4	10	·	2	

Registration Statement -	t - Common Council			
<b>U</b>	COMMITTEE			
Please Print	PLEASE	E PRINT NA	ME CLEARLY	
Agenda No. 45	Name Address	Mar 6717 Middl	-k Opitz Frank Lloyd Wright Ave #2 leton 53562	
Please check one:	AND	Plea	ise check:	
Support			Wish to Speak	
Oppose		•		
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	ot complete the rest	on other than y	yourself: Yes No If you answered "yes," provide the name	
Name, address and telephone number of each	ch person or organiz	zation you are	representing:	
	non-this control of			
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 to complete the rest	son or organiz of this form.	ration?	
Speaking Limits: Public Hearing (Con Information Hearing Other Items	<u>,</u>	3 minutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	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
	Print Name



	1	ľ	
_	2/201		
Date:	3/20	16	

Registration Statement	Common C	ouncil	
Please Print	•		ME CLEARLY
Agenda No. <u>4, 5, 72, 23</u>	Name Address	6025	Hogan Sharpsburg Dri
Please check one:	AND	Plea	se check:
Support		X	Wish to Speak
Neither Support Nor Op  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	anization or a pers t complete the res question.)	t of this form.	ij you answered yes, provide me name
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this po ot complete the re	st oj inis jorm.	Yes XNo  Zation? Yes XNo  If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes	

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



Date: 3-20-12

## WISH TO SPEAK FORM

Registration Statement	COMMITTEE	Council		
Please Print			ME CLEARLY	
Agenda No. <u>4, 5, 72, 73</u>	Name Address	Wen Wen	tory EVII 25 Hustac Glalrus	le valley R
Please check one:	AND		se check:	
Support		Ø	Wish to Speal	k
<b>Oppose</b>				
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  Sister of Mary	t complete the resuluestion.)  h person or organi	t of this form.	If you answered "yes, e representing:	" 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," STOP; you need not question.)	duties for this per t complete the res	rson or organiz t of this form.	zation? Yes  If you answered "yes,	☐ No " go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		.3 minutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?			
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)			
If you that:	are bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Pleas Room	e go to 103 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date _	3-2	20-12 Signature <u>Anthrop</u> Enthr			
		·			



Registration Statement -	COMMITTEE	ouncil
Please Print  Agenda No. 17 2, 73	PLEASE Name Address	DAVE DE FELICE 6302 DOMINION DR MADISON 53718
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	t complete the rest ruestion.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid	duties for this pers	
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes

•		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 anthat:	re beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised				
1	l.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
2	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3	<b>3.</b>	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
•	_	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)				
Date		Signature				
		Print Name				



Date: 3-20-12

# WISH TO SPEAK FORM

Registration Stateme	ent - Common	Council		
	COMMITTEE			
Please Print	D. E. 4.0			
	PLEAS	E PRINT NAME CL	EARLY	
1575	Name	Kimberly	1000L	4
Agenda No. 4 5 72	—— Address	771 Mc1	eah D	rive
1	ACCOUNTY OF THE PROPERTY OF TH	Madican	1/1/	55718
	·		1 / / / -	
Please check one:	AND	Please ch	eck:	
Support		Wis	h to Speak	
Oppose				
Neither Support No	r Oppose			
<b>.</b> .				
At this meeting are you representing (If you answered "no," STOP; you no of who you represent and go on to the Name, address and telephone number	eed not complete the res e next question.)	st of this form. If you a	nswered "yes," [	No provide the name
		A		
Are you being paid for your represent	tation?	•.	☐ Yes	No
Are you appearing as part of your oth (If you answered "no," STOP; you na question.)	er paid duties for this pe eed not complete the res	erson or organization? st of this form. If you a	☐ Yes nswered "yes,"	No go on to the next
Information H	g (Common Council) learing	.3 minutes		

		eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you at this form	nswere I. If you	d "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you ar that:	e being	g paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please Room 10	go to 3 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)
Date		Signature
		Print Name



Date:	)	-30-	 7	utorar
			 	-

## **CITY OF MADISON**

Registrat	ion Statement -	Common Co	uncil		
Please Print  Agenda No.	5,72,73		PRINT NAME CLE	EARLY Denk Darph Ste	cel Love
Please check o	ne:	AND	Please che	ck:	
Support			Wish	to Speak	
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga "STOP; you need not and go on to the next q dephone number of each	t complete the rest of uestion.)	this form. If you ans		□ No provide the name
Are you being paid fo		duties for this source	on our puit on?	☐ Yes	□ No
Are you appearing as (If you answered "no, question.)	part of your other paid "STOP; you need not	complete the rest of	this form. If you an.	☐ Yes swered "yes," ;	
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3 n	ninutes		

(SEE BACK)

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name



Date: 3/20/2012

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration		Common C	Council		
Please Print  Agenda No. 45	72.73	PLEASE Name Address	EPRINT NAME CLE Hather Morm	Fackle	A
Please check one:		AND	Please che	ck:	
Support	,		Wish	to Speak	
<b>Oppose</b>					
Neither Supp	ort Nor Oppos	se			
At this meeting are you rep (If you answered "no," STO of who you represent and go Name, address and telephon	<b>OP;</b> you need not com o on to the next quest	iplete the rest ion.)	of this form. If you ans		No provide the name
Are you being paid for your	representation?			☐ Yes	□No
Are you appearing as part o (If you answered "no," STO question.)	f your other paid dution of your other paid dution of you need not come.	es for this pers	son or organization? of this form. If you ans	Yes wered "yes,"	☐ No go on to the next
Info	ic Hearing (Common rmation Hearing		3 minutes		

(SEE BACK)

•	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No				
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)				
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	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				
	Print Name				



Date:	3	120	112
		, 1	

Registration Statemen	t - Common C	Council	
Please Print	PLEASE	E PRINT NAME CLEARLY	
Agenda No. 45,72,73	Name Address	Tiffang Tohn 6018 fairfax Lare Madison, WI S3718	
Please check one:	AND	Please check:	
Support	,	Wish to Speak	
Oppose			
Neither Support Nor (	Oppose		
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the need.  Name, address and telephone number of	not complete the rest ext question.)	of this form. If you answered "yes," provide the no	ime
Are you being paid for your representation	on?	☐ Yes ☐ No	
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)	paid duties for this pers not complete the rest	son or organization? Yes No of this form. If you answered "yes," go on to the n	ext
Information Hear	Common Council)5 ing	3 minutes	

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



Date:  $\frac{3}{20}/20/2$ 

## **WISH TO SPEAK FORM**

### **CITY OF MADISON**

Registra	tion Statement -	Common Co	ouncil		
Please Print		COMMITTEE			
Agenda No. 스	5,72,+73	NameAddress	PRINT NAME CLEA HUAN HOR 5165 WINTE MADISON, W	ANG ERGREEN DR 1 53704	
Please check of	ne:	AND	Please check	<b>(:</b>	
<b>Support</b>			Wish to	o Speak	
<b>Oppose</b>					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organ, "STOP; you need not and go on to the next quelephone number of each	complete the rest of uestion.)	this form. If you answe	Yes No red "yes," provide the nan	1e
Are you being paid for	or your representation?			☐ Yes ☐ No	
	part of your other paid of "STOP; you need not			Yes No red "yes," go on to the nex	ĸt
Speaking Limits:	Public Hearing (Communication Hearing	3 n			

(SEE BACK)

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:				
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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 Office at Room 103 of the City-County Building, Madison, for more information.)				
Date	Signature			
	Print Name			



Date: 3 - 20 - 12

## **WISH TO SPEAK FORM**

Registration Statement	Common (	Council			
Please Print		E PRINT NA	ME CLEARL	LY	
Agenda No. 4,5,72,+73	Name Address	Paul V 574 Madio		heuren egos 1 53	Ra) 711
Please check one:	AND	Plea	se check:		
☐ Support		$\boxtimes$	Wish to S	Speak	
<b>∑</b> Oppose					
Neither Support Nor Opp	ose				
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest	on other than y of this form. I	ourself: [2]	X Yes [ d "yes," pro	☐ No Povide the name
Name, address and telephone number of each	person or organi	zation you are	representing:		
Schoenstatt Sisters	of Mai	<u> </u>			
5901 Cottage Bro	ve Ral				
Madison WI 537/8	3 608	557.	-720	8	145 MARCH
Are you being paid for your representation?				Yes [	☐ No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)	luties for this per complete the rest	son or organization of this form. I	ation? [ fyou answered	Yes [ ed "yes," go	No on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	• • • • • • • • • • • • • • • • • • • •	3 minutes			

