

Date: 4/17/12

WISH TO SPEAK FORM

Registration Statement -	Common C	Council	***		-
Please Print	COMMITTEE	E PRINT NAI	WE CLEARLY	,	
Agenda No96	Name Address	Alten 2930 Madis	Barko Barlou on, Wi	ff v St. 53705	
Please check one:	AND	Pleas	se check:		
Support			Wish to S	peak	
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 uestion.)	t of this form. Is	f you answered	Yes .Æ No "yes," provide th	ne name
Are you being paid for your representation?	υ·			Yes 🔁 No	
Are you appearing as part of your other paid (If you answered "no," STOP ; you need not question.)	*	_	T	Yes No "yes," go on to t	the next
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items	•••••	3 minutes			

	REGIONATION OF A LIGHT			
Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
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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	7/9/2 Signature allen Barkoff Print Name Allen Barkoff			



Date:	_
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CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	Name Address	The Wolf Marison Wi
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next. Name, address and telephone number of each	ot complete the 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 (Cor Information Hearing Other Items	<u> </u>	3 minutes

(SEE BACK)

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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Date _	The second secon	Signature Christing Wolf



Date: 4-17-2012

WISH TO SPEAK FORM

Registratio	n Statement	COMMITTEE	ouncil			_
Please Print Agenda No.	7	PLEASE Name Address	PRINT NA	ME CLEARLY		
Please check on	e:	AND	Plea	se check:		
Support				Wish to Sp	oeak	
Oppose			•			
Neither Su	pport Nor Opp	pose				
At this meeting are you (If you answered "no," of who you represent are Name, address and telep	STOP; you need not and go on to the next qu	complete the rest uestion.)	of this form. I	If you answered "	Yes	
	-					
Are you being paid for	your representation?				Yes ⊠″No	
Are you appearing as pa (If you answered "no," question.)					Yes ∑No "yes," go on to	
	Public Hearing (Comi Information Hearing Other Items		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?		
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Date	Signature		
	Print Name		



	4/17/17	
Date:	1////	

Registration Statement	- Common C	ouncil			
Please Print Agenda No.	PLEASE Name Address	EPRINT NAME CL Stephen 15 vníver Madísa	BUNG	VSES	
Please check one:	AND	Please ch	eck:		
Support		Wis Wis	h to Speak	-	
Oppose			•		
Neither Support Nor C	ppose				
At this meeting are you representing an or (If you answered "no," STOP ; you need of who you represent and go on to the next Name, address and telephone number of each	not complete the rest ct question.)	of this form. If you as	nswered "yes,"	☐ No provide the	[,] name
	· ·				
Are you being paid for your representation	n?		☐ Yes	□No	
Are you appearing as part of your other part (If you answered "no," STOP; you need question.)			☐ Yes nswered "yes,"	No .' go on to th	ie next
Information Heari	ommon Council)	3 minutes			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?		
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Date	Signature		
	Print Name		



Date:	

CITY OF MADISON

Registration Statement	Common C	Council	
Please Print Agenda No	Name	E PRINT NAME CLEARLY Jeremy Evenson 1307 S Thempson	
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 uestion.)	t of this form. If you answered "yes," provide the nan	ne
Are you being paid for your representation?		Yes No	
Are you appearing as part of your other paid (If you answered "no," STOP ; you need not question.)	~	rson or organization? Yes No to this form. If you answered "yes," go on to the ne	xt
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 or other governmental body?			
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Data	Signature		
Date	Signature Print Name		



Date:	
I ME	
Date.	

Registration Statement	COMMITTEE	Council	
Please Print Agenda No.	PLEASE Name Address	EPRINT NAI ACCI COCI	MECLEARLY POOD MORGA PLY MADISC E WASHFUOTOR
Please check one:	AND	Pleas	se check:
Support			Wish to Speak
Oppose			
Neither Support Nor Opp	oose		
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each and the standard of the stan	complete the rest uestion.)	of this form. If	fyou answered "yes," provide the name
Are you being paid for your representation?			☐ Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			
Speaking Limits: Public Hearing (Communication 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 nental body?				
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Date	Signature Print Name HAROLD MOBAU				



Date:	

Registration Statement -	COMMITTEE	ouncil		
Please Print	PLEASE	PRINT NA	ME CLEARLY	
Agenda No. 96	NameAddress	WILL 506 E MADISC	Okilbek Invastington On	
Please check one:	AND	Plea	ase check:	
Support			Wish to Speak	
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each OCCUPY MADISON	ot complete the rest question.)	of this form.	If you answered "yes," provide the nam	!e
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 pers			ĸt
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g3	3 minutes		

