

Date: 4-10-12

WISH TO SPEAK FORM

Registration Statement -	Common C	Council	44064000			
Please Print		E PRINT NA			1	
Agenda No. 59	Name Address	R.P. 2012 T	Macm	pr. In		5 <i>C</i>
Please check one:	AND	Plea	se check:			
Support		\boxtimes	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 uestion.) h person or organi	of this form. I	If you answere		∏ No provide th	e name
						49.2
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.)				☐ Yes ed "yes,"	☐ No go on to t	he next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes				

Are you an e other 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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	sing 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.)
Date	Signature
	Print Name



Date:

CITY OF MADISON

Registration Statement -	Common (Council	· · · · · · · · · · · · · · · · · · ·
Please Print Agenda No.	PLEASI Name Address	E PRINT NAME CLEARLY	Magdon
Please check one:	AND	Please check:	
Support		Wish to Spea	ak
Oppose			
Neither Support Nor Opp	pose		
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 que Name, address and telephone number of each	complete the rest uestion.)	of this form. If you answered "yes	
Are you being paid for your representation?		☐ Yes	s 🖾 No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)			
Speaking Limits: Public Hearing (Comr Information Hearing Other Items		3 minutes	

(SEE BACK)

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



Date: 4/1/12

WISH TO SPEAK FORM

Registration Statement -	Common (Council		
Please Print	COMMITTEE			
	PLEASI	E PRINT NA	ME CLEARLY	`
Agenda No. 59	Name Address	Alten 2930 Madion	Barkott Barlow St Wi	
Please check one:	AND	Plea	se check:	
Support		X	Wish to Spea	ık
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	t complete the rest	on other than y of this form. I	rourself: Yes If you answered "yes,	- Committee of the Comm
Name, address and telephone number of each	h person or organi	zation 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," STOP; you need not question.)	duties for this per t complete the rest	son or organiz of this form. I	ation? Yes If you answered "yes,	- Land
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes		

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
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Date	Signature
	Print Name



Date:		_
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Registration Statement	- Common C	Council
Please Print		E PRINT NAME CLEARLY
Agenda No. 59	NameAddress	Alten Barkoff 2930 Barlow St Madson
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," 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 t question.)	t of this form. If you answered "yes," provide the name
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Are you being paid for your representation	1?	☐ Yes 🗡 No
Are you appearing as part of your other pa (If you answered "no," STOP ; you need requestion.)		rson or organization? Yes No t of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council)3	3 minutes

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Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
(If you answer this form. If yo	red "yes" to the question, 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.)			
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Date 4//	Signature Oller Barby			
. (Print Name Allen 13 ant 18+			

Date: 4912

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 PR	INT NAME CLEA	ARLY	
Agenda No59		Name $\frac{D_0}{2C}$ Address $\frac{2C}{2C}$	onna ag 11 N. Bl dison h	air 51 11 53	, #307 5703
Please check the approp	priate box:		Please check th	e appropriate	e box:
At this meeting are you r (If you answered "no," S of who you represent and	representing an organization STOP; you need not compared go on to the next question thone number of each personal person	lete the rest of th n.) on or organization	er than yourself: (is form. If you answ	to speak answer questi Yes vered "yes," p	No provide the name
Are you being paid for you	our representation?			☐ Yes	No
	rt of your other paid duties STOP; you need not comp			Yes Yes wered "yes," {	No go on to the next
Ir	Public Hearing (Common Conformation Hearing	3 mir	utes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental 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 are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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Date	Signature			
	Print Name			



Date: 4 10 17

Registrati	on Statement -	COMMITTEE	ouncii			
Please Print	•	DIFACE	DOINT NARRE	OLEADI V		
Agenda No. 59			PRINT NAME BILL KE L N. RO MADISOI	CLEARLY SYS CX RD. N, W1 53	3705	
Please check of	ne:	AND	Please	check:	l	
Support			\bowtie N	Vish to Speak	<u> </u>	
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 ephone number of eac	t complete the rest of question.)	of this form. If you	u answered "yes,"	□ No provide the	name
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Are you being paid fo	r your representation?			Yes	⊠ No	
Are you appearing as (If you answered "no, question.)	part of your other paid " STOP; you need no	duties for this person to complete the rest of	on or organization of this form. If yo	n?	No go on to the	e next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes			

