

Date: 10 Apr 12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	- Common C	ouncil		
Please Print	PLEASE	E PRINT NA	ME CLEARLY	
Agenda No	Name Address		Klebba E Mif	flin St
Please check one:	AND	Plea	ise check:	
Support		<u></u>	Wish to Spea	k
At this meeting are you representing an organ of who you represent and go on to the next Name, address and telephone number of each	ganization or a person of complete the rest tquestion.)	of this form.	If you answered "yes,	
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.)	id duties for this per not complete the res	rson or organize to f this form.	zation?	The second secon
Information Hearin	ommon Council)	3 minutes		

(SEE BACK)

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?		
(If you 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.	
et #	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	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 ne City-County Building, Madison, for more information.)	
Date _		Signature	
		Print Name	



Date:	4	10	12

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil		
Please Print Agenda No. 5	PLEASE Name Address	PRINT NA 370	ME CLEARLY White 8 Late(add 4 adusm	Jul 1
Please check one:	AND	Plea	ase check:	
Support		\square	Wish to Speak	<u> </u>
□ 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	ot complete the rest of question.)	of this form.	If you answered "yes,"	☐ No provide the name
Are you being paid for your representation?			L 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	<u> 5</u> 3	minutes		

	REGISTRATION OF ATEMENT
Are you an ele	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 the City-County Building, Madison, for more information.)
Date 4	Signature Print Name Wm Fulus



Date: 4/0-/2

WISH TO SPEAK FORM

Registration Statemen	t - Common C	Council	
	COMMITTEE		
Please Print			
	PLEASE	E PRINT NAME CLEARLY	
F 60 A	Name	David Wayah	
Agenda No. 5 OO 7 F	Address	1213 E. Mifflin	
Ryle		Madison, W1 53703	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor	Onnose		
At this meeting are you representing an (If you answered "no," STOP ; you need of who you represent and go on to the not Name, address and telephone number of	d not complete the rest ext question.)	t of this form. If you answered "yes," provide the na	ıme
Are you being paid for your representati	on?	☐ Yes ☐ No	
Are you appearing as part of your other (If you answered "no," STOP; you need question.)		rson or organization? Tes No St of this form. If you answered "yes," go on to the n	ext!
Information Hea	Common Council)	.3 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.)			
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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 /	10-12 Signature Land Wang			
	Print Name David Waugh			



Date: 4 - 10 - 2012

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil	
Please Print 5, Agenda No. 25345		EPRINT NA Barba 1657-	ME CLEARLY tra Fant 31 ^{SP} ST, NW
Please check one:	AND	Wash Plea	se check:
☐ Support☐ Oppose☐ Neither Support Nor Op	pose		Wish to Speak
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest uestion.)	of this form.	If you answered "yes," provide the name
Are you being paid for your representation?			Yes No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question.)	duties for this per t complete the resu	son or organiz	ration?
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.)	
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Date	Signature	
	Print Name	



Date: 4-10-2012

WISH TO SPEAK FORM

Registration Statement -	Common C	Council
Please Print		
	PLEASI	PRINT NAME CLEARLY
20,	Name	Barbara Fant
Agenda No. <u>45054</u>	Address	1657 315 ST, NW
alternate		Wash., DC 20007
Please check one:	AND	Please check:
Support the alterna	ate	Wish to Speak
Oppose Fant pr		`
Neither Support Nor Op	pose	
> Klebba/Waugh pri	•	
At this meeting are you representing an orga	nization or a person t complete the resi	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organi	zation you are representing:
, 1		
	· ·	
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items		3 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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	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

WISH TO SPEAK FORM

Registration Statement -	Common C	Council
Dlagge Duint	COMMITTEE	
Please Print	PLEASE	E PRINT NAME CLEARLY
	Name	Delia Gallo
Agenda No.	Address	733 E. Gorham
	-	Madison, W1 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.)	t 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.)	-	rson or organization? Yes No No st 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 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	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			
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(Please go t Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			