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



Date:  $\frac{3}{70}/12$ 

# **WISH TO SPEAK FORM**

### **CITY OF MADISON**

Registration Statement -	COMMITTEE	Council		·
Please Print  Agenda No. 5 + 72	PLEASE Name Address	0	MECLEARLY Sterangelo J Star Or M WI S	3718
Please check one:	AND	Pleas	e check:	
Support Oppose			Wish to Spe	eak
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 "ye	large and the second
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no	duties for this pers			es 🗌 No
question.)  Speaking Limits: Public Hearing (Con Information Hearing Other Items	3	minutes		

(SEE BACK)

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?  Yes No
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign on answered "no" to the question, go on to the next question.)
If you are bein that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at a clear county Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 0.3-20-/2

## **WISH TO SPEAK FORM**

## **CITY OF MADISON**

Registration Statement -	Common C	Council
Agenda No. Stand de d'amoust		EPRINT NAME CLEARLY  Etin Thornley  702 mclean Si-  madison, wi 53718
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 not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest juestion.)	of this form. If you answered "yes," 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," STOP; you need not question.)		son or organization?  Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	3 minutes

(SEE BACK)

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



Date: 2-20-12

### **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registration State	tement - Common C	ouncil
Please Print  GRANDVIEW  Agenda No.  #4-#5-#72	PLEASE Name Address	PRINT NAME CLEARLY  JEH WISWELL  12 13 BIRCH HAVEN CIR  MADISON, WI. 53714
Please check one:	AND	Please check:
Support		Wish to Speak
<b>Oppose</b>		
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 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 repr	resentation?	☐ Yes No
Are you appearing as part of you (If you answered "no," STOP; question.)	ar other paid duties for this pers you need not complete the rest	son or organization? Yes No of this form. If you answered "yes," go on to the next
Informat	earing (Common Council)5 ion Hearing3	3 minutes

(SEE BACK)

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are both	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



# AVAILABLE TO ANSWER QUESTIONS FORM

Registrat	ion Statement -	Common Cou	ıncil		_
Agenda No. 45, 10	2,73		RINT CLEARLY //Chae/ So 1045 DAK rookfield	hmstt Ridge W1.	CF
Please check o	ne:	AND	Please check	/• 	
Support S			Available question	e to answer	
Oppose  Noither S	Support Nor Op	nose	•		
(If you answered "no of who you represent	and go on to the next of	ot complete the rest of t question.)	other than yourself: this form. If you answe		the name
Ara vou annearing as	or your representation?  part of your other paid  o, "STOP; you need no	duties for this person	n or organization? Tthis form. If you answe	Yes No	0
Speaking Limits:	Information Hearing	mmon Council)5 m 3 m 3 m	ninutes		

·				
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
(Please go to 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 March 20,701/ Signature Michael J. Schmitt				



# AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement	Common Co	ouncil	
	COMMITTEE		•
	PLEASE	PRINT CLEARLY	
	Name	Max Dick	ma N
Agenda No. 4 5 72 73		875 F. W	1
	_		5320)
		7 11 0000 1-1	
Please check one:	AND	Please check	:
<b>Support</b>		Availabl	e to answer
		question	S
Oppose		~	
Neither Support Nor Opp	pose		
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of	n other than yourself: of this form. If you answe	☑ Yes ☐ No red "yes," provide the name
Name, address and telephone number of each	n person or organiza	ation you are representing	2;
Roundy's Superma	, Keds, Ju	C.	
875 E. Wisconsi			
Milwarkee, wi	53202	414-23/-	5000
Are you being paid for your representation?			
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this perso complete the rest of	on or organization? of this form. If you answe	Yes No ered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3	minutes	

Are you an el other 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 beithat:	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?			
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date 3	Signature Max Dickmay			



# 

Registration Statement -	Common Council COMMITTEE
·	PLEASE PRINT CLEARLY
Agenda No. 4.5 7  Grandview Grocery	Name Dan Brinkman  Address 2800 Roya Ara #101  Madisan, W
Please check one:	AND Please check:
Support Oppose	Available to answer questions
Neither Support Nor Op	ppose
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of each	ch person or organization you are representing:
DSI Reel Estate Grup -	- 2800 Royal Are. Medison - 226-3060
Vendern Homes	- 2800 Royal Are. Medison - 226-3060 - 6801 South Town TV - Medison. 226-3000
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)		
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)		
Date _	3/20	/12 Signature TTI 22		
		Print Name P. Deniel Brinkmen		

Date: 3/20/12



# AVAILABLE TO ANSWER QUESTIONS FORM

Registratio	n Statement	Common Cou	uncil	
		PLEASE P	RINT CLEARLY	
Agenda No. 4,5,	72473	Name	DAN DAY 7530 WES. MADISON, D	TWARD WAY
Please check one	·	AND	Please checl	<b>ζ:</b>
Support Oppose			Availab question	le to answer ns
Neither Su	pport Nor Opport Nor O	nization or a person o	other than yourself:  this form. If you answ	☐ Yes ☐ No ered "yes," provide the name
of who you represent an Name, address and telep	d go on to the next que	uestion.)		
South MANISO	TOWNE DIZ	)VE		
Are you being paid for y	your representation?			Yes No
Are you appearing as pa (If you answered "no," question.)	art of your other paid STOP; you need not	duties for this person complete the rest of	n or organization? this form. If you answ	Yes  No vered "yes," go on to the next
	Public Hearing (Com Information Hearing. Other Items	3 r	ninutes	

Are you an elother government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
If you are be that:	sing 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 <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at the City-County Building, Madison, for more information.)  Signature  Print Name  DANIEL N. DAJ		



# AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement -	Common Council
	COMMITTEE
	PLEASE PRINT CLEARLY
	Name CUPIS WINTER
Agenda No	Address 4820 N. TANGLEWOOD DO.
	Address 4820 N. TANGLEWOOD DR. APPLETEN, WI 54913
	- Myrceter ( 3111)
Please check one:	AND Please check:
Support	Available to answer
Oppose	questions
Neither Support Nor Opp	pose
	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion.)
*	h person or organization you are representing:
ROLLIE WINTER & A	+SSOCIATES, LTO.
3315A N. BALLAM	LO ROAD
	54911
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 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?  Yes  Your				
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)				
If you are betthat:	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.	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 Chris WIPTER				
	Print Name CUMIS WISTER				

Date: 3/20/12



# **AVAILABLE TO ANSWER QUESTIONS FORM**

Registra	ation Statement -	Common Co	ouncil
		PLEASE F	PRINT CLEARLY
Agenda No. 4	5,72	Name Address	LKaRajkovich 802 MchounDr Mudison WF 53718
Please check	one:	AND	Please check:
Support	;		Available to answer
<b>Oppose</b>			questions
	Support Nor Op	pose	
(If you answered "no of who you represen	nt and go on to the next q	t complete the rest of uestion.)	other than yourself: Yes No No This form. If you answered "yes," provide the name tion you are representing:
Are you being paid	for your representation?		□ Yes □ No
Are you appearing a	s part of your other paid		<u> </u>
Speaking Limits:	Public Hearing (Com Information Hearing.	3 m	ninutes

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



na	NIOT	MICH	TO	CDE	AL	<b>FORM</b>
		VVIOR		SPE	AN	CURIVI

Date: \_\_\_\_\_

Registration	on Statement -	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. <u>4, 5</u> )	73	Name _ Address _	Joan Hill 1513 Deerwoo Madison	d Dr. WI 53716	
Please check or	ie:	AND	Please che	ck:	
<b>Support</b>		Electron 54 (see )	Do no	t wish to speak	
Oppose  Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of Name, address and tele	" STOP; you need no and go on to the next of	t complete the rest question.)	of this form. If you ans	Yes No wered "yes," provide the n	пате
name, address and ter	ephone number of eac	person or organiz			
Are you being paid for	r your representation?			☐ Yes ☐ No	
Are you appearing as partial (If you answered "no, question.)	part of your other paid " <b>STOP;</b> you need no	I duties for this pers to to the rest	son or organization? of this form. If you ans	Yes No swered "yes," go on to the	next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	,	3 minutes		

	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?				
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)				
If you are bein that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised				
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				



Date:  $\frac{3/20/2013}{}$ 

# DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLI	EARLY	
Agenda No.	5,72	Name _ Address _	Ken H 1513 Deeri Madison,	WE 537	114
Please check on	ie:	AND	Please che	eck:	,
Support			Do no	ot wish to spea	ak
<b>Oppose</b>					
Neither St	apport Nor Opp	pose			
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" <b>STOP;</b> you need not and go on to the next qu	complete the rest on the complete the comple	of this form. If you an	swered "yes," prov	No ide the name
Are you being paid for	your representation?			☐ Yes ☐	No
Are you appearing as partial (If you answered "no, question.)	oart of your other paid "STOP; you need not	duties for this pers	on or organization? of this form. If you an	☐ Yes ☐ Yes ☐ Yes," go o	No on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