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Date 1/7/19 Signature DAM Inches			



Date:

Registration Statement -	Common C	Council	
Please Print	PLEASE	E PRINT NAME CLEARLY	
Agenda No. <u>Ale</u>	Name Address	Jen Thompson 1209 Gilson 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 no of who you represent and go on to the next of Name, address and telephone number of each of the company of the comp	t complete the rest question.)	t of this form. If you answered "yes," pr	□ No ovide the name
Are you being paid for your representation?		_ (No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question.)	I duties for this per to to the rest		
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes	

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Date 4	Signature Jen Print Name		



Date:	
Date:	

Registration Statement	- Common C	Council
Please Print	PLEASI Name	FRINT NAME CLEARLY Anders Zanichkowsky
Agenda No. 16 Address 221 N Few St. #2 Madison, W1 53703		
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor O	ppose	
At this meeting are you representing an organ (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 resi 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 pa (If you answered "no," STOP; you need no question.)		rson or organization? Yes No t of this form. If you answered "yes," go on to the next
	ommon Council)	3 minutes

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Date	Signature	
	Print Name	



Date: // /2

WISH TO SPEAK FORM

Registration Statemen	t - Common C	ouncil
Please Print Agenda No.	PLEASE Name – Address	EPRINT NAME CLEARLY Dave Carry 645 Skyllew Pl. #10 Manicad Lill 537/
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor	Oppose	
At this meeting are you representing an (If you answered "no," STOP; you need of who you represent and go on to the no Name, address and telephone number of	l not complete the rest ext question.)	of this form. If you answered "yes," provide the name
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.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Information Hear	Common Council)	3 minutes

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Date	Signature		
	Print Name		



Date:	
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Registration Statemen		ouncil
Please Print	COMMITTEE PLEASE	PRINT NAME CLEARLY
Agenda No. 96	Address	ONNIEGALMER SMALLE 1533 COMANCHE GLEN MAOTVON, WI 53704
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor	Oppose	
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Date	Signature			
	Print Name			



Date: 4 2

WISH TO SPEAK FORM

Registration Sta	tement - Common Committee	ouncil
Please Print Agenda No.	PLEASE Name Address	PRINT NAME CLEARLY Brende Konkel 30 W Hancock Medism W
Please check one:	AND	Please check:
Support		Wish to Speak
☐ Oppose☐ Neither Support	t Nor Oppose	
(If you answered "no," STOP ; of who you represent and go on	•	f this form. If you answered "yes," provide the name
Are you being paid for your rep	resentation?	☐ Yes ☐ No
	ur other paid duties for this perso you need not complete the rest of	on or organization? Yes No of this form. If you answered "yes," go on to the next
Informa	Hearing (Common Council)5 tion Hearing	minutes

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Date	Signature		
	Print Name		



Date:	4	- /	7	12	

Registration Statement -	COMMITTEE	ouncil
Please Print Agenda No.		PRINT NAME CLEARLY Brent Welson Occupy Mad.
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 quality Name, address and telephone number of each	t 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 not question.)		on or organization? Yes No If this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3	minutes

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Date 4	-17-12 Signature B) 1 2 000			
	Print Name Brentheleon			



Date: 4 - 17 - 12

WISH TO SPEAK FORM

Registratio	n Statement	Common C	Council
Please Print Agenda No		PLEASE Name Address	EPRINT NAME CLEARLY Barbara Vedder 2314 E Dayton St Madison 53704
Please check on	e:	AND	Please check:
Support Oppose			Wish to Speak
Neither Su	pport Nor Opp	ose	
of who you represent ar	STOP; you need not and go on to the next qu	complete the rest lestion.)	on other than yourself: Yes No of this form. If you answered "yes," provide the name zation you are representing:
A WARRANCE .		· · · · · · · · · · · · · · · · · · ·	
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Are you appearing as pa (If you answered "no," question.)			rson or organization? Yes No to f this form. If you answered "yes," go on to the next
	Public Hearing (Comr Information Hearing Other Items	••••••	3 minutes

