



Date: 10 Apr 12

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil	S4. 91	
Please Print	PLEASE	PRINT NAME	CLEARLY	
Agenda No.		Bole KI 1213 Madisi	e Miffli	n
Please check one:	AND	Please o	check:	
Support		\searrow W	ish to Speak	
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form. If you	u answered "yes," j	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.)				☐ No go on to the next
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 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 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?		
	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: 4/10/12

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 CLEARLY
Agenda No. 20	Name David Wallner Address 451 N. Fawst Madison 53703
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Opp	AND Wish to speak Do not wish to speak Available to answer questions
	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name ext question.)
Name, address and telephone number of	each person or organization you are representing:
James Madison Park Madison Parks Com	Surplus Proporty Committee mission
Are you being paid for your representation	on? Yes No
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 I not complete the rest of this form. If you answered "yes," go on to the next
	Common Council)5 minutes ring

		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 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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		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 _	4/1	Offin Signature De Donald Che

Date: 4/10/12

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 EARLY Pl	ease	PLEASE	PRINT NAME		
Agenda No. <u>20</u>		Name Address	Pete Sell 606 S.D.		
Please check the appr	opriate box:		Please cho	eck the appropria	ate box:
Support Oppose Neither Sup	A oport Nor Oppose	ND	Do not	to speak t wish to speak able to answer que	stions
(If you answered "no,"	representing an organization STOP; you need not comple nd go on to the next question.	ete the rest			
Name, address and tele	phone number of each person — Leceased	n or organi	zation you are repr	resenting:	
		-			
Are you being paid for	your representation?			Yes	No No
	art of your other paid duties for STOP; you need not comple				∑ No " go on to the next
	Public Hearing (Common Co Information Hearing		3 minutes		

		cted 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, 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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		the City Clerk's website <u>www.cityofinadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date _	4/101	Signature Pere J. Selho			

Date: 4/6/12

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 F	PRINT NAME CLEA	RLY	_
Agenda No.		NameAddress	Andrea 525 M Madiza	Nelsemph	53414
□ Oppose	ort Nor Oppose	formate	Please check the Wish to speal Do not wish Available to	k to speak	
At this meeting are you re (If you answered "no," S of who you represent and Name, address and teleph	TOP; you need not compi	lete the rest of 1.)	this form. If you answ		No provide the name
Are you being paid for yo	our representation?			☐ Yes	No
Are you appearing as part (If you answered "no," S question.)	t of your other paid duties (TOP; you need not comp.	for this perso lete the rest o	n or organization? f this form. If you answ	☐ Yes vered "yes,"	go on to the next
In	ublic Hearing (Common Caformation Hearing	3			

		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 ou answered "no" to the question, go on to the next question.)
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Date _		Signature
		Print Name



Date: 4 10 12

WISH TO SPEAK FORM

Registration Stateme	nt - Common Co	ouncil			
<u>Please Print</u>	PLEASE	PRINT NAME C	LEARLY		
No. 25059 #20 Agenda No. <u>No. 25345 #5</u>	Name	2708 L Mades	white akelands	fue_	
Please check one:	AND	Please cl	neck:		
Support Faut Prop	osul	Wi Wi	sh to Speak		
Oppose					
Neither Support Nor	Oppose				
At this meeting are you representing an (If you answered "no," STOP; you not of who you represent and go on to the Name, address and telephone number of	ed not complete the rest o next question.)	f this form. If you d	answered "yes,"	☐ No provide the i	name
			·		
Are you being paid for your representa	tion?		Yes	☐ No	
Are you appearing as part of your othe (If you answered "no," STOP; you need question.)				No go on to the	next
Information He	(Common Council)5 earing	minutes			

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?
(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	Signature Signature



Date: 4 - 10 - 12

WISH TO SPEAK FORM

Registration Statement	Common C	Council
Agenda No. #20 Klebber	PLEASE Name Address	PRINT NAME CLEARLY David Waugh [213 E. Mifflin 5+
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
Are you being paid for your representation?		☐ Yes 🕅 No
Are you appearing as part of your other paid		
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?
(If you answ this form. If	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 David Day



Date:	4	//º	112	•
		ĺ		

Registration Statement -	Common C	Council
Please Print Agenda No. 20		
Please check one: Support - FANT alfa	AND evnate	Madison, N 53+03 Please check: Wish to Speak
	anization or a person of complete the rest	son other than yourself:
Name, address and telephone number of each		nization 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 no question.)	d duties for this per	☐ Yes ☐ No erson or organization? ☐ Yes ☐ No st of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Cor 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, 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	Signature	
	Print Name	



Date: 4/10/12

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil
Please Print		E PRINT NAME CLEARLY
Agenda No.	Name Address	Jack Buchanan 1233 E Mifflin St Madison, WI 53703
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 no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form. If you answered "yes," 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		3 minutes

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?		
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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 the City-County Building, Madison, for more information.)		
Date 4/10	Print Name Sack Buchanan		