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



n	NOT	MICH	TO	CDE	ΛK	FORM	

Madron	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT NAME CLEARLY
Agenda No. 4, 5, 72, 23	Name LAMPALYN FLORIN  Address 6015 KILPATRICK CN-  MADLSON 53718
Please check one:	AND Please check:
Support	Do not wish to speak
<b>Oppose</b>	
Neither Support Nor O	ppose
(If you answered "no," <b>STOP</b> ; you need rof who you represent and go on to the next	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question.)  ach person or organization you are representing:
Are you being paid for your representation	n? Yes No
Are you appearing as part of your other pa (If you answered "no," <b>STOP</b> ; you need question.)	aid duties for this person or organization?
Speaking Limits: Public Hearing (C	ommon Council)5 minutes

(SEE BACK)

Information Hearing......3 minutes Other Items......3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?			
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)			
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised			
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please go Room 103 oj	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			



			ODEAL		
U	NOI	WIDH	SPEAK	FURIVI	

Date: \_\_\_\_\_

Registrat	ion Statement - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 4,5	Name Pam Prestegard  Address 6013 Kilpatrick  Madison 5 3718
Please check o	ne: AND Please check:
Support	Do not wish to speak
<b>Oppose</b>	
Neither S	Support Nor Oppose
(If you answered "no of who you represent	ou representing an organization or a person other than yourself: Yes No o, "STOP; you need not complete the rest of this form. If you answered "yes," provide the name and go on to the next question.)
Are you appearing as	or your representation?
Speaking Limits:	Public Hearing (Common Council)5 minutes Information Hearing3 minutes Other Items3 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?				
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)				
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised				
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				

Date: 3-20-12



# DO NOT WISH TO SPEAK FORM

Registration	on Statement	COMMITTEE	ouncil	
Please Print			PRINT NAME CLE	
Agenda No. 45	, 72		hristine Hill 209 Stone - Monona, W	
Please check on	e:	AND	Please che	ek:
Support			Do not	t wish to speak
<b>Oppose</b>				
At this meeting are vol	" <b>STOP;</b> you need not and go on to the next q	nnization or a person t complete the rest question.)	of this form. If you ans	☐ Yes ☐ No wered "yes," provide the name ting:
Are you being paid for Are you appearing as a (If you answered "no, question.)  Speaking Limits:	part of your other paid	d duties for this persent complete the rest	of this form. If you and 5 minutes 8 minutes	☐ Yes ☐ No ☐ Yes ☐ No swered "yes," go on to the next

	relected official or employee who is appearing solely on behalf of your office or for your municipality or remental body?	
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)	
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised	
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 3-20-12



# DO NOT WISH TO SPEAK FORM

Registration	Statement	COMMITTEE	<u>uncil</u>			
Please Print		PLEASE I	PRINT NA	ME CLEAF	RLY	
Agenda No. 4,5	12	Name Address		D HILL STONE		LACE
Please check one	. [	AND	Plea	ase check	:	
Support			X	Do not v	vish to s	peak
<b>Oppose</b>						
Neither Sup	port Nor Opp	ose				
At this meeting are you really of who you represent and Name, address and telep	STOP; you need not d go on to the next qu	complete the rest o uestion.)	f this form.	If you answe		□ No provide the name
Are you being paid for y  Are you appearing as pa (If you answered "no," a question.)	rt of your other paid	duties for this perse complete the rest of	on or organ	ization? . <i>If you answ</i>	☐ Yes ☐ Yes ered "yes,"	☐ No ☐ No ' go on to the next
I	Public Hearing (Comnformation Hearing.) Other Items	3	minutes			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	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		
	Print Name		



Date:	
-------	--

## DO NOT WISH TO SPEAK FORM

Registration Statemer	nt - <u>Common Council</u>
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 45, 72, 73	Name (LEALD) J MILLER  Address 8/2 Me (LELLAN DR.  MAD (SOM, W) 33718
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor	Onnose
(If you answered "no," <b>STOP</b> ; you nee of who you represent and go on to the r	organization or a person other than yourself: Yes No ed not complete the rest of this form. If you answered "yes," provide the name next question.)  of each person or organization you are representing:
Are you being paid for your representat	tion?
Are you appearing as part of your other	r paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	(Common Council)5 minutes aring

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)				
If you are be that:	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				
	Print Name				



Date: March 20, 2012

### DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. <u>4-5-72-73</u>	Name Robert Montgomery  Address 1205 Mc Fean Dr  Madison, W 537/8
Please check one:	AND Please check:
<b>Support</b>	Do not wish to speak
<b>Oppose</b>	
Neither Support Nor O	ppose
(If you answered "no," <b>STOP</b> ; you need rof who you represent and go on to the next	ganization or a person other than yourself: Yes A No not complete the rest of this form. If you answered "yes," provide the name t question.)  ach person or organization you are representing:
Are you being paid for your representation	n?
Are you appearing as part of your other pa	
Information Hearin	ommon Council)5 minutes ng

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No		
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
If you are be that:	ring 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		
	Print Name		

Date: 3-20-2012



# DO NOT WISH TO SPEAK FORM

Registration	Statement	Common Cou	ncil	
Please Print			RINT NAME CLEA	ARLY
Agenda No. 4,5	.72	Address <u>Bl</u>	CALLEST ADISON, W	to DR
Please check one	•	AND	Please chec	k:
<b>Support</b>	_		Do not	wish to speak
<b>Oppose</b>				
Neither Sup	port Nor Opp	ose		
At this meeting are you r (If you answered "no," S of who you represent and Name, address and teleph	STOP; you need not a do not go on to the next quality	complete the rest of t vestion.)	his form. If you answ	☐ Yes █,No wered "yes," provide the name ing:
Are you being paid for y  Are you appearing as paid  (If you answered "no.")	rt of your other paid	duties for this person	or organization? this form. If you ans	☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the nex
question.)		non Council)5 m		
I U	nformation Hearing	3 m	inutes	

•		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)		
If you ar that:	e bein	g paid for your representation, or if your appearance is part of other paid duties, please be advised		
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3		If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)		
Date		Signature		
		Print Name		

Date: 3/20/12



## DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	uncil		
Please Print		PI FASF I	PRINT NAME C	LEARLY	
Agenda No	73	Name Address	Anthon 625 0 Madison,	y Antonio Vion Tra VI 537	o i 1 1 B
Please check or	ne:	AND	Please cl	neck:	
Support			Do 1	not wish to sp	eak
Oppose			/		
Neither S	upport Nor Op	opose			
At this meeting are yo (If you answered "no, of who you represent of Name, address and tel	" <b>STOP;</b> you need no and go on to the next	ot complete the rest og question.)	f this form. If you d	answered "yes," pro	No No ovide the name
Are you being paid for	r your representation	?		☐ Yes	√No
Are you appearing as (If you answered "no, question.)	part of your other pai	d duties for this perso ot complete the rest o	n or organization? f this form. If you	Yes V answered "yes," go	No on to the next
Speaking Limits:	Information Hearing	mmon Council)5 g3	minutes		

	REGIONATION OF A LEWENT - FACE 2			
Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
	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:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date <u></u>	Signature Print Name  Anthony  Antonio			

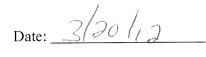
Date: 3/20/12



# DO NOT WISH TO SPEAK FORM

Registration Sta	ement - Common Council
Please Print	PLEASE PRINT NAME CLEARLY  Name Anthony Antonio
Agenda No.	Address 625 Oxion Irail  Madison, W.F. 53718
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose  Neither Suppor	
(If you answered "no," <b>STOP</b> of who you represent and go o	nting an organization or a person other than yourself: Yes No you need not complete the rest of this form. If you answered "yes," provide the name to the next question.)  umber of each person or organization you are representing:
	. 1
Are you being paid for your r	
Are you appearing as part of (If you answered "no," STO question.)	our other paid duties for this person or organization? Yes No you need not complete the rest of this form. If you answered "yes," go on to the next
Inform	Hearing (Common Council)5 minutes ation Hearing

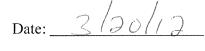
			TOTAL PROPERTY PACE	Alexa Control of the	
	lected official or employmental body?	yee who is appea	ring solely on behalf o	f your office or for yo	ur municipality or No
	ered "yes" to the question on the question of the conswered "no" to the constant of the consta			st of this form, except i	that you must sign
If you are be that:	ing paid for your repre	sentation, or if y	our appearance is part	of other paid duties,	please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lo	bbyist, you or your pri	ncipal must file an aut	horization
2.	Your principal is not City Clerk.	permitted to auti	horize you to lobby un	less you are registered	d with the
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 web the City-County Buildin			x.html or go to the	Clerk's Office at
Date 3/20(1)		Signature Print Name	Anthone	Actions	