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Date	Signature	
	Print Name	



Date:	
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Registration Statement -	Common C	ouncil
Please Print		PRINT NAME CLEARLY
Agenda No.	Name Address	Harry Richardson 18 Skerman Tev. No. 4 Madison
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor O	ppose	
At this meeting are you representing an orgalized (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest question.)	of this form. If you answered "yes," provide the name
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 rest	son or organization?
Information Hearin	ommon Council)	3 minutes

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Date	Signature				
	Print Name				



Date: 4/17/2012

WISH TO SPEAK FORM

Registration Staten	nent - Common Co	ouncil	
Please Print Agenda No		PRINT NAME CLEARLY Anneliese Émerson 5137 Whitcomb Dr Madison	
Please check one:	AND	Please check:	
Support		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 to Name, address and telephone numb	need not complete the rest of the next question.)	of this form. If you answered "yes," provide the na	'me
	· · ·		
Are you being paid for your represe	ntation?	☐ Yes ☐ No	
Are you appearing as part of your of (If you answered "no," STOP; you question.)		son or organization? Yes No of this form. If you answered "yes," go on to the no	ext
Information	ing (Common Council)5 Hearing	3 minutes	

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
(If you answer this form. If yo	red "yes" to the question, 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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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			



Date: 4/17/2012

WISH TO SPEAK FORM

Registration Statement	t - Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Enk Paulson Address 6/6 E Daylor 57 #7 Mad 53703
Please check one:	AND Please check:
Support	Wish to Speak
Oppose	
Neither Support Nor C	Oppose
(If you answered "no," STOP ; you need of who you represent and go on to the ne.	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.) each person or organization you are representing:
	· · · · · · · · · · · · · · · · · · ·
Are you being paid for your representation	on?
	paid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council)5 minutes ing

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answe this form. If y	red "yes" to the question, 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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(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	17	L	12	

Registration Statement -	Common C	<u>ouncil</u>	WY and the second secon	
Please Print		PRINT NA	ME CLEARLY	
Agenda No		Tina O: Madisa	Suocha n 53713	
Please check one:	AND	Plea	ise check:	
Support		\boxtimes	Wish to Speak	
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest ruestion.)	of this form.	If you answered "yes," provide the nan	ne
·				
Are you being paid for your representation?			Yes No	
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question.)	-			xt
Speaking Limits: Public Hearing (Com Information Hearing Other Items		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 the City-County Building, Madison, for more information.)
Date <u>4/</u> -	7/12 Signature A
	Print Name // Ina USUOCha



Date:	4-17-12	

WISH TO SPEAK FORM

Registration Statement -	Common C	Council
	COMMITTEE	
Please Print	PI FASE	E PRINT NAME CLEARLY
Agenda No	Name Address	Trina Clemente South Shore Dr Modison 53715
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 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 not question.)		rson or organization? Yes No t of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items		3 minutes

	are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?				
(If you this for	answere m. If you	ed "yes" to the question, u answered "no" to the q	STOP. You need uestion, go on the	ed not complete the to the next question	rest of this form, except that you must sign
If you that:	are bein	ng paid for your represen	ntation, or if yo	our appearance is p	art of other paid duties, please be advised
	1.	Before you engage in lo with the City Clerk.	bbying as a lob	obyist, you or your	principal must file an authorization
	2.	Your principal is not pe City Clerk.	ermitted to auth	norize you to lobby	unless you are registered with the
	3.	If your principal spends period (half year), the remainder of the calendary	principal must	ore than \$1,000 for file expense states	lobbying services in any reporting ments with the City Clerk for the
(Please Room	go to 103 of th	the City Clerk's websit ne City-County Building,	te <u>www.cityofm</u> Madison, for m	<u>nadison.com/clerk/i</u> ore information.)	ndex.html or go to the Clerk's Office at
Date _	4-	17-12	Signature	Duna	Clarente
		•	Print Name	IMA	Clement e



Date: 4//7//2

WISH TO SPEAK FORM

Registration Statement -		ouncil
	COMMITTEE	
Please Print	PLEASE	PRINT NAME CLEARLY
	Name	Mary Ja Welters 137 corry ST.
Agenda No.	Address	137 Corry ST.
	_	Mason, W/ 53704
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.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		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 government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer this form. If yo	red "yes" to the question, 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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