Date: 4/18/12

WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil		
Please Print Agenda No.	PLEASE Name	PRINT NAME JUDY	CLEARLY KAROF N PINCE MADISO	-5kg
Please check one:	AND	Please	check:	
Support Oppose		V	Vish to Speak	
Neither Support Nor Op	pose			
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next. Name, address and telephone number of each	ot complete the rest of question.)	f this form. If yo	u answered "yes,"	No provide the name
	· ·			
Are you being paid for your representation?)		☐ Yes	No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)				☐ No go on to the next
Information Hearing	mmon Council)5 33	minutes		

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



Date:		

Registration Statement	COMMITTEE	ouncil	
Please Print	PLEASE	PRINT NAME CLEARLY	
Agenda No. 20 KLEBBA - WAUGH	Name _ Address _	CAROL WELDER 1237 E DAYTON MIDISON	
Please check one:	AND	Please check:	
Support			
Oppose			
Neither Support Nor Opp	pose		
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:			
·	<u>:</u>		
Are you being paid for your representation?		☐ Yes ☐ No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person complete the rest of	on or organization?	
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes	

	REGIOTATION OF THE ENTER OF THE		
Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?		
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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	O (2012 Signature Canal Use tel Print Name CAROL UBIDET		



Registration Statement -	Common Council	
•	COMMITTEE	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No. 20	Name Cheryl Latterty Address 146 & Gorham St. Madison	
Please check one:	AND Please check:	
Support the alterna	ate Wish to Speak	
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	
James Roper 608-770-1999 Sonja Moskalik 608-332.1995		
Are you being paid for your representation? \\\ \begin{array}{c} \text{Richard LinSter 608 266 } \\\ \end{array} \text{Are you being paid for your representation?} \\\ \end{array} \text{Y32 SidNey St \Begin{array}{c} \text{Yes} \Begin{array}{c} \text{No} \\\ \end{array}		
Are you appearing as part of your other paid	Madison	
Information Hearing.	nmon Council)5 minutes 3 minutes 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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Date	Signature Muy hafferty Print Name Chory Lafferty		



Date: April 10 (2012

WISH TO SPEAK FORM

Registration Statement	COMMITTEE	ouncil	
Please Print	PLEASE	PRINT NAME CLEARLY	
Agenda No. 20 Klebba Wangt	Name _ Address _	GARY TIPLER 807 JENIFER ST	
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 of uestion.)	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 perso	☐ Yes ☐ No	o
(If you answered "no," STOP; you need not question.)	t complete the rest o	of this form. If you answered "yes," go on t	o the next
Speaking Limits: Public Hearing (Com Information Hearing) Other Items	3	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, 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.)			
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Date	N 0 2017 Signature Print Name CARY TIPLER			



Date:	
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Registration Statement	- Common Co	ouncil
Please Print Agenda No		PRINT NAME CLEARLY 853 E. Johnson St. # 1
Please check one: Support—Fast. Oppose—Klebba/Wa	AND aug (Please check: Wish to Speak
At this meeting are you representing an org	ppose ganization or a person tot complete the rest of question.)	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 in question.)	id duties for this perso	☐ Yes ☐ No on or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Co Information Hearin	ommon Council)5 	minutes

Are you an ele other governme	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
(If you answere this form. If yo	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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Date /O	April 12 Signature Print Name Print Name ARINE ARINE		



Date: April 12, 2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Co	ouncil			
Please Print	PLEASE	PRINT NAME CLEA	-> r	000	
Agenda No. 20 (Klebba - Waugh)	Name _ Address _	111 N. Fran Madison,	klin St	t./	<u> </u>
Please check one:	AND	Please chec	k:		
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 of uestion.)	f this form. If you answ		⊠ 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 not question.)	•	•	☐ Yes wered "yes,"	□ No go on to the	e next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes			

(SEE BACK)

	REGIONATION OF A LINEAR TO A L			
Are you an ele other government		e who is appeari	ng solely on behalf of your office or for your municipality or Yes No	
(If you answerd this form. If yo	ed "yes" to the question, u answered "no" to the	, STOP. You nee question, go on t	d not complete the rest of this form, except that you must sign o the next question.)	
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Date Am	1/12, 2012	Signature Print Name	James Steakley James Steakley	



Date:	

Registration Statement -	Common C	Council	
Please Print	PLEASI	SE PRINT NAME CLEARLY	
Agenda No. 20	Address	BARBARA WIDDER 626 KNICKERBOCKER ST. MADISON, WI	
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 uestion.)	st of this form. If you answered "yes," provide the	e 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.)		erson or organization? Yes No est of this form. If you answered "yes," go on to the	he next
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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	Signature		
	Print Name		



Date: 10 APR 2010

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil
Please Print Agenda No. 20	Name	PRINT NAME CLEARLY KENNETH R. ADAMS 415 WALTON PL MADISON
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next 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	<u>, </u>	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 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 i	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 City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date: 4	10/12

Registration Statement -	COMMITTEE	ouncil			
Please Print		EPRINT NAME CLI	EARLY		
Agenda No. 20	Name Address	Beth Lucht 3205 James Madison WI	53714		
Please check one:	AND	Please che			
Support		Wish Wish	to Speak		
Oppose					
Neither Support Nor Op	pose				
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest question.)	of this form. If you an	swered "yes,"	☑ No provide the r	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.)			☐ Yes swered "yes,"	☑ No go on to the	next
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 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 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?			
(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:	4	/10	/20	12
		ę	7	