Registration	Statement	Common Cou	ıncil		
		COMMITTEE			
Please Print		PLEASE PI	RINT NAME CLEA	ARLY	
Agenda No.		Name	Anthony 625 Ori Madison, a	Antoni on To 1 537	6 31   218
Please check one:		AND	Please chec	k:	
Support			Do not	wish to sp	eak
<b>Oppose</b>					
Neither Sup	port Nor Opp	ose			
At this meeting are you re (If you answered "no," S of who you represent and Name, address and teleph	T <b>TOP;</b> you need not d go on to the next qu	complete the rest of t estion.)	this form. If you answ		☐ No ovide the name
Are you being paid for yo	_			☐ Yes	No No
Are you appearing as part (If you answered "no," S question.)	t ot your other paid of TOP; you need not	nuties for this person complete the rest of	or organization? this form. If you answ	☐ Yes \\wered "yes," go	o on to the next
In	ublic Hearing (Comn formation Hearing ther Items	3 m	ninutes		

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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 beithat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised					
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.					
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?					
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)					
Date 3	Signature Print Name Anthony Antonio					





Registrati	on Statement - <sub>-</sub>	COMMITTEE	ıncil	
Please Print		PLEASE PI	RINT NAME CLEAR	RLY
Agenda No		Name	Anthony 1- 625 Orion Madison W.	Intonio Trail I S3718
Please check or	ne:	AND	Please check	•
<b>Support</b>			Do not v	vish to speak
<b>Oppose</b>			1	
Neither S	upport Nor Op	pose		
(If you answered "no, of who you represent a	" <b>STOP;</b> you need not and go on to the next q	complete the rest of tuestion.)	ther than yourself: his form. If you answell on you are representing	red "yes," provide the name
Are you being paid for Are you appearing as part (If you answered "no,	part of your other paid			☐ Yes ☐ No ☐ Yes ☐ No red "yes," go on to the next
question.) Speaking Limits:	Information Hearing.	mon Council)5 m 3 m	inutes	

	n elected official or employee who is appearing solely on behalf of your ernmental body?	office or for your municipality or  Yes No			
	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of the syou answered "no" to the question, go on to the next question.)	his form, except that you must sign			
If you are beithat:	being paid for your representation, or if your appearance is part of ot	ner paid duties, please be advised			
1.	Before you engage in lobbying as a lobbyist, you or your principal with the City Clerk.	must file an authorization			
2.	Your principal is not permitted to authorize you to lobby unless y 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?					
	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.htm</u> of the City-County Building, Madison, for more information.)	l or go to the Clerk's Office at			
Date 3	$\frac{3}{\partial 0} \frac{1}{\partial 0}$ Signature Print Name Anthony	Antonio			

_	3	20	Action (Control of the Control of th	2_
Date:				



Registration Statement -	Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Saval Sturdevant  Address 625 Drion Trl  Madison, W153718
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	•
Neither Support Nor Op	ppose
of who you represent and go on to the next of	ot complete the rest of this form. If you answered yes, provide the name
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	
Information Hearing	mmon Council)5 minutes g

	NEOIO INATION OTAT	ENICHT - I AGE 2	1		
	elected official or employee who is appearing so nmental body?		for your municipality or Yes No		
	vered "yes" to the question, <b>STOP.</b> You need not you answered "no" to the question, go on to the		except that you must sign		
If you are bei that:	being paid for your representation, or if your app	pearance is part of other paid of	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.				
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
(Please go to Room 103 of ti	to the City Clerk's website <u>www.cityofmadisor</u> f the City-County Building, Madison, for more inf	<u>c.com/clerk/index.html</u> or go t ormation.)	to the Clerk's Office at		
Date 3	Signature Print Name	DAA Savah Sture	tzvant		

	3	120	<sup>A</sup> lampormung American	1	2_	
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Registrati	on Statement	Common Co	ouncil	
Please Print		PLEASE	PRINT NAME CLEAI	RLY
Agenda No.		Name _ Address _	Sarah St Lod 5 Ovior Wadison,	urdevant Trl W1 53718
Please check or	ne:	AND	Please check	<b></b>
Support	_		Do not v	wish to speak
Oppose				
Neither S	upport Nor Opp	ose		
(If you answered "no, of who you represent of	and go on to the next qu	complete the rest of the complete the comple	other than yourself:  f this form. If you answe  ation you are representing	☐ Yes No red "yes," provide the name g:
Are you being paid for	r your representation?			☐ Yes ☐ No
Are you appearing as justify ou answered "no, question.)	part of your other paid on " STOP; you need not	duties for this perso complete the rest o	on or organization? of this form. If you answe	Yes No ered "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes	

	REGIOTIVITOR OT TEMERIT TROPE				
Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?				
	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				
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)				
Date	Signature Print Name  Signature  Analy Stundevant				

Date:  $\frac{3|20|12}{}$ 



# DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Committee	ouncil		
Please Print			PRINT NAME CLI	EARLY	
Agenda No7	2	Name _ Address _	Sarah S 625 ori madison,	100	
Please check or	ie:	AND	Please che	eck:	
Support			Do no	ot wish to sp	eak
Oppose			- Company		
Neither S	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" STOP; you need no and go on to the next	ot complete the rest of question.)	of this form. If you an	/	No Ovjde the name
Are you being paid for	your representation?	,		☐ Yes	No
Are you appearing as partial (If you answered "no, question.)				☐ Yes swered "yes," go	No on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	g3	minutes		

<u>-</u>	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	red "yes" to the question, <b>STOP.</b> You not ou answered "no" to the question, go or	eed not complete the rest of this form, except that you must sign to the next question.)				
If you are beinthat:	ing paid for your representation, or if y	your appearance is part of other paid duties, please be advised				
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3.	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?					
	o the City Clerk's website <u>www.cityof</u> the City-County Building, Madison, for i	madison.com/clerk/index.html or go to the Clerk's Office at more information.)				
Date3	Signature Print Name	MA Studevant				

Date: 3/20/12



# DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	COMMITTEE	ouncil		
Please Print		PLEASE	E PRINT NAME CLE	ARLY	
Agenda No.	3	Name	Sarah Str 625 Orio	urdevant	
Please check of	ne:	AND	Please chec	ek:	
Support			Do not	t wish to speak	
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	t and go on to the next	ot complete the rest question.)	on other than yourself:  of this form. If you answer  zation you are represent	ē.	the name
Are you being paid f	or your representation	?		☐ Yes ☐ No	3
Are you appearing as (If you answered "no question.)	s part of your other pai o," <b>STOP;</b> you need no	d duties for this per ot complete the res	rson or organization? t of this form. If you ans	Yes No	o the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	g	3 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?			
	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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date	Signature Print Name  Signature  MA  Studenty		



Date:	
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Registrat	ion Statement	Common Co	ouncil		
Please Print  Agenda No	£-,	PLEASE Name Address	PRINT NAME CLE	ARLY	
Please check o	ne:	AND	Please chec	ek:	
Support Oppose Neither S	Support Nor Opp	pose	Do not	wish to s	speak
(If you answered "no of who you represent	ou representing an organ b, " <b>STOP;</b> you need not the and go on to the next que elephone number of each	complete the rest o uestion.)	f this form. If you ansv	wered "yes,"	No provide the name
Are you appearing as	or your representation? s part of your other paid o, "STOP; you need not			☐ Yes ☐ Yes wered "yes,"	No No on to the next
Speaking Limits:	Public Hearing (Computer Information Hearing Other Items	3	minutes		

	e you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?						
		ed "yes" to the question, u answered "no" to the q			t of this for	m, except t	hat you must sign
If you a that:	are bein	ng paid for your represer	ntation, or if y	our appearance is part	of other pa	nid duties, j	please be advised
	1.	Before you engage in lowith the City Clerk.	obbying as a lo	bbbyist, you or your prin	icipal must	file an autl	horization
	2.	Your principal is not pe City Clerk.	ermitted to au	thorize you to lobby unl	less you ar	e registered	d with the
	3.	If your principal spends period (half year), the remainder of the calendary	principal mus				
,	_	the City Clerk's websit te City-County Building,			<u>x.html</u> or	go to the	Clerk's Office at
Date _	3/20	11	Signature		_ O()	Control of the Contro	
			Print Name	Shan	0.0e/		



DO NOT WISH T	TO SPEAK	FORM
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# CITY OF MADISON

Registrati	on Statement	Common Cou	ncil	
Please Print		PLEASE PF	RINT NAME CLE	EARLY
Agenda No		Address 71	aun O'D Orion  dison Wi	Trail
Please check of	ne:	AND	Please che	eck:
<b>Support</b>			Do no	ot wish to speak
<b>Oppose</b>				
Neither S	Support Nor Opp	pose		
(If you answered "no of who you represent	ou representing an organ o," <b>STOP;</b> you need not and go on to the next questly and go on to the next questly and and go on to the next questly and an arrival and an arrival and arrival arrival arrival and arrival arri	complete the rest of tuestion.)	this form. If you ar	iswerea yes, provide the ham
				□ Vos ≠ No
	or your representation?			Yes No
Are you appearing as (If you answered "no question.)	s part of your other paid o, " <b>STOP;</b> you need not	duties for this person t complete the rest of	or organization? this form. If you a	Yes No nswered "yes," go on to the nex
Speaking Limits:	Information Hearing	nmon Council)5 n 3 n 3 n	nınutes	