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, 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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Date	Signature	
	Print Name	



Date: 4-/0-/2

WISH TO SPEAK FORM

Registration Stateme	nt - Common C	Council
Please Print		E PRINT NAME CLEARLY
Agenda No. 5		MILLIAM GRUDER 506 E, MANJASHINGTON MADISON, WILL
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		·
Neither Support Nor	Oppose	
At this meeting are you representing as (If you answered "no," STOP; you need of who you represent and go on to the Name, address and telephone number of the state of the sta	ed not complete the rest next question.)	of this form. If you answered "yes," provide the name
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Are you being paid for your representa	ition?	Yes No
Are you appearing as part of your othe (If you answered "no," STOP ; you ne question.)	r paid duties for this per ed not complete the res	son or organization? Yes No t of this form. If you answered "yes," go on to the next
Information He	(Common Council)	3 minutes

	REGISTRATION STATEMENT - PAGE 2		
Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body? Yes No		
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)		
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(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 <u>///</u>	Signature MM Suly Print Name M/CLIAM MICHAEL CRUBER		



Date:	4	10-	15	

Registration Statement	Common Council		
	COMMITTEE		
Please Print	PLEASI	E PRINT NA	ME CLEARLY
Agenda No.	Name Address		4 Mudison ed +03 Medison, 10753
Please check one:	AND	Plea	ise check:
Support			Wish to Speak
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	complete the result to the result to the complete the result to the complete the result to the resul	t of this form.	If you answered "yes," provide the name e representing:
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 organize to f this form.	zation? Yes No If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing) Other Items		3 minutes	

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?			
(If you d this for	answere n. If you	ed "yes" to the question, STOP. 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.)			
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(Please Room 1	go to 03 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 _	1-10	Signature Print Name MALLOS C. ROSINGO			



Date: 4 - 10 - 12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council COMMITTEE				
Please Print Agenda No	PLEASE Name Address	PRINT NAME CLEARLY ROBURT SONES PRODUCCUPY MADISON 52715		
Please check one:	AND	Please check:		
☐ Support☐ Oppose☐ Neither Support Nor Output	Oppose	Wish to Speak		
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the ne. Name, address and telephone number of the control of the contr	not complete the rest of xt question.) each person or organization.	f this form. If you answered "yes," provide the name		
Are you being paid for your representation Are you appearing as part of your other period (If you answered "no," STOP; you need question.)	aid duties for this perso	☐ Yes ☐ No n or organization? ☐ Yes ☐ No sthis form. If you answered "yes," go on to the next		
Information Heari	fommon Council)5 1 ng3 1	ninutes		

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Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
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Date	10/12 Signature Robert Done		



Registration Statement	Common C	Council
Please Print		
	PLEASE Name	Jen Thompson
Agenda No.	Address	1209 GISMST 53715
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Opp	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	complete the rest uestion.)	of this form. If you answered "yes," provide the name
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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 complete the rest	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 minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
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Date 4/1	Ol 12 Signature Jent On Print Name Jen Thomps		



Date: 04/10/2012

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council
Please Print Agenda No. 59		Christian R Hunsen 636 Landon Street
Please check one:	AND	Please check:
Support	ę	Wish to Speak
Oppose		
Neither Support Nor Opp	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 Occupy Madison, 800	complete the rest uestion.) h person or organi	t of this form. If you answered "yes," provide the name zation 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," STOP; you need not question.)		rson or organization? Yes No t of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes

4	the description are played who is appearing solely on behalf of your office or for your municipality or			
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipal other governmental body?				
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Date 04/	Signature Print Name Chartin R Hansen			



Date:	

Registratio	n Statement	Common C	ouncil
Please Print Agenda No59	7		EPRINT NAME CLEARLY SOO E WORLD
Please check on	e:	AND	Please check:
Support			Wish to Speak
Oppose			
Neither Su	pport Nor Op	pose	
of who you represent as	STOP; you need not and go on to the next quant	complete the rest uestion.)	on other than yourself: Yes No of this form. If you answered "yes," provide the name zation you are representing:
Are you being paid for	your representation?		☐ Yes No
Are you appearing as pa (If you answered "no," question.)			son or organization? Yes No of this form. If you answered "yes," go on to the next
	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?					
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Date	Signature Print Name				