Registration Statement -	Common Co	ouncil
Please Print	•	
	PLEASE	PRINT NAME CLEARLY
·	Name _	Micah Itahn
Agenda No. 20	Address	1233 E Mifflin St.
Klebba/Wavah		Madison, WI 53703
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	nose	
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 o question.)	f 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.)		on or organization? Yes No f this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 g3	minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipalit other governmental 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		
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.)		
Date4.	Signature Print Name Micah B. Hahn		



Date: 4/10/2012

WISH TO SPEAK FORM

Registration Statement -		Council	·
	COMMITTEE		
Please Print	DIFACI	T DOINT MARKE OF EADLY	
		E PRINT NAME CLEARLY	
70	Name	Nathan Offinger	
Agenda No.	Address	1233 E. Mifflin St.	
		Madison, WI 53703	
Please check one:	AND	Please check:	
Support Webba We	rugh	Wish to Speak	
Oppose			
Neither Support Nor Op	nose		
e e e e e e e e e e e e e e e e e e e			
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.)	st of this form. If you answered "yes," provide	
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.)		erson or organization?	
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 this for	answere m. 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.)
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 _	4/10/	Signature Men Othinger Print Name Nathan Othinger



Date: 10 apr 2012

WISH TO SPEAK FORM

Registration Statement	Common Co	ouncil	- .
Agenda No. 20 Kluba / Wangh	Name	PRINT NAME CLEARLY TOM ARMBNECHT 1205 ELIZABETH S MADISON 53703	57
Please check one:	AND	Please check:	
Support		Wish to Speak	
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 quality Name, address and telephone number of each	complete the rest of uestion.)	of this form. If you answered "yes," provide t	he 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.)			the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3 r	minutes	

		IL CICTION CON	• · · · · · · · · · · · · · · · · · · ·		
Are you an ele	cted official or employe ental body?	e who is appeari	ng solely on behalf of your offic	ce or for you Yes	ur municipality or No
(If you answer this form. If yo	ed "yes" to the question u answered "no" to the	, STOP. You nee question, go on t	d not complete the rest of this for the next question.)	orm, except i	that you must sign
If you are beinthat:	ng paid for your represe	entation, or if yo	ur appearance is part of other p	oaid duties,	please be advised
1.	Before you engage in l with the City Clerk.	obbying as a lob	byist, you or your principal mus	st file an aut	horization
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spend period (half year), the remainder of the calend	principal must	ore than \$1,000 for lobbying ser file expense statements with t	vices in any he City Cle	reporting rk for the
(Please go to Room 103 of t	the City Clerk's webs he City-County Building	site <u>www.cityofm</u> , Madison, for m	adison.com/clerk/index.html or ore information.)	go to the	Clerk's Office at
Date	grs 2012	Signature Print Name	Tom ARMB	ueht nech	<u></u>



Date: 4/10/12

WISH TO SPEAK FORM

Registration Statement	Common C	ouncil
Please Print	COMMITTEE	
1 lease 1 lint	PLEASE	PRINT NAME CLEARLY
Agenda No. 20	Name _ Address _	Timothy Olsen 1331 F. Johnson St. Madison W1 53703
Please check one:	AND	Please check:
Support		Wish to Speak
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 quantity	complete the rest of	other than yourself: XYes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organiz	ation you are representing:
Tenney Lapham Nei	g hbar hood	Assoc as Board Member
	tand to the same of the same o	TLNA President is Richard Lingter
1331 E	· Johnson	1 Madison, WI 53703
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.)		on 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 eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental 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 being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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	Signature Print Name Time thy Polse-



Date: $\frac{4-10-2012}{}$

WISH TO SPEAK FORM

Registratio	n Statement	Common C	ouncil		MACCO AND
Please Print Agenda No.	?	PLEASE Name Address		LEARLY Jelson annon	
Please check on	e:	AND	Please ch	ieck:	
Support	-		Wis	sh to Speak	
Oppose					
Neither Su	pport Nor Opp	ose			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not and go on to the next qu	complete the rest o	of this form. If you a	inswered "yes,"	☑No provide the name
				, . T. 1%	
Are you being paid for	your representation?			Yes	No
Are you appearing as pa (If you answered "no," question.)				☐ Yes answered "yes,"	No go on to the next
	Public Hearing (Comn Information Hearing Other Items	3	minutés		

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you a this form	nswere 1. If yoı	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 and 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	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 10	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 a clear county Building, Madison, for more information.)
Date _	{/) t	Signature Brent Newson