(SEE BACK)

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?		
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
If you are beithat:	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?		
(Please go to Room 103 of t	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 3/20/	Signature Old		



Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Shawn Offell  Address 710 Orion Trail  Madison Wt
Please check one:	AND Please check:
Support	Do not wish to speak
<b>◯</b> Oppose	
(If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next of	anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?  Are you appearing as part of your other paid	Yes \_No
	ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

Are you an el other governn	ected official or employenental body?	ee who is appea	ring solely on beha	lf of your offic	e or for you Yes	ar municipality or
	red "yes" to the question ou answered "no" to the		-		rm, except t	hat you must sign
If you are be	ing paid for your represe	entation, or if y	our appearance is j	part of other pa	aid duties,	please be advised
1.	Before you engage in I with the City Clerk.	obbying as a lo	bbyist, you or your	principal must	file an aut	horization
2.	Your principal is not p City Clerk.	permitted to aut	horize you to lobby	y unless you ar	e registered	d with the
3.	If your principal spend period (half year), the remainder of the calend	principal mus				
	the City Clerk's webs the City-County Building			index.html or	go to the	Clerk's Office at
Date $\frac{3}{20}$	12	Signature	5°	Coll		
		Print Name	Slacera	0001		



Date:	
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Registration Staten	nent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No73	Name Shawn ODpll  Address 710 Onon Trail  Madison WI 53716
Please check one:	AND Please check:
<ul><li>Support</li><li>✓ Oppose</li></ul>	Do not wish to speak
Neither Support N	or Oppose
(If you answered "no," <b>STOP</b> ; you of who you represent and go on to t	g an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name he next question.)  er of each person or organization you are representing:
Are you being paid for your represe	ntation?
	ther paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information	ng (Common Council)5 minutes Hearing

Are you an ele other governm	lected official or employee who is appearing solely on behalf of your office or for your municipmental body?	oality or					
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you mown answered "no" to the question, go on to the next question.)	ust sign					
If you are beinthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be	advised					
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.						
2.	Your principal is not permitted to authorize you to lobby unless you are registered 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?						
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's C the City-County Building, Madison, for more information.)	)ffice at					
Date 3/20/1	Signature Shawn O'Dell  Print Name Shawn O'Dell						

Date: 3/20/12



# DO NOT WISH TO SPEAK FORM

Registratio		COMMITTEE	uncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No. 5	72,73	Name _ Address _	80) MCLE MADISON	DISCO FAN DO WY 53:	LL 2. 218
Please check on	e:	AND	Please chec	k:	
Support			Do not	wish to s	peak
Oppose					
Neither Su	pport Nor Oppo	ose			
(If you answered "no," of who you represent a	representing an organize of STOP; you need not contained go on to the next que phone number of each p	omplete the rest ( estion.)	of this form. If you ansv		No provide the name
Are you being paid for	your representation?			Yes	☐ No
Are you appearing as partial (If you answered "no, question.)	oart of your other paid d "STOP; you need not c	uties for this pers complete the rest	on or organization? of this form. If you ans	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	***************************************	3 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?							
	If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.)							
If you are beithat:	ng paid for your represe	entation, or if yo	ur appearance is part of other paid duties, please be advised					
1.	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 p City Clerk.	ermitted to auth	orize you to lobby unless you are registered with the					
3.	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?							
	the City Clerk's websi he City-County Building,		adison.com/clerk/index.html or go to the Clerk's Office at ore information.)					
Date $\frac{3/20/12}{}$ Signature $\frac{1}{2}$								
		Print Name	MARY DRISCOLL					



Date:	3	2	0		201	Luci
				(		

Registrati	on Statement -	COMMITTEE	ıncil	
Please Print		PLEASE PI	RINT NAME CLEA	ARLY
Agenda No. 4,5	,72,73	Name	Peter S 809 Call Madison	- 1 A
Please check or	ne:	AND	Please chec	k:
Support Oppose		Do not	wish to speak	
	upport Nor Op	pose		
At this meeting are yo (If you answered "no, of who you represent a Name, address and tel	" STOP; you need no. and go on to the next q	t complete the rest of t question.)	his form. If you answ	vered "yes," provide the name
Are you being paid for	your representation?			Yes No
Are you appearing as J (If you answered "no, question.)		•	_	Yes No vered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 m 3 m	inutes	

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?						
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)						
If you a that:	ire bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised						
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.						
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:	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?							
	~	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	3/4	Signature Print Name  Pike 5 AndERSON						

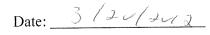
Date: 3/20/12



# DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common C	ouncil		
Please Print  Agenda No. 45	72,73		PRINT NAME CLEA Savah Her 309 Callista		
Please check on	ne:	AND	Please chec	ek:	
Support			🔀 Do not	t wish to s	speak
Oppose					
Neither Su	apport Nor Oppe	ose			
(If you answered "no, of who you represent a	u representing an organice of the control of the control of the next question of each property or each property of each property or each prope	omplete the rest estion.)	of this form. If you ansv	wered "yes," <sub>[</sub>	☑No provide the name
(If you answered "no,	your representation?  part of your other paid do  "STOP; you need not c	uties for this pers	son or organization? of this form. If you ans	☐ Yes ☐ Yes wered "yes,"	□ No □ No go on to the next
question.) Speaking Limits:	Public Hearing (Comm Information Hearing Other Items		3 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?									
	(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)								
If you are beithat:	If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:								
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.								
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.								
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?								
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)									
Date $3/20$	112 Signature Larah Herrig								
	Print Name Sarah Herwig								





Registration	on Statement	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 4/5	,72,73	Name Address	HILDA FER 5901 COT MADISUN	TAGE GI	Rove R
Please check on	ie:	AND	Please chec	ek:	
Support			Do not	t wish to spea	ak
<b>Oppose</b>					
Neither S	upport Nor Opp	ose			
of who you represent a	" STOP; you need not and go on to the next qu	complete the rest uestion.)	on other than yourself: of this form. If you ans zation you are represent	wered "yes," prov	No ide the name
Are you being paid for Are you appearing as (If you answered "no, question.)	part of your other paid	duties for this per complete the res	son or organization? Fof this form. If you ans		No No no to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		3 minutes		

-	are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?						
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)						
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised						
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)						
Date	Signature						
	Print Name						

Date: 3 - 20 - 12



# DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common C	ouncil		
Please Print				. A. T. L. V	
Agenda No. 4, 5	72, 73	Name	PRINT NAME CLE Catherine 5901 Cottag Madison, W	Ditto le Grou	
Please check or	ie:	AND	Please che	ck:	
Support			Do no	t wish to s <sub>l</sub>	peak
<b>Oppose</b>					
Neither St	upport Nor Opp	pose			
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" STOP; you need not and go on to the next q	complete the rest of uestion.)	of this form. If you ans	wered "yes," p	No provide the name
Are you being paid for	your representation?			Yes	☐ No
Are you appearing as partial (If you answered "no, question.)				☐ Yes swered "yes," g	☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
If you are bthat:	being paid for your representation, or if your appearance is part of other paid duties, please be advised		
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date:	3/20/	

Registration Statement	- Common Co	uncil
Please Print  Agenda No. 4777273		PRINT NAME CLEARLY  Sance McDowald  4413 Oak CT  Monora, W: 537/6
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose  Neither Support Nor O	ppose	
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ot complete the rest of	other than yourself: Yes No this form. If you answered "yes," provide the name
Name, address and telephone number of ea	.ch person or organizat	ion you are representing:
Are you being paid for your representation	?	Yes No
Are you appearing as part of your other pai (If you answered "no," <b>STOP</b> ; you need no question.)		or organization?
Information Hearing	mmon Council)5 m g3 m 3 m	inutes

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answer this form. If yo	red "yes" to the question, <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 beithat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date: March 20, 2012

# DO NOT WISH TO SPEAK FORM

Registration	on Statement - <sub>-</sub>	COMMITTEE	ouncil		<del>Villania and</del>
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No	72,73	Name _ Address _	Patricia Vinje 5901 Cotta Madison W	ya Grave K	À
Please check on	ie:	AND	Please chec	ek:	
Support			Do not	wish to spea	ık
<b>Oppose</b>					
Neither S	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent of what was and telescopic an	" <b>STOP;</b> you need no and go on to the next o	t complete the rest of question.)	of this form. If you ansv		
Are you being paid for Are you appearing as I (If you answered "no, question.)	part of your other paid	l duties for this pers	on or organization? of this form. If you ans	☐ Yes 🔽	No No on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	;3	minutes		