Date: 4-10-17

DO NOT WISH TO SPEAK FORM

Registration	on Statement -	Common (Council	· .
Please Print Agenda No.		PLEAS Name Address	EPRINT NAME CL Telen Hart 5118 Flam Madison	EARLY Man beau RD W1 53905
Please check or	ne:	AND	Please ch	eck:
Support			Do n	ot wish to speak
☐ Oppose ☐ Neither St	upport Nor Op	pose		
At this meeting are you (If you answered "no, of who you represent of	" STOP; you need no	ot complete the res	on other than yourself	Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name, address and tele	ephone number of eac	ch person or organ	ization you are represe	nting:
Are you being paid for	your representation?)		☐ Yes No
Are you appearing as partial (If you answered "no, question.)	part of your other paid " STOP; you need no	d duties for this pe ot complete the res	rson or organization? t of this form. If you a	Yes No nswered "yes," go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	3	.3 minutes	

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



Date:	

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	- Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 5 Zoning change	Name Heather Shaller Address July Sommer Are. Madison, WI 53704
Please check one:	AND Please check:
Support 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.	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.) each person or organization you are representing:
Are you being paid for your representation	n? 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 minutes

(SEE BACK)

		eted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body?
		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:	e bein	g paid for your representation, or if your appearance is part of other paid duties, please be advised
1		Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2	•	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3		If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(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	<u> </u>	Signature Heather Schaller Print Name Heather Schaller



Date: 10 Apr 2012

DO NOT WISH TO SPEAK FORM

Registration Stater	ment - Common Coul	ncil
Agenda No. Zoming Change	Name /	INT NAME CLEARLY OM ARMBRUCHT 1205 EZIZABETH ST MADISON 53703
Please check one:	AND	Please check:
Support -		Do not wish to speak
Oppose		
Neither Support N	or Oppose	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to Name, address and telephone numbers.	i need not complete the rest of th the next question.)	is form. If you answered "yes," provide the name
		——————————————————————————————————————
Are you being paid for your represe		Yes No
Are you appearing as part of your of (If you answered "no," STOP; you question.)		r organization?
Information	ring (Common Council)5 mir Hearing3 mir 3 mir	autes

		ected official or employee who is appearing nental body?	solely on behalf of your office or for yo Yes	ur municipality or No
(If you this for	answere n. If you	red "yes" to the question, STOP. You need to you answered "no" to the question, go on to t	not complete the rest of this form, except he next question.)	that you must sign
If you a that:	are bein	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 lobby with the City Clerk.	ist, you or your principal must file an aut	horization
	2.	Your principal is not permitted to authori City Clerk.	ze you to lobby unless you are registere	d with the
	3.	If your principal spends or will owe more period (half year), the principal must fil remainder of the calendar year?	than \$1,000 for lobbying services in any e expense statements with the City Cle	reporting ork for the
(Please Room 1	go to 103 of th	o the City Clerk's website <u>www.cityofmad</u> the City-County Building, Madison, for more	ison.com/clerk/index.html or go to the information.)	Clerk's Office at
Date _	10	Signature Print Name	Those Dimbreck Toni ARMBRECHT	<i>F</i>

Date:	4.10.12



DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Council	
Please Print Agenda No.		JAME CLEARLY THE Hahm THE MIFFLIM ST.
Please check one: Support		ease check: Do not wish to speak
Oppose Neither Support Nor O At this meeting are you representing an or		n yourself: Yes No
(If you answered "no," STOP; you need to of who you represent and go on to the next Name, address and telephone number of e	t question.)	n. If you answered "yes," provide the name are representing:
Are you being paid for your representation	1?	☐ Yes ☐ No
Are you appearing as part of your other pa	aid duties for this person or organ	
Information Hearin	ommon Council)5 minutes ng3 minutes3 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, $oldsymbol{S}$ u answered "no" to the qu	T TOP. You need estion, go on to	I not complete the rest of this form, except that you must sign the next question.)
If you are being that:	ng paid for your representa	ation, or if you	r appearance is part of other paid duties, please be advised
1.	Before you engage in lobb with the City Clerk.	bying as a lobb	yist, 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 of period (half year), the principal remainder of the calendar	rincipal must f	re than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
(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.)			
Date4	.10.12	Signature	Micah B. Hahn
]	Print Name	Micah B. Hahn