Date: 04/10/12



DO NOT WISH TO SPEAK FORM

Registration	n Statement	Common Council COMMITTEE	
Please Print		PLEASE PRINT NAME CL	EARLY
Agenda No		Name Address	
Please check one	:	AND Please cho	eck:
Support Support		Do no	ot wish to speak
Oppose			
Neither Sup	pport Nor Oppo	ose	
(If you answered "no," S of who you represent and	STOP; you need not cod go on to the next que	ization or a person other than yourself: complete the rest of this form. If you an estion.) person or organization you are represen	
Are you being paid for y	our representation?		☐ Yes 🖄 No
		uties for this person or organization? complete the rest of this form. If you ar	Yes No nswered "yes," go on to the next
It	nformation Hearing	non Council)5 minutes 	

	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:	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	9/10/12 Signature Dell Work Work





DO NOT WISH TO SPEAK FORM

Registration Statemen	nt - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name ROBT. A. CARPENTER Address 313 KEDZIE ST. # 6 MADISOH, WI. 53764
Please check one:	AND Please check:
Support Faut Propos Oppose	Do not wish to speak
Neither Support Nor	Oppose
(If you answered "no," STOP ; you nee of who you represent and go on to the r	organization or a person other than yourself: Yes No do not complete the rest of this form. If you answered "yes," provide the name next question.) If each person or organization you are representing:
Are you being paid for your representat	ion?
	d 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 e	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, 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 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 t 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





DO NOT WISH TO SPEAK FORM

Registration Staten	ent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Amy Draper Address 4214 Hanover St MADISON WI 53707
Please check one:	AND Please check:
Support FANT.	Do not wish to speak
Oppose	
Neither Support N	r Oppose
(If you answered "no," STOP ; you of who you represent and go on to t	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 to next question.) To feach person or organization you are representing:
Are you being paid for your represe	tation?
	ner 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	g (Common Council)5 minutes Hearing

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 beithat:	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 🕏	9-10-12 Signature Print Name Amy Dyaper
	· · · · · · · · · · · · · · · · · · ·

Date: 4 - 10 - 21



DO NOT WISH TO SPEAK FORM

Registrati	ion Statement	Common Co	uncil	
Please Print		PLEASE I	PRINT NAME CLEARLY anah Austin	
Agenda No		Address	212 Merry St Mad Bon, WI	53704
Please check or	ne:	AND	Please check:	
☐ Support☐ Oppose	- FANT		Do not wish to	speak
	upport Nor Opj	pose		•
(If you answered "no, of who you represent o	" STOP; you need not and go on to the next qu	complete the rest of uestion.)	other than yourself: Yes fthis form. If you answered "yes," tion you are representing:	No No provide the name
	·			
Are you being paid for	your representation?		☐ Yes	☐ No
	oart of your other paid on " STOP; you need not		n or organization?	☐ No " go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 n	ninutes	

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 on answered "no" to the question, go on to the next question.)
ng 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 he City-County Building, Madison, for more information.)
Signature SKauston Print Name Farah H. Austin



Date:	4.10.12

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement - <u>C</u>	ommon Cou	ncil	
J	Co	OMMITTEE		_
Please Print		PLEASE PR	RINT NAME CLEARLY	
Agenda No2	0	Name	Cho Yang	
Agenua 110.	1	Address	312 S. Dirkinson #1	
			Madison W1 53703	
Please check o	ne:	AND	Please check:	
Support	-FANT		Do not wish to speak	
Oppose				
Neither S	Support Nor Oppos	e		
(If you answered "no of who you represent	ou representing an organizate," STOP; you need not come and go on to the next questiful lephone number of each per	iplete the rest of the	his form. If you answered "yes," provide t	he name
•				
Are you being paid fo	r your representation?		☐ Yes No	
	part of your other paid dution "STOP; you need not com		or organization? Yes No his form. If you answered "yes," go on to	the next
Speaking Limits:	Public Hearing (Common Information Hearing	3 mir	nutes	

Are you an elected other governmental	official or employee who is appearing solely on behalf of your office or for your municipality or body?
	es" to the question, STOP. You need not complete the rest of this form, except that you must sign wered "no" to the question, go on to the next question.)
If you are being pathat:	id for your representation, or if your appearance is part of other paid duties, please be advised
	ore you engage in lobbying as a lobbyist, you or your principal must file an authorization the City Clerk.
	r principal is not permitted to authorize you to lobby unless you are registered with the Clerk.
peri	our principal spends or will owe more than \$1,000 for lobbying services in any reporting od (half year), the principal must file expense statements with the City Clerk for the ainder of the calendar year?
(Please go to the Room 103 of the Ci	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ty-County Building, Madison, for more information.)
Date 4.10.12	Signature
	Print Name Cho Yang



Date: 4/10/12

DO NOT WISH TO SPEAK FORM

Registration	Statement	Common Cou	ıncil		
Please Print			RINT NAME CLE	ARI Y	
Agenda No.		Name Address 3	Devid Ho 797 Grouse rezen, W	Wister	no. f
Please check one:	. [AND	Please chec	ek:	
☐ Support ☐ Oppose			Do not	wish to speak	
Neither Sup	port Nor Opp	oose			
At this meeting are you re (If you answered "no," S of who you represent and Name, address and teleph	TOP; you need not go on to the next qu	complete the rest of t uestion.)	his form. If you ansv		e name
Are you being paid for yo	ur representation?			☐ Yes 💆 No	
Are you appearing as part (If you answered "no," S question.)				Yes 🗓 No wered "yes," go on to th	he next
Int	formation Hearing	mon Council)5 mi 3 mi 3 mi	nutes		

		ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body?
(If you and this form.	swered If you	d "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 are that:	being	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.
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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 g Room 103	o to i	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	Ple	Signature Print Name Dzoid Hollister





DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Cou	ıncil	
Agenda No	D Collins	PLEASE PF Name Address	RINT NAME CLEARLY OSE MARY WILLIAM S3703	
Please check of Support Oppose Neither S	one: Support Nor Op	AND	Please check: Do not wish to speak	
(If you answered "no of who you represent	," STOP; you need no and go on to the next of	question.)	ther than yourself: Yes Who whis form. If you answered "yes," provide the nation you are representing:	ame
Are you appearing as		l duties for this person of the complete the rest of the	☐ Yes ☐ No or organization? ☐ Yes ☐ No this form. If you answered "yes," go on to the n	next
Speaking Limits:	Information Hearing	nmon Council)5 mir 3 mir 3 mir	inutes	

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?
(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:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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	Signature
	Print Name

Date: 4-10-12



DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Council
Please Print	DI FACE DOINT MARKE OF FADILY
Agenda No.	PLEASE PRINT NAME CLEARLY Name Ben Ferfarek Address 20) 5 magnete st Mad300 W1 53704
Please check one:	AND Please check:
Support✓ Oppose	Do not wish to speak
Neither Support Nor C	Oppose
(If you answered "no," STOP; you need of who you represent and go on to the nex	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 representatio	n? Yes 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	ommon Council)5 minutes ng3 minutes3 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 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.)		
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	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		





DO NOT WISH TO SPEAK FORM

Registrati	ion Statement	COMMITTEE	ouncil	
Please Print		PLEASE	PRINT NAME CLEARLY	
Agenda No		Address	Ben Feifarek 201 S. Margnette St. Madison WI 53704	
Please check or	ne:	AND	Please check:	
Support			Do not wish to speak	
Oppose				
Neither S	upport Nor Opp	pose		
(If you answered "no, of who you represent a Name, address and tel	and go on to the next que ephone number of each	complete the rest of uestion.) n person or organization	of this form. If you answered "yes," provide the namation you are representing:	ne
Most Fei	farek	608-403-	543.2	
142 Tale	rodgo			
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 not	duties for this perso complete the rest o	on or organization?	xt
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 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 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 fall the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date: $\frac{3}{|0|/2}$

DO NOT WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil
Please Print Agenda No.	Name	EPRINT NAME CLEARLY MARK GALLO 733 E. Govhen St Mcdison 53703
Please check one:	AND	Please check:
☐ Support☑ Oppose☐ Neither Support Nor Oppose	opose	Do not wish to speak
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 o question.)	of this form. If you answered "yes," provide the nan
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 perso	Yes No Son or organization? Yes No of this form. If you answered "yes," go on to the nex
	mmon Council)5 :	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?				
	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 be 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 Alla Maek Galla			



Date: 4 - 10 - 2012

DO NOT WISH TO SPEAK FORM

Registration	n Statement	COMMITTEE	<u>ouncil</u>	AND THE PROPERTY OF THE PROPER		
Please Print		PLEASE	PRINT NA	ME CLEA	RLY	
Agenda No. <u>20</u>		Name _ Address _	John L 165 Do Madisc	Pope unning: un WI	Jr 5t #2 537	704
Please check one		AND	Plea	ase check	«:	
Support	-		\boxtimes	Do not	wish to s	speak
Oppose						
Neither Sup	port Nor Opj	pose				
At this meeting are you reflected "no," So of who you represent and Name, address and teleph	STOP; you need not l go on to the next qu	complete the rest of uestion.)	of this form.	If you answe		⊠ No provide the name
Are you being paid for yo	our representation?				Yes	⊠ No
Are you appearing as par (If you answered "no," Squestion.)					Yes ered "yes,"	No go on to the next
Ir	ublic Hearing (Com formation Hearing. ther Items	3	minutes			

	elected official or employemental body?	ee who is appea	aring solely on behalf of your office or for your municipality of Yes No	or	
	ered "yes" to the question you answered "no" to the		eed not complete the rest of this form, except that you must sign to the next question.)	ζn	
If you are be that:	eing paid for your represe	entation, or if y	your appearance is part of other paid duties, please be advise	ed.	
1.	Before you engage in with the City Clerk.	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 point 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?				
	to the City Clerk's webs the City-County Building		f <u>madison.com/clerk/index.html</u> or go to the Clerk's Office (more information.)	at	
Date 4-16-2012 Signature John 74 Pope Jr					