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



Date:  $\frac{3/20/12}{}$ 

# DO NOT WISH TO SPEAK FORM

Registratio	n Statement	Common Co	uncil		
		COMMITTEL			
Please Print		PLEASE F	PRINT NAME CLEA	RLY	
		Name	Sue Allfrey		
Agenda No.	72	Address	Sue Allfrey	osbugi	<u> </u>
,			Madiso	n 53748	*
Please check one	<b>2:</b>	AND	Please checl	k:	
Support			🗵 Do not	wish to sp	peak
<b>Oppose</b>					
Neither Su	pport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent ar Name, address and telep	STOP; you need not and go on to the next q	complete the rest o uestion.)	f this form. If you answ		⊠No provide the name
Are you being paid for	your representation?			Yes	☐ No
Are you appearing as partial (If you answered "no," question.)	art of your other paid STOP; you need no.	duties for this person to complete the rest of	on or organization? Of this form. If you ansv	☐ Yes wered "yes," {	☐ No go on to the next
· 1	Public Hearing (Com Information Hearing Other Items	3	minutes		

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



Date: 3/20//3

# DO NOT WISH TO SPEAK FORM

Registrati	on Statement - <sub>-</sub>	Common Co	uncil		
Please Print		PLEASE F	PRINT NAME CLEA	ARLY	
Agenda No	5,72,73	NameAddress	Joel Chap 0/02 Fair Madisin W.	iewsky Sny Lan E 53	ne 718
Please check or	ne:	AND	Please chec	ek:	
Support	•		Do not	wish to s	speak
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent of	u representing an orga " <b>STOP</b> ; you need not and go on to the next q ephone number of each	complete the rest of uestion.)	this form. If you ansv		No provide the name
Are you being paid for	r vour representation?			☐ Yes	IJ No
Are you appearing as	part of your other paid " STOP; you need not			─ ☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 n	ninutes		

Are you an eleother governm		ee who is appe	aring solely on behalf of your office or for your municipality or  Yes No			
	red "yes" to the question ou answered "no" to the		need not complete the rest of this form, except that you must sign on to the next question.)			
If you are bei that:	ng paid for your represe	entation, or if	your appearance is part of other paid duties, please be advised			
1.	Before you engage in with the City Clerk.	lobbying as a lo	obbyist, you or your principal must file an authorization			
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.		principal mus	more than \$1,000 for lobbying services in any reporting st file expense statements with the City Clerk for the			
	the City Clerk's webs he City-County Building		fmadison.com/clerk/index.html or go to the Clerk's Office at more information.)			
Date $3$	20/12	Signature	The Marky			
	, g	Print Name	/ Sel/S. Chapikusky			



## CITY OF MADISON

Registrat	ion Statement - Common Council	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No.	Name Maurie Paul	
Please check o	ne: AND Please check:	
Support	Do not wish to speak	
Oppose —		
(If you answered "no of who you represent	ou representing an organization or a person other than yourself: Yes No	me —
Δre vou annearing as	or your representation?  Yes  No  part of your other paid duties for this person or organization?  Yes  No  o," STOP; you need not complete the rest of this form. If you answered "yes," go on to the n	
Speaking Limits:	Public Hearing (Common Council)5 minutes Information Hearing	

(SEE BACK)

	tre you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?						
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)						
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised						
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)						
Date	Signature						
	Print Name						

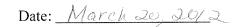


Date: 3-20-2012

# DO NOT WISH TO SPEAK FORM

Registration S	Statement - <u>C</u>	ommon Cour	ncil	
	CO	MINITIEE		
Please Print		PLEASE PR	INT NAME CLEA	RLY
Agenda No. 45	, 7)	Name Address	amos for 37 Nort Modison,	Hz h Star Ar WI 537/8
Please check one:		AND	Please checl	<b>∴</b>
Support			Do not	wish to speak
Oppose			)	
Neither Supp	ort Nor Oppos	e		
At this meeting are you rep (If you answered "no," ST of who you represent and g Name, address and telephon	<b>OP;</b> you need not com o on to the next questi	plete the rest of th on.)	is form. If you answ	☐ Yes ☐ No ered "yes," provide the name
Are you being paid for you	r representation?			☐ Yes ☐ No
Are you appearing as part of (If you answered "no," ST question.)	of your other paid dution of your other paid dution of you need not com	es for this person on the plete the rest of the	or organization? nis form. If you answ	Yes No No yered "yes," go on to the next
Info	lic Hearing (Common ormation Hearing	3 mir	nutes	

	eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?							
omer governme	ther governmental body?							
	d "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)							
If you are being that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised							
	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.							
]	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?							
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)							
Date 3/2	Signature Print Name Print Name							





Registration	on Statement		ouncil	
Please Print		PLEASE	PRINT NAME CI	LEARLY
Agenda No. 4 5	,72,73	Name _ Address _	Judith H 5/65 Wi Madison	toang ntergreen Driv WI 53704
Please check on	ne:	AND	Please ch	neck:
<b>Support</b>			Do n	ot wish to speak
<b>Oppose</b>				
Neither Su	ipport Nor Opp	ose		
(If you answered "no, of who you represent a	a representing an organ "STOP; you need not a and go on to the next qu ephone number of each	complete the rest ( estion.)	of this form. If you a	answered "yes," provide the name
Are you being paid for	your representation?			☐ Yes ☐ No
Are you appearing as p (If you answered "no, question.)	oart of your other paid on STOP; you need not	luties for this pers complete the rest	on or organization? of this form. If you o	Yes No answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items	3	minutes	

•	are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?						
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)						
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised						
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 'the City-County Building, Madison, for more information.)						
Date	Signature						
	Print Name						





Registration	n Statement	COMMITTEE	ıncil		
Please Print		PLEASE P	RINT NAME CLEA	ARLY	
Agenda No	72,73	,,,,	Pete Leona 6029 Sharp Mudison u		
Please check one	:	AND	Please chec	k:	
Support			Do not	wish to spe	ak
<b>Oppose</b>					
Neither Sup	pport Nor Oppo	ose			
At this meeting are you in (If you answered "no," Is of who you represent and Name, address and telep	STOP; you need not co	omplete the rest of i estion.)	this form. If you answ	vered "yes," prov	No vide the name
					â
Are you being paid for y	our representation?			Yes V	]No
Are you appearing as par (If you answered "no," I question.)	rt of your other paid du STOP; you need not co	uties for this person omplete the rest of	or organization? this form. If you answ	Yes vered "yes," go	]No on to the next
I	Tublic Hearing (Commonformation Hearing  Other Items	3 m	inutes		

Are you an eleother government		who is appearing	ng solely on behalf of your of		municipality or No	
· •	red "yes" to the question, Sou answered "no" to the qu		I not complete the rest of this the next question.)	form, except tha	t you must sign	
If you are beithat:	ng paid for your represent	tation, or if you	r appearance is part of other	paid duties, ple	ase be advised	
1.	Before you engage in lob with the City Clerk.	bying as a lobb	yist, you or your principal m	ust file an author	rization	
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.		rincipal must f	re than \$1,000 for lobbying sile expense statements with			
	the City Clerk's website he City-County Building, M		dison.com/clerk/index.html	or go to the Cle	erk's Office at	
Date ZOMARZO1Z Signature						
Date Zo	War and the Control of the Control o	Print Name	Peter Leaver	7/		



Date:	3/20/12
Duce.	1,000

Registration	on Statement -	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No	5 1 72	Name _ Address _	Scott Bear Coord Frenc Manzon Wi	kmad Eicks beig 53715	2N 2
Please check on	e:	AND	Please chec		
Support			Do not	wish to s	speak
<b>Oppose</b>			/		
Neither Su	ipport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" <b>STOP;</b> you need no and go on to the next o	ot complete the rest of question.)	f this form. If you ansv		No provide the name
Are you being paid for	· your representation?	)		Yes	No
Are you appearing as particle (If you answered "no, question.)	part of your other paid " STOP; you need no	d duties for this pers ot complete the rest	on or organization? of this form. If you ans	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	g3	minutes		

Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 beinthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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.)
Date3/	Signature Sees allaha  Print Name Swit A Blackman
	Print Name Swit A Black man