Date:	1	10-12	
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Registration Statement	- Common C	ouncil		allows and a	
Please Print	PLEASE	EPRINT NAME CL	EARLY		
Agenda No. <u>59</u>	Name - Address		vengen Konstson 53716		
Please check one:	AND	Please ch	eck:		
Support		Wis	h to Speak		
Oppose					
Neither Support Nor C	Oppose				
At this meeting are you representing an o (If you answered "no," STOP; you need of who you represent and go on to the next Name, address and telephone number of expressions.	not complete the rest xt question.)	of this form. If you a	nswered "yes,"	☑ No provide the i	name
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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 per not complete the rest	son or organization? of this form. If you a	☐ Yes inswered "yes,"	□ No go on to the	? next
Information Heari	Common Council)				

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Date _	4-10	Print Name Signature Weny Evensor			



Date: 4-10-12

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil
Please Print	COMMITTEE	
	PLEASE	PRINT NAME CLEARLY
Agenda No. 59	Name Address	MATHRALEL DON ABKAIN 755 BRAXTON PL
		MADISON, WI
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		÷
Neither Support Nor Op	nose	v-i
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 of Name, address and telephone number of each	ot complete the rest question.)	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.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	5	3 minutes

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Date ANO	Print Name MATHAMICT DON ABRAMS JR				



Date:	
Ducc.	

Registration Statement -	COMMITTEE	ouncil		
Please Print	PLEASE	PRINT NAI	ME CLEARLY	
Agenda No. 59	Name Address	HOY S. MAD	Paule St 53715	5
Please check one:	AND	Plea	se check:	
Support			Wish to Speak	
Oppose				
Neither Support Nor Op	pose			
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Are you being paid for your representation?			☐ Yes	
Are you appearing as part of your other paid (If you answered "no," STOP ; you need not question.)				No 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?		
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)	
If you are beinthat:	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 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: 4/10/12

WISH TO SPEAK FORM

Registration	Statement - Comr	non Council		***********
Please Print Agenda No	N		MECLEARLY Kensess idglway Ave WIS37	
Please check one:	AN	D Pleas	se check:	
Support Oppose			Wish to Speak	
	port Nor Oppose			
(If you answered "no," Si of who you represent and	presenting an organization or TOP; you need not complete go on to the next question.) one number of each person or	the rest of this form. If	you answered "yes," provide	
Are you being paid for you	ur representation?		☐ Yes ☐ No	
	of your other paid duties for TOP; you need not complete	_	tion? Yes No	
Inf	blic Hearing (Common Coun formation Hearing ner 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 answer	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)	
If you are 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 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: 4/9/07

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print Agenda No.	PLEASE PRINT NAME CLEARLY Name BRICE WALLBAIN Address VEZO RUTLEDGE MADISON WI
Please check one: Support Oppose	AND Please check: Do not wish to speak
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 questions.	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
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.)	☐ Yes ☐ No 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?

(If you answer this form. If yo	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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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 t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the Clerk's office at the Clerk's office at the City-County Building, Madison, for more information.)
Date	9/12 Signature Brint Name BRUCE WALLBAUM





AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement - ַ	Common Co	uncil
		PLEASE P	RINT CLEARLY
59		Name	Cherd Elkinten
Agenda No.	400112	Address	1924 VernonAge HT
			Mad 1500 225 274
Please check	one:	AND	Please check:
Support	•		Available to answer
Oppose			questions Wish To Speak
Neither !	Support Nor Op	pose	Wish to spare
(If you answered "no of who you represen	t and go on to the next q	complete the rest of uestion.)	other than yourself: Yes No this form. If you answered "yes," provide the name ion you are representing:
Are you being noid f	or your representation?		☐ Yes ☐ No
Are you being paid i	or your representation?		
	s part of your other paid o, "STOP; you need not		or organization? Yes No this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing.	3 m	

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No	
100	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 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	



AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Cou	ncil		<u> </u>
J		COMMITTEE			
		PLEASE PR	RINT CLEARLY		
Same		Name Ar	N/		
Agenda No.	(Address S	Chroon		
				_	, , , ,
Please check of	one:	AND	Please chec	ek:	
Support	•		Availal	ole to answer	
			questio		
Oppose _			-		
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	you representing an organ organ organ organ of the next of the nex	t complete the rest of the question.) The person or organization	nis form. If you ansv	ing:	the name
4.5744304					
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 no	duties for this person of the complete the rest of the	or organization? his form. If you ans	☐ Yes ☐ No wered "yes," go on to	
Speaking Limits:	Information Hearing	nmon Council)5 min	nutes		
	Other Items	3 mir	nutes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are 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?
	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





AVAILABLE TO ANSWER QUESTIONS FORM

Registrat	ion Statement -	Common Co	uncil		<u>-</u>
•		COMMITTEE			
		PLEASE I	PRINT CLEARLY		
		Name	Noch Phillip	2	
Agenda No. 59		Address	625 Elm Prive		
		Audi ess	Noah Phillips 625 Elm Prive Ucidson, WI 53	306	
			WERESS N TO 1 3 3		
Please check o	ne:	AND	Please chec	ek:	
Support	·		Availal	ble to answer	ı
Oppose					
Noithor S	Support Nor Op	noso			
Neither S	support Nor Op	posc			
(If you answered "no of who you represent	ou representing an orga o, "STOP; you need not and go on to the next q	t complete the rest of uestion.)	f this form. If you answ	wered "yes," provi	No de the name
Name, address and te	elephone number of eacl	h person or organiza	tion you are represent	ing:	
Occupy UN	U			400 000000	
Occupy Mas	Lison, 800 East	1 Washington			
Are you being paid for	or your representation?			☐ Yes ☐1	Ño
	part of your other paid," STOP; you need not				No 1 to the next
Speaking Limits:	Public Hearing (Com Information Hearing.	3 r			

Are you an ele- other governme		ee who is appear	ing solely on behalf of your off	ce or for you Yes	ir municipality or No
	ed "yes" to the question a answered "no" to the		ed not complete the rest of this for to the next question.)	orm, except t	hat you must sign
If you are bein that:	g paid for your represe	entation, or if yo	ur appearance is part of other	paid duties, p	please be advised
1.	Before you engage in I with the City Clerk.	lobbying as a lob	byist, you or your principal mu	st file an autl	norization
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 webs e City-County Building		<u>adison.com/clerk/index.html</u> or ore information.)	go to the	Clerk's Office at
Date <u>4/10/</u>	12	Signature	NOAH Phillips		
		Print Name	NOAH Phillips		





AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement	
	COMMITTEE
	PLEASE PRINT CLEARLY
L a	Name BRUCE WALLBAUM
Agenda No 5 7	Address 1820 RUPLEDGE ST
165 TOTALS (OCCUPY)	MADISON; WI 537H
Please check one:	AND Please check:
Support	Available to answer
Oppose	questions
Neither Support Nor Opp	oose
of who you represent and go on to the next que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name uestion.)
BRUCE WALLBAIM	
1820 RUTLEAGE	
Marison, WI 537	04 609-239-6005
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" to the question, STOP . You need not complete the rest of this form, except that you must sign inswered "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				
	efore you engage in lobbying as a lobbyist, you or your principal must file an authorization ith the City Clerk.				
	our principal is not permitted to authorize you to lobby unless you are registered with the ity Clerk.				
pe	your principal spends or will owe more than \$1,000 for lobbying services in any reporting riod (half year), the principal must file expense statements with the City Clerk for the mainder of the calendar year?				
Room 103 of the C	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 4 10	2012 Signature				





AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Council COMMITTEE
		PLEASE PRINT CLEARLY
5	9	Name Allen Barkoft
Agenda No		Address 2930 Banlow St Madain
Please check of	one:	AND Please check:
Support		Available to answer
Oppose		questions
Neither S	Support Nor Op	pose
(If you answered "no of who you represent	o," STOP; you need no t and go on to the next q	anization or a person other than yourself: Yes No of 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	or your representation?	☐ Yes
		duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	- ,	nmon 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 No				
		ed "yes" to the question, STOP. 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?			
		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 _	4//0	Signature Cller Barket Ft Print Name Aller Barket Ft			