Date: $\frac{4/10/12}{}$

DO NOT WISH TO SPEAK FORM

Registration	on Statement -	COMMITTEE	<u>ouncil</u>		
Please Print		PLEASE	PRINT NAME CL	EARLY	
Agenda No			Erica Case 157 Dunnin Madison,		-l -04
Please check on	ie:	AND	Please ch	eck:	
Support		Re-termore a destruction of the second of th	Do no	ot wish to s	peak
Oppose					
Neither Su	ipport 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 o	ot complete the rest question.)	of this form. If you an	nswered "yes," p	No provide the name
Are you being paid for	your representation?)		Yes	⊠ No
Are you appearing as p (If you answered "no," question.)				☐ Yes nswered "yes," §	⊠ No go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	5	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, 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 an	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	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 e City-County Building, Madison, for more information.)			
Date	4/1	Signature Lea Case Print Name Erica Case			



Date: 4/10/2012

DO NOT WISH TO SPEAK FORM

Registrati	on Statement - ₋	COMMITTEE	ouncil		-
Please Print Agenda No.	5		PRINT NAME CLEA BOYCE DO 416 W. DO		2E
Please check or	ne:	AND	Please chec	k:	
Support Oppose			Do not	wish to speak	
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent of	" STOP; you need not and go on to the next q	complete the rest of uestion.)	other than yourself: of this form. If you answ ntion you are representi	vered "yes," provide ti	he name
	and the second s			☐ Yes ☐ No	
, , , , , , , , , , , , , , , , , , ,	part of your other paid	-	on or organization? of this form. If you answ	Yes No	the nexi
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?				
	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.	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				



DO NOT WISH TO SPEAK FORM

Registration Sta	atement - Common COMMITTEE	<u>Council</u>
Please Print	DI EAS	E PRINT NAME CLEARLY
Agenda No. 20	Name Address	Peter Kaesberg 606 S. Dickinson St.
Please check one:	AND	Please check:
Support	Micros Activity and Activity an	Do not wish to speak
Oppose		
Neither Suppor	t Nor Oppose	
(If you answered "no," STOP , of who you represent and go of		t of this form. If you answered "yes," provide the name
Are you being paid for your re	presentation?	☐ Yes ☐ No
	our other paid duties for this pe; you need not complete the res	rson or organization? Yes No t of this form. If you answered "yes," go on to the next
Informa	Hearing (Common Council) ation Hearingtems	.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, 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:	
	fore you engage in lobbying as a lobbyist, you or your principal must file an authorization th the City Clerk.
	our principal is not permitted to authorize you to lobby unless you are registered with the cy Clerk.
per	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 nainder 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

DO NOT WISH TO SPEAK FORM

Registration Sta	atement - Common Council	
Please Print	PLEASE PRINT NAME CLEAF	RLY
Agenda No.	Name Helen Hartn Address 5118 Hain Madisy	har Political States
Please check one:	AND Please check	•
Support Oppose	Do not v	vish to speak
Neither Suppor	rt Nor Oppose	
(If you answered "no," STOP of who you represent and go o	senting an organization or a person other than yourself: P; you need not complete the rest of this form. If you answer on to the next question.) number of each person or organization you are representing	·
Are you being paid for your re	epresentation?	Yes No
	your other paid duties for this person or organization? F; you need not complete the rest of this form. If you answe	Yes No red "yes," go on to the next
Inform	Hearing (Common Council)5 minutes nation Hearing	

•		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?	
100		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 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.	
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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 _		Signature	
		Print Name	



Date:	$\underline{\hspace{1cm}}$ $\underline{\hspace{1cm}}$	
	l l	

Registration Statement	- Common Cou	ıncil
Please Print	PLEASE PI	RINT NAME CLEARLY
Agenda No. 30	Name Address	Heather Schaller July Sommer Ave. Madison, NI 53704
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
At this meeting are you representing an org (If you answered "no," STOP; you need no f who you represent and go on to the next Name, address and telephone number of each	oot complete the rest of t question.)	his 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.)		or organization? Yes No No his form. If you answered "yes," go on to the next
Information Hearin	mmon Council)5 mi g3 mi 3 mi	nutes

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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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 Heatler Schaller		

Date: 4/10/12



DO NOT WISH TO SPEAK FORM

Registration St	tement - Common Council COMMITTEE	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No. <u>20</u> Klebba/a	Name Nathan Vignali Address 1213 E Mifflin St Mayison, WI 53703	
Please check one:	AND Please check:	
Support Oppose	Do not wish to speak	
Neither Suppor	t Nor Oppose	
(If you answered "no," STOF 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 nate to the next question.) The provided the new that the person or organization you are representing:	ame
Are you being paid for your re	oresentation?	
	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 r	next
Inform	Hearing (Common Council)5 minutes tion Hearing	

Are you an ele other governme	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
(If you answere this form. 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.)		
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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(Please go to Room 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	Signature Print Name Wathan Vignali		



Date:	4/10/12

Registration Statement -	COMMITTEE	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 20 Klebba - Waugh	Name _ Address _ —	Pamela Adams 415 Walton PL Madison WI 53704
Please check one:	AND	Please check:
Support Oppose		Do not wish to speak
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest of question.)	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 paid (If you answered "no," STOP; you need no question.)	d duties for this perso	☐ Yes ☑ No n or organization? ☐ Yes ☑ No f this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 r g3 r 3 r	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 answe this form. If y	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 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		