Date: 4/10/2012

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE			
Agenda No. 5 Zoning Change	PLEASE PRINT NAME CLEARLY Name Northern Ottinger Address 1233 E. Mifflin St. Madison WZ 53703			
Please check one:	AND Please check:			
 Support □ Oppose □ Neither Support Nor Oppose 				
(If you answered "no," STOP ; you need no of who you represent and go on to the next	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 your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	_ _			
Information Hearing	nmon Council)5 minutes 3 minutes3 minutes			

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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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	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 <u>4/10</u>	Print Name Nathan Ottinger				



Date:	4/10/12

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Co	uncil	
_		COMMITTEE		· ·
Please Print		PLEASE I	PRINT NAME CLEAR	RLY
Agenda No	5 O feet	NameAddress	Nathan Vignali 1213 E Mifflin Nadisən W	1 5t II 53203
Please check of	ne:	AND	Please check	
Support			Do not w	vish to speak
Oppose				
Neither S	upport Nor Op	pose		
(If you answered "no, of who you represent	and go on to the next q	t complete the rest of uestion.)		☐ Yes ☑ No red "yes," provide the name g:
Are you being paid fo	r your representation?			☐ Yes XNo
	part of your other paid "STOP; you need not			☐ Yes No red "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 r	ninutes	

		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.)				
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at a clerk Clerk's Office at the Clerk				
Date _	4/10,	Signature Nathan Vignali				

Date: 10 APR 2010



DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil
Please Print		
	PLEASE F	PRINT NAME CLEARLY
-	Name	KEN ADAMS
Agenda No	Address	415 WALTON PC
		MADICON
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor Op	nosa	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest of nuestion.)	this form. If you answered "yes," provide the nam
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	n or organization? Yes No rthis form. If you answered "yes," go on to the nex
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3 m	ninutes

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





DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	uncil
Agenda No. 5 Klebba - Wayjh	Name	PRINT NAME CLEARLY Pamela Adams 415 Walton PL Madison WI 53704
Please check one:	AND	Please check:
Support		Do not 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	t complete the rest of	other than yourself: Yes No this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organizat	ion 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.)		or organization?
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3 m	ninutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?						
(If you answer this form. If yo	(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	Signature					
	Print Name					



Date: 4771/2, 2012

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement - ַ	Common Co	uncil	
Agenda No. 5	effer)	PLEASE P Name Address	PRINT NAME CLEA James Si 111 N. Fran- Hadison, 1	teakley
Please check o	ne:	AND	Please chec	k:
SupportOpposeNeither S	upport Nor Op	pose	△ Do not	wish to speak
(If you answered "no, of who you represent	ou representing an organ " STOP; you need not and go on to the next que ephone number of each	complete the rest of uestion.)	this form. If you answ	vered "yes," provide the nam
	part of your other paid			☐ Yes ☐ No ☐ Yes ☐ No vered "yes," go on to the nex
Speaking Limits:	Public Hearing (Coming Information Hearing Other Items	3 m	ninutes	

	who is appeari	ing solely on behalf of your office or for your municipality or 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.)					
ng paid for your represen	tation, or if yo	our appearance is part of other paid duties, please be advised			
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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.)					
. 12,2012-	Signature Print Name	James Stealeley James Steatley			
	ental body? ed "yes" to the question, u answered "no" to the question and paid for your representation. Before you engage in lowith the City Clerk. Your principal is not performed to the calendation of the calendation the City Clerk's website.	ed "yes" to the question, STOP. You need understand "no" to the question, go on any answered "no" to the question, go on any and paid for your representation, or if you before you engage in lobbying as a lob with the City Clerk. Your principal is not permitted to authout City Clerk. If your principal spends or will owe may period (half year), the principal must remainder of the calendar year? the City Clerk's website www.cityofm the City-County Building, Madison, for many control of the City-County			