~	
Date:	
L MIC	

WISH TO SPEAK FORM

Registration Stater	nent - Common Committee	ouncil		288.0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Please Print Agenda No	PLEASE Name Address	PRINT NAME CL Patricu 19 1424 Jenif Madisin	ammel er St		
Please check one:	AND	Please ch	eck:		
Support Oppose		Wis	h to Speak		
Neither Support N	or Oppose				
At this meeting are you representin (If you answered "no," STOP ; you of who you represent and go on to Name, address and telephone numbers.	need not complete the rest of the next question.)	of this form. If you ar	swered "yes,"	☑ No provide the no	ame
	· .				
Are you being paid for your represe	entation?		☐ Yes	∑ No	
Are you appearing as part of your of (If you answered "no," STOP; you question.)			Yes Yes	No go on to the r	next
Information	ring (Common Council)5 Hearing3	minutes			

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you that:	are bein	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-	Hiz Signature <u>Pannilun</u>





AVAILABLE TO ANSWER QUESTIONS FORM

Registrati	ion Statement	Common Co	uncil		
		PLEASE I	PRINT CLEARLY		
		Name [BRUCE WALLE	BAUM	
Agenda No	96		1820 RUIDEI		
			MADISON, W	31 5370	oll
Please check of	ne:	AND	Please chec	ek:	
Support			Availal	ole to ansv	wer
Oppose			questio	ons	
Neither S	upport Nor Opj	pose			
(If you answered "no, of who you represent	ou representing an organ organ organ organ or seed not and go on to the next qual or the next qual organ or each	complete the rest of uestion.)	this form. If you ansv	wered "yes," p	∑ No provide the name
					,,
Are you being paid fo	r your representation?			Yes	No 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? this form. If you answ	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Coming Information Hearing.)	3 1			

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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at he City-County Building, Madison, for more information.) Signature
Date	Signature

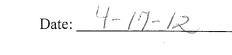
|--|



AVAILABLE TO ANSWER QUESTIONS FORM

Registra	ation Statement -	Common C	Council	
		PLEASE	PRINT CLEARLY	
01		Name	Samuel Noah	· Phillips
Agenda No		Address		
			625 Em Das Medinon, WI	53706
Please check	one:	AND	Please che	
Support	!		Availal	ble to answer
Oppose			questic	
	Support Nor Op	ppose		
(If you answered "n	you representing an org no," STOP; you need no nt and go on to the next	ot complete the rest	n other than yourself: of this form. If you ans	Yes No No wered "yes," provide the name
Name, address and	telephone number of ea	ch person or organiz	zation you are represent	ing:
		Arm to the second se		
		INDUSTRIAL PROPERTY OF THE PRO	***************************************	
Are you being paid	for your representation?	•		Yes No
	s part of your other paid o, "STOP; you need no	-	_	☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Cor Information 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?				
	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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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			
Jaic				
	Print Name			





Registrati	ion Statement -	Common Cou	uncil		
Please Print Agenda No. 16		Name Address //	RINT NAME CLE. OSEMARY I W WILSON 3703	ARLY LEE /	
Please check of	ne:	AND	Please chec		
Support			Do not	wish to sp	oeak
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent	ou representing an orga "STOP; you need not and go on to the next questions of each	t complete the rest of t uestion.)	his form. If you ansv		No rovide the name
Are you being paid for	r your representation?			Yes	☐ No
	part of your other paid " STOP; you need not	-	-	Yes Yes," g	□ No o on to the next
Speaking Limits:	Public Hearing (Com 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?				
	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 the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				



Registra	tion Statement -	Common Co	uncil		
Please Print Agenda No.	76	PLEASE I Name Address	PRINT NAME CLI	EARLY Surle	
Please check of Support Oppose	one:	AND	Please che	eck: ot wish to s	peak
At this meeting are y (If you answered "no of who you represent	ou representing an organo, "STOP; you need not and go on to the next quelephone number of each	nization or a person complete the rest of uestion.)	this form. If you ans	swered "yes," p	□ No provide the name
Are you appearing as	or your representation? part of your other paid "STOP; you need not			☐ Yes ☐ Yes swered "yes," g	☐ No ☐ No go on to the next
Speaking Limits:	Public Hearing (Communication 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?				
(If you answer this form. If yo	vered "yes" to the question, STOP. You need not co you answered "no" to the question, go on to the ne	mplete the rest of this form, except that you must sign xt question.)			
If you are beithat:	being paid for your representation, or if your appearance	arance is part of other paid duties, please be advised			
1.	Before you engage in lobbying as a lobbyist, yo 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 permitted to authorize yo City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
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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 4-17-17 Signature Print Name DANINE BURKE					