Registration Stat	tement - Common Council	
Please Print	PLEASE PRINT NAME C	LEARLY
Agenda No. # 20	Name <u>Sovemed 5+e</u> Address <u>406 E Wa</u> MWW.Son, I	
Please check one:	AND Please cl	heck:
Support	Do	not wish to speak
Oppose		
Neither Support	Nor Oppose	
(If you answered "no," STOP ; yof who you represent and go on	nting an organization or a person other than yourselyou need not complete the rest of this form. If you to the next question.) In the next question or organization you are represented.	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.)	ur other paid duties for this person or organization? you need not complete the rest of this form. If you	Yes No answered "yes," go on to the next
Informat	Hearing (Common Council)5 minutes tion Hearing	

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental 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 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 <u>4/10</u>	112 Signature Zamud B. Steven				
. "	Print Name Samuel B Steverson				



Date: $\frac{1+}{10/12}$

DO NOT WISH TO SPEAK FORM

Registratio	on Statement	Common Cos COMMITTEE	uncil		
Please Print		PLEASE P	RINT NAME CLEA	ARLY	
Agenda No2			Gail Kle 2339 Wes- Madison,	t Law	10 Ave.
Please check on	e: [AND	Please chec	k:	
Support Oppose Neither Su	pport Nor Opp	oose	Do not	wish to s	speak
At this meeting are you (If you answered "no," of who you represent an Name, address and tele	STOP; you need not and go on to the next qu	complete the rest of uestion.)	this form. If you answ		No provide the name
Are you being paid for	your representation?			Yes	□ No
Are you appearing as pa (If you answered "no," question.)				☐ Yes vered "yes,"	☐ No go on to the next
	Public Hearing (Comr 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?				
(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 u 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				
	Print Name				



Date: 4/10/2012

DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLI		
Agenda No.	20	Address _	2339 WES	W(5371	
Please check o	ne:	AND	Please che	ck:	
Support Oppose			🔀 Do no	t wish to speak	ζ.
Neither S	Support Nor Opp	pose			
(If you answered "no of who you represent	ou representing an organ," STOP; you need not and go on to the next qualephone number of each	complete the rest of uestion.)	this form. If you ans	wered "yes," provide	o the name
Are you being paid fo	r vour representation?			☐ Yes ☐ No	
Are you appearing as	part of your other paid of "STOP; you need not	duties for this person complete the rest of	n or organization? Tthis form. If you ans	— — — — — No	,
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 n	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 at	nswere 1. If you	ed "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 and 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	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 ee City-County Building, Madison, for more information.)				
Date		Signature				
		Print Name				



Date: $\frac{4/10/2012}{}$

DO NOT WISH TO SPEAK FORM

Registration	on Statement -	Common Co	uncil		
Please Print		PLEASE F	PRINT NAME CLE	ARLY	
Agenda No. 2	10 103H	NameAddress/	JOEY HO 1318 E M/ 110/SON,	EY FUN S WI S3	ST 3703
Please check on	e:	AND	Please che	ck:	
Support			Do no	t wish to sp	oeak
Oppose					
Neither Su	ipport 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 nd go on to the next o	t complete the rest of question.)	this form. If you ans	wered "yes," pj	No vovide the name
Are you being paid for	your representation?			Yes	No
Are you appearing as p (If you answered "no, question.)	part of your other paid "STOP; you need no	d duties for this person to to the rest of	n or organization? [°] this form. If you ans	☐ Yes swered "yes," g	No go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 r 53 r 3 r	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?					
	vered "yes" to the question Tyou answered "no" to the		ed not complete the rest of this form, except that you must sign to the next question.)			
If you are that:	peing paid for your represe	entation, 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	obyist, 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.	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?				
	to the City Clerk's webs of the City-County Building		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)			
Date	4/10/2012	Signature Print Name	JOSEPH P. HOEY			

Date: 4 1 0 - 12



DO NOT WISH TO SPEAK FORM

Registrati	on Statement	COMMITTEE	ouncii		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No2	0	Address _	Vadia Sr 107 She Madison, I	rman	Ave 3703
Please check or	ne:	AND	Please chec	ek:	
Support			Do not	t wish to s	speak
Oppose					
Neither S	upport Nor Opj	pose			÷ .
(If you answered "no, of who you represent of	u representing an organ " STOP; you need not and go on to the next que ephone number of each	complete the rest o uestion.)	f this form. If you ans	wered "yes,"	No provide the name
	r your representation? part of your other paid "STOP; you need not			☐ Yes☐ Yeswered "yes,"	⊠ No ⊠ No 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, 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 the City-County Building, Madison, for more information.)					
Date 4	Signature AMM Print Name Nadia Smith					