DO NOT WISH TO SPEAK FORM

Date: _

CITY OF MADISON

Registration Statement -	Common C	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No. 500 foot sule	Name _Address _	CAROL WELDER 1237 E DAYTON ST MADISON
Please check one:	AND	Please check:
Support		Do not 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 tuestion.)	t of this form. If you answered "yes," provide the nam
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 Tson or organization? Yes No t of this form. If you answered "yes," go on to the nex
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	3 minutes

(SEE BACK)

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?						
(If you answere this form. If yo	(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 bein that:	ng paid for your represen	ntation, or if yo	ur appearance is	part of other pa	id duties, p	lease 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?					
(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	10 2012	Signature Print Name	Carel	(Leide WELDE	1	



Date: 4/10/12

DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common Committee	ouncil
Please Print			
		PLEASE	PRINT NAME CLEARLY
y	and the second second	Name	GARY TIPLER
Agenda No.		Address _	807 JENKER ST.
Please check of	one:	AND	Please check:
Support			Do not wish to speak
Oppose			
Neither S	Support Nor Op	pose	
(If you answered "no of who you represent	and go on to the next q	t complete the rest o nuestion.)	other than yourself: Yes No f this form. If you answered "yes," provide the name tion you are representing:
Are you being paid for	or 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 of	n or organization?
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 1	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 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?			
(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	
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DO NOT WISH TO SPEAK FORM

Registration Stat	ement - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. <u>#5</u>	Name <u>Samuel Stevenson</u> Address <u>406 E. Wushington Ave. 44</u> Malison, W 537703
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
	ing an organization or a person other than yourself: Yes No ou need not complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone num	nber of each person or organization you are representing:
Are you being paid for your repre	esentation?
	other paid duties for this person or organization? Yes No ou need not complete the rest of this form. If you answered "yes," go on to the next
Informati	aring (Common Council)5 minutes on Hearing

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 o	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.)		
If you a that:	ire bein	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.		
	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 _	4/10/	Signature Samuel & Stevenson Print Name Samuel & Stevenson		



DO NOT WISH TO SPEAK FORM

Registrati	ion Statement	Common Co	ouncil	
Please Print			PRINT NAME CLE	ARLY
Agenda No	5	Name _ Address _	Gall A.K 2339 Wes Madison	lein + Lawn Ave. 1, Wl 53711
Please check or	ne:	AND	Please chec	ek:
Support Oppose			Do not	t wish to speak
Neither S	upport Nor Opp	oose		
(If you answered "no, of who you represent	ou representing an organ "STOP; you need not and go on to the next que phone number of each	complete the rest o uestion.)	f this form. If you ansv	☐ Yes ☑ No wered "yes," provide the name
Are you being paid for	r your representation?			Yes No
	part of your other paid on " STOP; you need not			Yes No No wered "yes," go on to the nex
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3	minutes	

	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?				
(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:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised				
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
(Please go 1 Room 103 of	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:			
DO	NOT	WISH	TO	SPEAK	FORM		

CITY OF MADISON

	CITY OF MADISON	
Registration Statement -	Common Council	
Please Print Agenda No.	PLEASE PRINT NAME CLE Name Address 451 No Fer Madis m	Va IIner
Please check one:	AND Please che	eck:
Support	Do no	ot 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 question of who you represent and go on to the next question of a company of the property of the company of the comp	t complete the rest of this form. If you ans ruestion.) h person or organization you are represen	swered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid	duties for this person or organization?	☐ Yes ☐ No

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

question.)

Speaking Limits:

	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 ar this form	nswere . If yoı	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 ar that:	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 Room 10	go to 3 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)				
Date	4/1	Signature Distriction Signature				
	1	Print Name David Wallner				



Date: 1/10/2012

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name GEORGE SKUPNIEWICZ Address 2339 WEST LAWN AVE MADISON WI 53711
Please check one:	AND Please check:
Support□ Oppose□ Neither Support Nor Oppose	Do not wish to speak
(If you answered "no," STOP ; you need no of who you represent and go on to the next	ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question.) ch person or organization you are representing:
Are you being paid for your representation	?
Are you appearing as part of your other pai (If you answered "no," STOP ; you need no question.)	d duties for this 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

	tre you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?						
	ered "yes" to the question, 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						
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)						
Date	Signature						
	Print Name						