Date:	

Registrati	on Statement	Common Cour	ncil	
Please Print Agenda No	46	PLEASE PR Name Address	EINT NAME CLEA PERICE ME HOMELES	RLY Cayale
Please check or	ne:	AND	Please check	α:
Support			Do not	wish to speak
Oppose				
Neither S	upport Nor Opp	ose		
(If you answered "no,	ou representing an organ "STOP; you need not and go on to the next qu	complete the rest of th	_	☐ Yes ☐ No ered "yes," provide the name
Name, address and tel	ephone number of each	person or organization	n you are representing	g:
Are you being paid for	r your representation?	No place to	'x STNU J4 VGO	
	part of your other paid on "STOP; you need not			☐ Yes ☐ No ered "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 mir	nutes	

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
	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		

Date: 4-17-2012



DO NOT WISH TO SPEAK FORM

Registration	n Statement	Common Co	uncil		
Please Print		PLEASE F	PRINT NAME CLE	ARLY	
Agenda No		Name Address	DAUFO Home Le	Morter 155	1564
Please check one	•	AND	Please chec	ek:	
Support Oppose Neither Sup	pport Nor Opj	pose	Do not	wish to sp	peak
At this meeting are you r (If you answered "no," S of who you represent and Name, address and teleph	TOP; you need not digo on to the next qu	complete the rest of uestion.)	this form. If you ansv		No rovide the name
Are you being paid for you	-	duties for this nerson	or organization?	☐ Yes	☑ No
(If you answered "no," S question.)					
In	formation Hearing	mon Council)5 m 3 m	inutes		

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	ed "yes" to the question, u answered "no" to the c		ed not complete the rest of this form, except that you must sign to the next question.)	
If you are bein that:	ng paid for your represe	ntation, or if yo	our appearance is part of other paid duties, please be advised	
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	the City Clerk's websi e City-County Building,		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)	
Date 04-17-2012 Signature DAVID G. Mortensen				





Registratio		Common Col	uncil	· · · · · · · · · · · · · · · · · · ·
Please Print Agenda No.	6	Name	RINT NAME CLE Leland Pan 144 Hawh	EARLY normect #311 -, 63718
Please check one Support Oppose Neither Sup	pport Nor Oppo	AND	Please chec	,
At this meeting are you in (If you answered "no," If you answered "no," If you represent and Name, address and telephone.	STOP; you need not cond go on to the next ques	mplete the rest of t tion.)	this form. If you ansv	wered "yes," provide the nam
question.)	t of your other paid dut	mplete the rest of t	his form. If you ansv	☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the nex
In	formation Hearingther Items	3 mi	inutes	

Are you an elother governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answe this form. If y	red "yes" to the question, 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	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	-17	7/Z	

Registra	tion Statement	Common Co	uncil	
Please Print Agenda No.	6	PLEASE I Name Address	PRINT NAME CLEARL David W 1213 East 1	egh NiAHE
Please check		AND	Please check:	
Support			Do not wi	sh to speak
Oppose		,		
Neither	Support Nor Opp	pose		
(If you answered "n of who you represen	t and go on to the next qu	complete the rest of uestion.)	other than yourself: This form. If you answered tion you are representing:	☐ Yes ☐ No d "yes," provide the name
, ,,	For your representation?			Yes No
	s part of your other paid on, "STOP; you need not		or organization? this form. If you answered	Yes No d "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 r	ninutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?		
	vered "yes" to the question, 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 fifthe City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date:	4/1	17/12	
	7	, , , , , , , , , , , , , , , , , , , ,	

Registrati	ion Statement	Common Co	ouncil	
Please Print		PLEASE	PRINT NAME CLEA	ARLY
Agenda No	<u> </u>	Name	Anne Lyttle 2514 Upham S Maduson, WI) 53703
Please check of	ne:	AND	Please chec	k:
Support Oppose			Do not	wish to speak
	upport Nor Opp			s <u></u>
(If you answered "no,	ou representing an organ "STOP; you need not and go on to the next qu	complete the rest o		∐ Yes
Name, address and tel	ephone number of each	person or organiza	tion you are representing	ng:
Are you being paid for	r your representation?			Yes No
	part of your other paid on "STOP; you need not			Yes No vered "yes," go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3	minutes	

•	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No		
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	Signature		
	Print Name		