Date: 09/10/2012

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			E PRINT NAME CLEARLY
Agenda No	59	Name Address	M ADAMS 2301 S PARIC ST APT 21 MANOISON, WI S3713
At this meeting are you (If you answered "no, of who you represent	pport Nor Oppose ou representing an organization of the next question	AND on or a persplete the responsi	Please check the appropriate hove
Are you appearing as	part of your other paid dutie "STOP; you need not comp Public Hearing (Common Information Hearing	plete the res	.3 minutes

		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, STOP. 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:	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.
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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



Date: 4/10/12

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CL	_EARLY	
Agenda No5	9	Name _ Address _	Steve (15 Univer Apt. D	Burns Ersity t) ovses
Please check o	ne:	AND	Please ch	eck:	
Support Oppose			Do n	ot wish to s	peak
Neither S	Support Nor Op	ppose			
(If you answered "no of who you represent	ou representing an org	ot complete the rest of question.)	f this form. If you a	nswered "yes," p	□ No provide the name
Are you being paid for	or your representations	?		☐ Yes	□No
	part of your other paids," STOP; you need no			☐ Yes inswered "yes," §	☐ No go on to the next
Speaking Limits:	Information Hearing	mmon Council)5 g3	minutes		

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)	
If you are bei that:	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.)	
Date	Signature	
	Print Name	



Date: 4-15-12

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	COMMITTEE	<u>ouncil</u>			
<u>Please Print</u>		PLEASE	PRINT NA	ME CLEARL	Υ	
Agenda No		NameAddress	Dry	ERSK		
Please check or	ie:	AND	Plea	se check:		
Support			Q.	Do not wi	sh to sp	eak
Oppose						
Neither Support Nor Oppose						
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 o	ot complete the rest question.)	of this form. Į	If you answered		No ovide the name
h. 7						
Are you being paid for	r your representation?				Yes [J/No
Are you appearing as a (If you answered "no, question.)				•		No on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	5	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, STOP. 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:	are beir	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 the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name



Date: 4/10/12

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common C	ouncil			
Please Print Agenda No.	9	PLEASE Name Address	EPRINT NA Mart	ME CLEA Lha 1500	RLY R_T	Dapin
Please check or Support Oppose	ie:	AND	Plea	nse check		speak
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 of	anization or a person to complete the rest question.)	of this form.	If you answe		No provide the name
Are you being paid for Are you appearing as (If you answered "no, question.)	part of your other paid	l duties for this per	son or organize of this form.	zation? If you answ	☐ Yes ☐ Yes ered "yes,"	No
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	· ······	3 minutes			

Are you an elected official or employee who is appearing solely on behalf of your offic	e or for yo	our municipality	or
other governmental body?	Yes Yes	∭No	

(If you answered "yes" to the question, **STOP.** You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

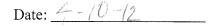
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

- 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
- 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
- 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date

Signature





DO NOT WISH TO SPEAK FORM

Registration S		ommon Co	uncil	take the second of the second	
Please Print			RINT NAME CLEA	ARLY	
Agenda No. <u>57</u>		Name	John H Pope 165 Dunning Madison WI	Jr	<u> </u>
Please check one:		AND	Please chec	k:	
SupportOppose			Do not	wish to sp	eak
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 telephone	OP; you need not compoon to the next question	plete the rest of on.)	this form. If you answ		□ No vovide the name
Are you being paid for you	representation?			Yes	⊠No
Are you appearing as part of (If you answered "no," ST question.)	-	_	_	☐ Yes [vered "yes," go	\mathbf{X} No on to the next
Info	lic Hearing (Common rmation Hearing	3 n	ninutes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental 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 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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	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 $A - (C)$	Signature John 71 Pope Jr Print Name John H Pope Jr



Date: $\frac{9/10/12}{}$

DO NOT WISH TO SPEAK FORM

Registration Statement	t - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 59	Name Erica Case Address 157 Dunning St., #1 Madison, Wr 53704
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor C	Oppose
(If you answered "no," STOP; you need of who you represent and go on to the ne	organization 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	on? Yes No
	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	Common Council)5 minutes ing3 minutes3 minutes