Date: 04/10/12



DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	COMMITTEE	ouncil		**
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No		Name _ Address _	DANIEL NOR 1107 SHELM MADISON WI	IAN AVENUE	
Please check or	ie:	AND	Please chec	ek:	
Support			Do not	t wish to speak	
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent a	" STOP; you need no and go on to the next	ot complete the rest of question.)	n other than yourself: of this form. If you answation you are represent	wered "yes," prbvide ti	he name
Are you being paid for	your representation?	?		Yes No	
Are you appearing as partial (If you answered "no, question.)	part of your other paid "STOP; you need no	d duties for this pers ot complete the rest	on or organization? of this form. If you ans	Yes No wered "yes," go on to	the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	g3	minutes		

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

Date: 04.10.12



DO NOT WISH TO SPEAK FORM

Registration	on Statement -	Common Committee	ouncil	A STATE OF THE STA	
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No.)	NameAddress	Nadia S 1107 Sherr Madisan	, ^ *	je 63703
Please check on	e:	AND	Please chec	ek:	
Support			Do not	t wish to s	speak
Oppose					
Neither Su	ipport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent at Name, address and tele	' STOP; you need no nd go on to the next o	t complete the rest of question.)	of this form. If you answartion you are represent		No provide the name
					M.N.
Are you being paid for				Yes	No
Are you appearing as p (If you answered "no," question.)				☐ Yes wered "yes,"	
	Public Hearing (Con Information Hearing Other Items	;3	minutes		

	,
Are you an elother 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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	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	O·12 Signature Add Smith



Date: 4/10/17

DO NOT WISH TO SPEAK FORM

Registration	on Statement -	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME C	LEARLY	
Agenda No	-500 C+	Name	Zach Le 38 Fast Madis	eauy wellst	B. 53704
Please check or	ie:	AND	Please cl	heck:	
Support Support		Nacional Control Con	Do ı	not wish to s	peak
Oppose					
Neither St	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent of Name, address and tele	" STOP; you need no and go on to the next o	t complete the rest o question.)	f this form. If you d	answered "yes," p	No Provide the name
Are you being paid for Are you appearing as p	•	duties for this perso	on or organization?	☐ Yes	□ZŃo ✓ No
(If you answered "no, question.)				answered "yes,"	go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		

		lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	ı are be	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?
		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 _.	4/1	Signature Print Name 2ach Geary

Date: 04/10/2012



DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	COMMITTEE			
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No.	-500ft	Name A Shley Leavy Address 38 Farmel St Unit B Madisan WI 53704			
Please check or	ne:	AND	Please chec	ek:	
Support			_ Do not	t wish to speak	
Oppose					
Neither S	upport Nor Op	pose			
of who you represent of	" STOP; you need no and go on to the next o	t complete the rest question.)	n other than yourself: of this form. If you answart ation you are represent	Yes No No wered "yes," provide the n	vame
Are you being paid for Are you appearing as (If you answered "no.	part of your other paid	l duties for this pers		Yes No Yes No wered "yes," go on to the	next
question.) Speaking Limits:	Public Hearing (Con Information Hearing Other Items	nmon Council)5	minutes minutes		
	Office rollis		iiiiiiutos		

	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?					
100	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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, –	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 04/	Signature ASWey Eggy Print Name ASWey Eggy					



Date: 4/10/12

DO NOT WISH TO SPEAK FORM

Registration Statement -		COMMITTEE	ouncil	
Please Print		PLEASE	PRINT NAME CLEARLY	
Agenda No5		Name	Jack Buchanan 1233 E Mifflin St Malison, WI 53703	
Please check or	ne:	AND	Please check:	
Support Support			Do not wish to speak	
Oppose				
Neither S	upport Nor Op	ppose		
(If you answered "no, of who you represent	" STOP; you need no and go on to the next	ot complete the rest of question.)	n other than yourself: Yes No of this form. If you answered "yes," provide the name tation you are representing:	ne
				<u> independent</u>
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	d duties for this person ot complete the rest of	son or organization? Yes No of this form. If you answered "yes," go on to the ne	?X?
Speaking Limits:		mmon Council)5 g3	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 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:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised				
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)				
Date 14/1	O/2 Signature Touch Olocal A				