Date:	3	/2	0/	- execution or	2	

Registration	n Statement -	Common C	ouncil	
Please Print		PLEASE	PRINT NAME CLEA	ARLY
Agenda No. 4,5	72	Name	RYAN BEND GRANDVIEW GYJOMON	COMMONS  THE MADISON
Please check one	<b>:</b>	AND	Please chec	s37(8
Support			Do not	wish to speak
<b>Oppose</b>				
Neither Su	pport Nor Op	pose		
At this meeting are you in (If you answered "no," of who you represent and Name, address and telep	STOP; you need not do go on to the next	ot complete the rest question.)	of this form. If you answ	☐ Yes ☑ No vered "yes," provide the nam ing:
Are you being paid for y Are you appearing as pa	rt of your other paid	d duties for this per	son or organization?	☐ Yes ☐ No
(If you answered "no," question.)	STOP; you need no	ot complete the rest	of this form. If you ansv	wered "yes," gó on to the ne:
I	nformation Hearing	nmon Council)	3 minutes	

Are you an el other 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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	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 3 2	Signature ARM Print Name ATAN BENCEN		



Date: 3/20/12

## DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Col	uncil		
Please Print			RINT NAME CLEA	ARLY	
Agenda No.	5, 72	Name	Kindra ( 1949 Ocio Madisoni	sochler n Trail	5370
Please check on	e:	AND	Please chec	k:	
<b>Support</b>			Do not	wish to spe	eak
<b>Oppose</b>			V		
Neither Su	ipport Nor Opp	ose			
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	' STOP; you need not one of the next qu	complete the rest of estion.)	this form. If you answ	, -	No No Nowide the name
Are you being paid for	your representation?			Yes	□No
Are you appearing as p (If you answered "no," question.)				☐ Yes ☐ vered "yes," go	No on to the next
	Public Hearing (Comn Information Hearing Other Items	3 m	inutes		

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)			
If you that:	are beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
	_	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 _	3/3	$\frac{1}{20/12}$ Signature $\frac{1}{20/12}$			
	ŧ	Print Name KNORT GRAVE			

Date: 3/20/12



## DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council
Please Print	COMMITTEE
1 Icase I IIII	PLEASE PRINT NAME CLEARLY
Agenda No. 45,72,73	Name GEOFFREY HOFFMAN Address 630 COPERNICUS WAY
	MADISON 53718
Please check one:	AND Please check:
Support	Do not wish to speak
<b>⊠</b> Oppose	
Neither Support Nor Op	pnose
(If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next of	anization or a person other than yourself: Yes No st complete the rest of this form. If you answered "yes," provide the name question.) The person or organization you are representing:
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.)	I duties for this person or organization? Yes No No et complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes

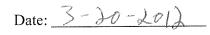
	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the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





Registrat	ion Statement -	Common Co	uncil	
Please Print	·			N V
Agenda No		Name	RINT NAME CLEAR Qusan K. R; 4917 Beehne Madison W:	ver r Civcle
Please check o	ne:	AND	Please check:	}
Support Oppose			Do not w	rish to speak
Neither S	upport Nor Op	pose		
(If you answered "no, of who you represent	and go on to the next q	t complete the rest of question.)	•	☐ Yes ☐ No ed "yes," provide the name :
Are you being paid fo	r your representation?	duties for this person	or organization?	☐ Yes ☐ No
				ed "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 m 3 m 3 m	inutes	

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	wered "yes" to the question, If you answered "no" to the c		ed not complete the rest of this form, except that you must sign to the next question.)	
If you are that:	being paid for your represe	ntation, or if yo	our appearance is part of other paid duties, please be advised	
1.	Before you engage in lowith the City Clerk.	obbying as a lob	obyist, you or your principal must file an authorization	
2.	Your principal is not portion of the City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	period (half year), the	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 3	-20-12	Signature Print Name	Susan K. River	





Registration	on Statement	Common Co	ouncil		
Please Print		00		CLEADLY	
Agenda No. S	12,73		PRINT NAME Wade DJJ Madis	Dennis Mc Lean I	S3718
Please check or  Support Oppose	ne:	AND	<i>f</i>	check: o not wish to	speak
	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of Name, address and tele	" <b>STOP;</b> you need not and go on to the next q	t complete the rest ( uestion.)	of this form. If yo	ou answered "yes,'	No No provide the name
Are you being paid for Are you appearing as p	part of your other paid	duties for this pers	on or organizatio	☐ Yes on? ☐ Yes	□ No
(If you answered "no, question.)	" STOP; you need not	t complete the rest	of this form. If y	ou answered "yes,	" go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		

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





Registration State	ment - Common Co	uncil
Please Print		PRINT NAME CLEARLY
Agenda No. 4,5,78	Name	Lynn Lemberger 545 Galileo Drive Madison, WI 53718
Please check one:	AND	Please check:
Support Oppose		Do not wish to speak
Neither Support N	Nor Oppose	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to Name, address and telephone num	u need not complete the rest of the next question.)	this form. If you answered "yes," provide the name
Are you being paid for your repres	sentation?	☐ Yes ☐ No
Are you appearing as part of your (If you answered "no," STOP; you question.)		n or organization?  Yes No f this form. If you answered "yes," go on to the next
Information	ring (Common Council)5 in Hearing3 is	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?				
	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 beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please go to 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 3-20-12 Signature April The Len beger				

Date: 3/20/12



## DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print  Agenda No	PLEASE PRINT NAME CLEARLY  Name Mark Proeschel  Address 618 Jupiter Dr. #3023  Malion 53718
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
(If you answered "no," STOP; you need not of who you represent and go on to the next	anization or a person other than yourself: \(\sum \rightarrow \rig
Are you being paid for your representation?	?
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this person or organization?
Information Hearing	mmon Council)5 minutes 3 minutes3 minutes

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
(If you this for	answere m. If you	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)		
If you that:	are bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
(Please Room I	go to 103 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)		
Date _	3/2	Signature MARK Roenbul  Print Name Mark Proceshel		



Date:

### **CITY OF MADISON**

Registrati	on Statement - <sub>-</sub>	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No5		Name	6202 Domin Madism L	ign Dr U 53718	
Please check or	ie:	AND	Please chec	ek:	
Support			Do not	wish to speak	
Oppose					
Neither S	upport Nor Op <sub>l</sub>	pose			
At this meeting are yo (If you answered "no, of who you represent of Name, address and telescopic and telescopi	" STOP; you need not and go on to the next qu	complete the rest o uestion.)	f this form. If you answ	Yes No vered "yes," provide the	e name
				·	
Are you being paid for	your representation?			Yes No	
Are you appearing as partial (If you answered "no, question.)				☐ Yes ☐ No wered "yes," go on to th	'ie next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 1	minutes		

(SEE BACK)

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



Date:	
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Registrati	on Statement - ַ	Common C	Council		
Please Print			EPRINT NAME CL Krista Massin 6201 Demin		
Agenda No.		Address	6201 Domin	ion De	
Please check of	ne:	AND	Please cho	eck:	
Support			Do no	ot wish to speak	
Oppose	upport Nor Op		(_		
(If you answered "no, of who you represent	ou representing an orga " <b>STOP;</b> you need not and go on to the next q ephone number of each	t complete the rest uestion.)	of this form. If you are	nswered "yes," provide the n	ıame
Are you being paid fo	r your representation?			Yes No	
	part of your other paid " STOP; you need not			☐ Yes ☐ No nswered "yes," go on to the	next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	••••	3 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?		
	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 beithat:	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?	
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



Date:	
-------	--

## CITY OF MADISON

Registration St	tement - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Donna Crane Address 825 Carina Lh Madison, WI
Please check one:	AND Please check:
<b>Support</b>	Do not wish to speak
Oppose	
Neither Suppor	t Nor Oppose
(If you answered "no," <b>STOP</b> of who you represent and go o	enting an organization or a person other than yourself: Yes No you need not complete the rest of this form. If you answered "yes," provide the name to the next question.)  umber of each person or organization you are representing:
Are you being paid for your re	presentation?
Are you appearing as part of y (If you answered "no," <b>STOP</b> question.)	our other paid duties for this person or organization? Yes No you need not complete the rest of this form. If you answered "yes," go on to the nex
Inform	Hearing (Common Council) 5 minutes stion Hearing

(SEE BACK)

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



Date:	3/20/12

Registration	on Statement	Common Committee	ouncil	
Please Print			PRINT NAME CLE	EARLY
Agenda No. 2	5,72	Name _ Address _	Kay Fett 931 Ha Madson	rrington Dr #1. Wi 531/8
Please check or	ne:	AND	Please che	ck:
Support			Do no	t wish to speak
Oppose				
Neither St	upport Nor Oppo	ose		
(If you answered "no, of who you represent o	u representing an organize of the control of the next que ephone number of each process.	omplete the rest ( estion.)	of this form. If you ans	Yes No No swered "yes," provide the name
				<b>T</b>
Are you being paid for	r your representation?			☐ Yes 🔯 No
Are you appearing as j (If you answered "no, question.)	part of your other paid do "STOP; you need not c	uties for this pers complete the rest	on or organization? of this form. If you an	Yes No No swered "yes," go on to the nex
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3	minutes	