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, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are 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 he City-County Building, Madison, for more information.)
Date	Signature $\frac{2}{\text{Erica Case}}$ Print Name $\frac{2}{\text{Erica Case}}$



Date: 4//0//0		.,/, /,	
Date.	Date:	4/10/12)

DO NOT WISH TO SPEAK FORM

Registratio	on Statement	COMMITTEE	ouncil		
Please Print	NOON HEED SCHOOL II SE SINGS IN SCHOOL IN SENSON IN SENS		PRINT NAME C		
Agenda No	59	Name Address	HAROLD OCCUPY E	CUA	MORGAN FDISON 374
Please check on	e:	AND	Please cl	heck:	
Support			Do 1	not wish t	o speak
Oppose					
Neither Su	pport Nor Opp	pose			
At this meeting are you (If you answered "no," of who you represent at Name, address and tele	STOP; you need not and go on to the next que phone number of each	complete the rest of uestion.) n person or organiz	of this form. If you d	answered "ye:	
OCCUPY E	NA514				
ALL HON					
Are you being paid for your representation?					
Are you appearing as pa (If you answered "no," question.)					
	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 nmental body?
(0 0	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 t	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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:

DO NOT WISH TO SPEAK FORM

Registration	Statement - Common	Council	
Please Print Agenda No Please check one: Support Oppose		SE PRINT NAME CLEARLY Anne Lyitte 2514 Uphom St Madison, WI 53704 Please check: Do not wish to speak	
At this meeting are you rep	port Nor Oppose presenting an organization or a pers TOP; you need not complete the res go on to the next question.)	son other than yourself: \(\sum \) Yes \(\sum \) No st of this form. If you answered "yes," provide	o the name
Name, address and telepho	one number of each person or organ	nization you are representing:	
Are you being paid for you Are you appearing as part of (If you answered "no," ST question.)	of your other paid duties for this per	Yes No No No Street of this form. If you answered "yes," go on to)
Info	olic Hearing (Common Council) ormation Hearing er Items	.3 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, STOP. 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 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 the City-County Building, Madison, for more information.)
Date _	4/10,	Signature Print Name Anne Witte



Date:		

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	uncil		
Please Print Agenda No.		PLEASE I Name Address	PRINT NAME CLE	ARLY Schweit	24/
Please check or	ie:	AND	Please chec	ck: t wish to spe	eak
Oppose	upport Nor Op	pose	∑ Do not	. wish to spe	Jak
At this meeting are you (If you answered "no, of who you represent of Name, address and tele	" STOP; you need not and go on to the next q	complete the rest of uestion.)	f this form. If you answ	wered "yes," pro] No ovide the name
Are you being paid for	your representation?			☐ Yes 万	No
Are you appearing as p (If you answered "no, question.)				Yes wered "yes," go	No on to the next
Speaking Limits:	Public Hearing (Communication Hearing.) Other Items	3 1	ninutes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are bei 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?
	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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DO NOT WISH TO SPEAK FORM

Registration Statement -	- Common Council COMMITTEE
Please Print Agenda No. 5'9	PLEASE PRINT NAME CLEARLY Name Ray Nashold Address 54/0 Esther Beach Rd
Agenda 110.	Madison WI, 537/3
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
	ganization or a person other than yourself: \[\sum \footnote{\subset} \text{ No} \] ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ch person or organization 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," STOP; you need no question.)	d duties for this person or organization? 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 eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are 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 he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: April 16, 20/2

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement	Common Co	uncil		
Please Print Agenda No.	Ġ	PLEASE I Name Address	PRINT NAME CLE Paroline Gree 1514 Van Hi Madison Wi	ARLY enwald se Ave 1 53705	
Please check o	ne:	AND	Please chec	ck:	
Support Oppose Neither S	upport Nor Opj	pose	Do not	wish to speak	
(If you answered "no, of who you represent	ou representing an organ organ organ or stop; you need not and go on to the next que ophone number of each	complete the rest of uestion.)	this form. If you answ	vered "yes," provide the r	ıame
	part of your other paid o			☐ Yes ☑ No ☐ Yes ☑ No vered "yes," go on to the	next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 m	ninutes		

	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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	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