Date:	4/10/12	

DO NOT WISH TO SPEAK FORM

Registration	on Statement	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No		Name _ Address _	JOSEPH F 1304 JEN, MADISON,	SEPH P. SCHMITT 04 JENIFER ST 4-0150N, W/ 58703	
Please check on	e:	AND	Please chec	k:	
Support			Do not	wish to speak	
Oppose					
Neither Su	ipport Nor Opp	ose			
(If you answered "no,"	nd go on to the next qu	complete the rest of estion.)	f this form. If you answ	vered "yes," provide the no	іте
Are you being paid for	your representation?			Yes No	
Are you appearing as p (If you answered "no," question.)				Yes No Wered "yes," go on to the n	ıext
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3	minutes		

-	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipa 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 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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	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
•	_	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date _		Signature			
		Print Name			



Date: 10 14pril 2012

DO NOT WISH TO SPEAK FORM

Registratio	on Statement	COMMITTEE	ouncii		
Please Print		PLEASE	PRINT NAME CLE	EARLY	
Agenda No.		Name Patrick Heck Address 123 W Blownt St #303 Madison, WF 53703			
Please check on	e:	AND	Please che	eck:	
Support			Do no	ot wish to sp	oeak
Oppose					
Neither Su	pport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent at Name, address and tele	STOP; you need not nd go on to the next q	complete the rest of uestion.)	f this form. If you an.	swered "yes," pr	☑ No rovide the name
Are you being paid for Are you appearing as p (If you answered "no," question.)	art of your other paid	duties for this person complete the rest of	on or organization? f this form. If you an	☐ Yes	☑ No ☑ No oo n to the next
. •	Public Hearing (Com Information Hearing. Other Items	3	minutes		

	e you an elected official or employee who is appearing solely on behalf of your office or for your municipality or er governmental body?						
		d "yes" to the question, answered "no" to the q		ed not complete the rest of this form, except t to the next question.)	hat you must sign		
If you are that:	e bein	g paid for your represen	ntation, or if yo	our appearance is part of other paid duties, I	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 websit City-County Building, I		<u>nadison.com/clerk/index.html</u> or go to the (nore information.)	Clerk's Office at		
Date _ 🗽	3 KQ	Nos /	Signature	Ed a leaf			
			Print Name	Patrick W. Heck			



Date:	
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DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Co	uncil		
Please Print Agenda No		PLEASE PRINT NAME CLEARLY Name Andrew Waugh Address 1213 Fast Mifflin			Tin
Please check on	ne:	AND	Please chec	k:	
Support			Do not	wish to s	speak
Oppose					
At this meeting are you (If you answered "no,	upport Nor Opp u representing an organ "STOP; you need not a und go on to the next qu	ization or a person complete the rest of		☐ Yes vered "yes,"	No provide the name
Are you being paid for	•			☐ Yes	ĎNo
	part of your other paid on the state of your need not be stated as the state of the			∐ Yes vered "yes,"	⊠No go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3 n	ninutes		

Are you an ele		e who is appea	ring solely on behalf of your office or for your municipality or Yes No	
	ed "yes" to the question, u answered "no" to the c		red not complete the rest of this form, except that you must sign to the next question.)	
If you are beir that:	g paid for your represe	ntation, or if y	our appearance is part of other paid duties, please be advised	
1.	Before you engage in lowith the City Clerk.	obbying as a lo	bbyist, 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.	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
	the City Clerk's websi e City-County Building,		madison.com/clerk/index.html or go to the Clerk's Office at more information.)	
Date 4/1	3/12	Signature	metraw Warigh	
,		Print Name	Andrew Waugh	



Date: _	
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DO NOT WISH TO SPEAK FORM

Registration Statemer	nt - Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 5	Name Name Address 1318 EMIFFUN ST MADISON, WI S3703
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	•
	organization or a person other than yourself: Yes No od not complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of	f each person or organization you are representing:
	ion?
Speaking Limits: Public Hearing Information Hea	(Common Council)5 minutes aring