Date: 04 /10/2012



DO NOT WISH TO SPEAK FORM

Registration Statement - Common committee	Council
Please Print PLEAS	SE PRINT NAME CLEARLY
Agenda No. 20 - Klebba - waugh Addres	Ashley Leavy 38 Farnell Street - Unit B madison, WI 53704
Please check one: AND	Please check:
Support	Do not wish to speak
Oppose	(
■ Neither Support Nor Oppose	
At this meeting are you representing an organization or a per (If you answered "no," STOP; you need not complete the re of who you represent and go on to the next question.)	st of this form. If you answered "yes," provide the name
Name, address and telephone number of each person or orga	
As a younger resident of madison, I no future sustainability of our community.	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duties for this p (If you answered "no," STOP ; you need not complete the requestion.)	
Speaking Limits: Public Hearing (Common Council) Information Hearing Other Items	3 minutes

Are you an elected official or employee who is appear other governmental body?				ing solely on behalf of your office or for your municipality or Yes No		
		ed "yes" to the question u answered "no" to the		ed not complete the rest of this form, except that you must sign to the next question.)		
If you a that:	ire bein	g paid for your represe	entation, or if yo	our appearance is part of other paid duties, please be advised		
	1.	Before you engage in lewith the City Clerk.	obbying as a lob	obyist, 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.	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 se City-County Building,		nadison.com/clerk/index.html or go to the Clerk's Office at ore information.)		
Date	04	/10/12	Signature Print Name	Ashley Leavy		



Date:	41	10	12
	4. 4		

Registrati	on Statement	COMMITTEE	ouncii		ANNOUNT TO THE PARTY OF THE PAR	
Please Print		PLEASE	PRINT NAMI	E CLEARLY	Y	
Agenda No	O-Klebban wangh	Name	Zach 38 fo Madisi	Leavy arwell on wl) 5+ 537	B 104
Please check or	ie:	AND	Please	e check:		
Support Support			D D	o not wis	h to spe	ak
Oppose						
Neither S	upport Nor Opp	pose				
(If you answered "no,	· •	complete the rest of uestion.) n person or organize	f this form. If y	ou answered	_ ,	No vide the name
Bed & Bro	gkfast ago	ain L	believe	that	would	be
the best	Service	to the	Commi	inity	1	
Are you being paid for	your representation?				Yes 🖫	No
Are you appearing as I (If you answered "no, question.)						No On to the next
Speaking Limits:	Public Hearing (Computer 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, 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 bein 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 4 10	Signature 2 Capla Legy MA			
Date 4 10	Signature Print Name 2ach Ceaus			



Date:

CITY OF MADISON

Registration	on Statement	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 🔍 🔾	Klebba Waugh	-	Andrew Wo 1213 East/	and and	
Please check on	ie:	AND	Please chec	ek:	
Support			Do not	t wish to speak	
Oppose					
Neither St	upport Nor Opp	pose			
of who you represent a	" STOP; you need not and go on to the next qu	complete the rest uestion.)		☐ Yes ☑ No wered "yes," provide the n ing:	name
Are you being paid for				☐ Yes ☐ No	
Are you appearing as partial (If you answered "no, question.)	part of your other paid " STOP; you need not	complete the rest	on or organization? of this form. If you ans	Yes No wered "yes," go on to the	next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		3 minutes		

(SEE BACK)

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality o other governmental body?				
	swered "yes" to the question If you answered "no" to the		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	entation, or if yo	our appearance is part of other paid duties, please be advised	
1.	Before you engage in I with the City Clerk.	obbying as a lol	bbyist, you or your principal must file an authorization	
2.	Your principal is not p City Clerk.	permitted to autl	norize you to lobby unless you are registered with the	
3.		principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the	
	o to the City Clerk's webs of the City-County Building		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)	
Date	110/12	Signature Print Name	Andrew Wangs	





Registration	on Statement -	Common C	ouncil		<u> </u>
Please Print		PLEASE	PRINT NAME	CLEARLY	
Agenda No.		Name Address	153 N B	Heck lount It WI 5:	#303 3703
Please check on	e:	AND	Please o	check:	
Support		Record Train and Carlo Secretary Strategy Company Comp	Do	not wish to s	speak
Oppose					
Neither Su	ipport 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 nd go on to the next	ot complete the rest question.)	of this form. If yoi	ı answered "yes,"	No provide the name
Are you being paid for	your representation?)		Yes	No No
Are you appearing as p (If you answered "no," question.)					No go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	g	3 minutes	•	

sign		
vised		
Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
ce at		



Date: 4/10/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration	Statement - <u>Comn</u>	<u>non Council</u> ≡	
Please Print		EASE PRINT NAME CLE	
Agenda No. 20	Ac	ame JOSEPH Idress 1304 JE.	P. SCHMITT NIFER ST , WI 53703
Please check one:	AN	D Please che	ck:
Support		Do no	t wish to speak
Oppose			
Neither Supp	ort Nor Oppose		
(If you answered "no," ST of who you represent and g	OP; you need not complete to on to the next question.)	a person other than yourself: the rest of this form. If you ans organization you are represent	wered "yes," provide the name
Are you being paid for you	r representation?		☐ Yes ☐ No
	of your other paid duties for to the complete of the complete		Yes No No wered "yes," go on to the nex.
Info	lic Hearing (Common Country III) Items	3 minutes	

(SEE BACK)

Are you an ele other 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.)
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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