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

Date: 3-20-20/2



## DO NOT WISH TO SPEAK FORM

Registratio		Common Col	ıncil		
Please Print		PLEASE PRINT NAME CLEARLY			l'a
Agenda No. 4, 5, 72, 73		Name Address	Sett Wunderlin 620 McLean Madison, W.Z		
Please check on	e:	AND	Please chec	<b>:</b> k:	
Support			Do not	wish to sp	peak
Oppose					
Neither Su	ipport Nor Oppo	ose			
(If you answered "no,' of who you represent a	representing an organize of the state of each property of each property of the state of each property of the state of each property of the state of	omplete the rest of stion.)	this form. If you answ		No rovide the name
Are you being paid for  Are you appearing as p (If you answered "no," question.)	your representation?  art of your other paid du  'STOP; you need not co	nties for this person	or organization? this form. If you ansv	☐ Yes ☐ Yes wered "yes," g	☐ No ☐ No go on to the next
	Public Hearing (Commo Information Hearing Other Items	3 m	ninutes		

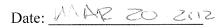
•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 'the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date:

Registration	on Statement - <sub>-</sub>	Common Col	uncil		
Please Print  Agenda No. 4, 5,	72, 73	PLEASE P Name Address	RINT NAME CL 206 Fre	LEARLY derson dericksburg 11 537/8	Lan
Please check on Support	ie:	AND	Please ch	eck: ot wish to speal	k
<ul><li>Oppose</li></ul>				ot wish to spear	
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" <b>STOP;</b> you need not and go on to the next q	complete the rest of uestion.)	this form. If you a	nswered "yes," provid	
Are you being paid for Are you appearing as p (If you answered "no," question.)	part of your other paid			Yes N Yes N nswered "yes," go on	lo
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 m	ninutes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date 03/2	20/20/2 Signature 1/2/20/20





Registrati	on Statement	COMMITTEE	Jouncil	se	
Please Print		PLEAS	E PRINT NAME CL	EARLY	
Agenda No. 4-5-	77	Name Address	DARRON KL. 769 NORT MADISON	H STAR	_
Please check or	ne:	AND	Please ch	eck:	
Support			Do no	ot wish to sp	peak
Oppose					
Neither S	upport Nor Opp	ose			
(If you answered "no, of who you represent	ou representing an organi "STOP; you need not cand go on to the next que ephone number of each	complete the res estion.)	t of this form. If you ar	aswered "yes," p	No rovide the name
Are you being paid fo	r your representation?			Yes	No
	part of your other paid d " <b>STOP;</b> you need not c				No so on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items		3 minutes		

•	are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?						
	red "yes" to the question, ou answered "no" to the q		ed not complete the rest of this fo to the next question.)	orm, except t	that you must sign		
If you are being that:	ng paid for your represer	ntation, or if yo	our appearance is part of other p	oaid duties,	please be advised		
1.	Before you engage in lowith the City Clerk.	obbying as a lol	bbyist, you or your principal mus	t file an aut	horization		
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.						
3.	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?						
(Please go to 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 32	D-12	Signature	A Want				
		Print Name	DARREN FLAWATE	<u>C</u>			



Date: <u>March Lo, Lo 12</u>

# DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Co	uncil
Please Print		
	PLEASE F	Suckey Donkman
Agenda No. 45,7	Address	169 North Fair Unive 354 Albayon, W. 53118
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor O	ppose	
At this meeting are you representing an orgalized (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	not complete the rest of t question.)	this form. If you answered "yes," provide the name
Are you being paid for your representation	?	Yes No
Are you appearing as part of your other part (If you answered "no," <b>STOP</b> ; you need no question.)		n or organization?
Information Hearin	ommon Council)5 r g3 r 3 r	minutes

Are you an elected official or employee other governmental body?	who is appear	ing solely on behalf of your of	fice or for you	nr municipality or No	
(If you answered "yes" to the question, I this form. If you answered "no" to the qu	STOP. You ne uestion, go on	ed not complete the rest of this to the next question.)	form, except t	hat you must sign	
If you are being paid for your represent that:	tation, or if yo	our appearance is part of other	paid duties, 1	please be advised	
1. Before you engage in lob with the City Clerk.	bying as a lob	obyist, you or your principal m	ust file an autl	norization	
2. Your principal is not per 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 period (half year), the premainder of the calendar	orincipal must	ore than \$1,000 for lobbying significant file expense statements with	ervices in any the City Cle	reporting k for the	
(Please go to the City Clerk's website Room 103 of the City-County Building, M			or go to the	Clerk's Office at	
Date Manhlo, Loll	Signature	Subly Santonen			
	Print Name	- // DURIEG ART	WWW N		



### CITY OF MADISON

Registra	tion Statement -	Common Cou	uncil		***************************************
Please Print			DINIT NIARAT ALT	A DL V	
		PLEASE P	RINT NAME CLE	ARLY	
		Name	Jorb Keble		
Agenda No.	5 1 C		420 IM		
		-	Valison W	I 5370	) Career
Please check	one:	AND	Please chec	ek:	
Support			Do not	wish to s	peak
Oppose					
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orga to," <b>STOP;</b> you need not at and go on to the next q relephone number of each	t complete the rest of question.)	this form. If you ansv		□ No provide the name
Are you being paid:	for your representation?			Yes	□ No
	s part of your other paid o," STOP; you need not			Yes wered "yes," g	☐ No go on to the next
Speaking Limits:	• •	nmon Council)5 m 3 m	inutes		

(SEE BACK)

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



Date: 3/20/12

## DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Agenda No. 72	PLEASE PRINT NAME CLEARLY  Name JASMINE ROGNESS  Address 130 Mecdon Sweet Dr.  Madison W1 53719
Please check one:	AND Please check:
Support	<b>Do not wish to speak</b>
Oppose	
Neither Support Nor Op	pose
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," 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," STOP; you need no question.)	I duties for this person or organization?  Yes No t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes

	lected official or employemental body?	e who is appe	earing solely on behalf of your office or for your municipality o			
	ered "yes" to the question you answered "no" to the		need not complete the rest of this form, except that you must sign on to the next question.)			
If you are be that:	eing paid for your represe	entation, or if	your appearance is part of other paid duties, please be advised			
1.	Before you engage in l with the City Clerk.	obbying as a l	lobbyist, you or your principal must file an authorization			
2.	Your principal is not p City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.		principal mu	more than \$1,000 for lobbying services in any reporting ust file expense statements with the City Clerk for the			
	o the City Clerk's webs the City-County Building,		ofmadison.com/clerk/index.html or go to the Clerk's Office a more information.)			
Date <u>3/</u>	20/12	Signature Print Name	Jasmure Lagness Jasmure Rogness			





Registrati	on Statement	COMMITTEE	ouncil		
Please Print  Agenda No.	,5,72	PLEASE Name _ Address _	PRINT NAME CLEA JUSAN K 1915 Krog Modison,	veni	04
Please check of Support	ne:	AND	Please chec	ck: wish to speak	ζ.
At this meeting are you (If you answered "no,	upport Nor Oppour on the next quantity of the next	nization or a person	n other than yourself: of this form. If you ansv	☐ Yes ☐ N vered "yes," provide	o e the name
Name, address and tel	lephone number of each	person or organiz	ation you are represent	ing:	
Are you being paid fo	r your representation?			Yes N	O
	part of your other paid of "STOP; you need not			Yes N wered "yes," go on	
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3	minutes		

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	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		
	Print Name		





Registration S		mmon Cou	ıncil	
Please Print		DI EASE DI	RINT NAME CLEARLY	
Agenda No.		Name	Ann M 718 Mch Madison	atyas can Dr
Please check one:		AND	Please check:	53718
Support			Do not wish to	) speak
Oppose				
Neither Supp	ort Nor Oppose	:		
At this meeting are you represent and go who you represent and go Name, address and telephone	OP; you need not comp o on to the next question	lete the rest of t n.)	his form. If you answered "yes	<u> </u>
Are you being paid for your  Are you appearing as part o  (If you answered "no," STO  question.)	f your other paid duties		☐ Yes or organization? ☐ Yes this form. If you answered "yes	☐ No
Info	ic Hearing (Common C rmation Hearing or Items	3 m	inutes	

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 be	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	
	Print Name	



Date:  $\frac{5/20//2}{}$ 

# DO NOT WISH TO SPEAK FORM

Registration S	atement - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 5	Name Dale A. Royek  Address 7/4 M = Lean DR  Madison, W+ 53718
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
At this meeting are you repre- (If you answered "no," STON of who you represent and go	enting an organization or a person other than yourself: Yes No  you need not complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone	number of each person or organization you are representing:
Are you being paid for your re	presentation? Yes No
	our other paid duties for this person or organization? Yes No; you need not complete the rest of this form. If you answered "yes," go on to the next
Inform	Hearing (Common Council)5 minutes ation Hearing

Are you an el other government	lected 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 be 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		
	Print Name		