		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 a unswered "no" to the question, go on to the next question.)			
If you a that:	re bein	g paid for your representation, or if your appearance is part of other paid duties, please be advised			
1	l.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
2	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3		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 Print Name TOSEPH P. HOE			





Date: April 10 2012

DO NOT WISH TO SPEAK FORM

Registration	Statement - Co	ommon Co	ouncil		
Please Print Agenda No		Name _	PRINT NAME CLEA Beth Luckt 3205 James S Madison Wi	84	
Please check one:		AND	Please chec	k:	
Support			Do not	wish to sp	peak
Oppose					
Neither Supp	ort Nor Oppose	9			
At this meeting are you repair (If you answered "no," ST of who you represent and go Name, address and telephone	OP; you need not compgo on to the next question	olete the rest on.)	of this form. If you answ	vered "yes," pi	No rovide the name
Are you being paid for you	ur representation?			Yes	No
Are you appearing as part (If you answered "no," ST question.)	of your other paid duties OP; you need not comp	s for this pers plete the rest	on or organization? of this form. If you answ	Yes wered "yes," g	No on to the next
Inf	olic Hearing (Common ormation Hearing	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 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 beithat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 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 Cou	ıncil	
Please Print		PLEASE P	RINT NAME CLEARL	_Y
Agenda No.		Name	Cho Yang 312 S. Dickinson Madison WI S	
Please check or	ne:	AND	Please check:	
Support			☑ Do not wi	ish to speak
Oppose				
Neither S	upport Nor Opp	pose		
(If you answered "no, of who you represent of	and go on to the next qu	complete the rest of a uestion.)	_	☐ Yes │ No d "yes," provide the name
(If you answered "no, question.)	part of your other paid "STOP; you need not	complete the rest of	this form. If you answere	Yes X No Yes X No d "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing). Other Items	3 m	inutes	

Are you an elected other governmenta	official or employee who is appearing solely on behalf of your office or for your municipality or l body?			
	yes" to the question, STOP. You need not complete the rest of this form, except that you must sign aswered "no" to the question, go on to the next question.)			
If you are being p that:	aid for your representation, or if your appearance is part of other paid duties, please be advised			
	fore you engage in lobbying as a lobbyist, you or your principal must file an authorization h the City Clerk.			
	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
per	your principal spends or will owe more than \$1,000 for lobbying services in any reporting iod (half year), the principal must file expense statements with the City Clerk for the nainder of the calendar year?			
	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ity-County Building, Madison, for more information.)			
Date4.10 : 12	Signature ,			
	Print Name Cho Yang			



Date! 10/12

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Co	uncil		
Please Print			PRINT NAME CLEA	ARLY	
Agenda No.)	Name 1	Devid Hol 37976rouse Oregon, Wi	Mister tteven Rd 53875	
Please check o	ne:	AND	Please check	k:	
Support Oppose			Do not	wish to speak	
	Support Nor Op	pose			
(If you answered "no	ou representing an organ ," STOP; you need not and go on to the next qu	complete the rest of	other than yourself: this form. If you answe	☐ Yes ፟ No ered "yes," provide	the name
Name, address and te	lephone number of each	n person or organizat	ion you are representin	ıg:	
Are you being paid fo	r your representation?			☐ Yes 🖾 No	
Are you appearing as (If you answered "no, question.)	part of your other paid of "STOP; you need not	duties for this person complete the rest of	or organization? this form. If you answe	Yes Moered "yes," go on to	the next
Speaking Limits:	Public Hearing (Communication 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 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 that:	e bein	g paid for your representation, or if your appearance is part of other paid duties, please be advised			
1.		Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
2.		Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.		If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(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	1/10/	Signature Print Name Devid Hollister			

Date: ______



DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Cou	uncil	
Please Print	PLEASE P	PRINT NAME CLEARLY	
Agenda No.	Address	Ben Feifarek OI S. Maynette st. Mad3on, WI 53704	
Please check one:	AND	Please check:	
Support		Do not 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 of t question.)	this form. If you answered "yes," provide the no	ате
Mutt Feiferek	608-403-5	432	
Mutt Feifurek 1472 Talmage St			
Maddon, WI 53704			
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.)		or organization?	ıext
Information Hearing	nmon Council)5 m 3 m	ninutes	

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you 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
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go to Room 103 of	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: _____



DO NOT WISH TO SPEAK FORM

Registration	on Statement - ₋	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No		Name _ Address _	Ben Feifer 201 S. Mary Madison, W	ek 10th 31 53704	٢.
Please check on	e:	AND	Please chec	ek:	
Support Oppose			Do not	wish to s	peak
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 q	nization or a person complete the rest on uestion.)	of this form. If you answ	vered "yes," p	No provide the name
Are you being paid for Are you appearing as pa (If you answered "no," question.)	art of your other paid			☐ Yes ☐ Yes wered "yes,"	☐ No ☐ No 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?		
(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	
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	



DO NOT WISH TO SPEAK FORM

Date: ___

CITY OF MADISON

Registra	tion Statement -	Common Co	uncil	
Please Print Agenda No.		PLEASE F Name Address	PRINT NAME CLEARLY A'SA MARINE 853 E. John	son St, H
Please check of	one:	AND	Please check:	
☐ Support☐ Oppose			Do not wish t	o speak
Neither !	Support Nor Op	ppose		
(If you answered "no of who you represen	t and go on to the next o	t complete the rest of question.)	other than yourself:	
Are you being paid f	or your representation?		☐ Yes	s No
	s part of your other paid o," STOP; you need no		n or organization? Yes this form. If you answered "ye.	
Speaking Limits:		nmon Council)5 n		

(SEE BACK)

		elected official or employee who is appearing solely on behalf of your office of mmental body?	or for you	ur municipality or No
(If you this for	answer rm. If yo	wered "yes" to the question, STOP. You need not complete the rest of this form, If you answered "no" to the question, go on to the next question.)	, except i	that you must sign
If you that:	are beir	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 fit with the City Clerk.	le 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 spends or will owe more than \$1,000 for lobbying service period (half year), the principal must file expense statements with the remainder of the calendar year?	es in any City Cle	reporting rk for the
(Pleas Room	e go to 103 of th	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go of the City-County Building, Madison, for more information.)	to the	Clerk's Office at
Date _	10.	O Appril 12 Signature Print Name ISA MARINO	2	



Date: 4/10/2012

DO NOT WISH TO SPEAK FORM

Registration Statemer	nt - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name BOYCE JOHNSON Address 416 W. DOTY ST HZE
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor	Oppose
(If you answered "no," STOP; you need of who you represent and go on to the results.	organization or a person other than yourself: Yes No Not 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? Yes No
	paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	(Common Council)5 minutes aring

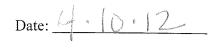
•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?		
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)		
If you are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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		



DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	uncil		
Please Print Agenda No5			PRINT NAME CL MARLC GA 733 E.C Madison		7075
Please check or	ne:	AND	Please cho		
SupportOpposeNeither St	apport Nor Opp	ose	∑ Do no	ot wish to s	speak
(If you answered "no, of who you represent a	a representing an organical representing an organical strains of the next quantity of each phone number of each	complete the rest of estion.)	this form. If you an	nswered "yes," [
	your representation? art of your other paid d 'STOP; you need not o			☐ Yes ☐ Yes nswered "yes,"	No No go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3 r	ninutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?		
	red "yes" to the question, 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	
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)	
Date <u>3/16</u>	Signature MARIC GALLS	





DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name ROBT. A. CARPENTER Address 313 KEDZIEST. #4 MADISON, WI. 53 FOT
Please check one:	AND Please check:
☐ Support☐ Oppose	Do not wish to speak
Neither Support Nor O	ppose
(If you answered "no," STOP ; you need not who you represent and go on to the next	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name of question.) ach person or organization you are representing:
Are you being paid for your representation. Are you appearing as part of your other pa (If you answered "no," STOP; you need no question.)	
Information Hearin	ommon Council)5 minutes ag

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