

Date: 5-15-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Committee	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No	Name (SOSEMARY LEE III W WILSON 53703
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
☐ Neither Support Nor Op	pose	
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:		
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 pers	son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	3	3 minutes

(SEE BACK)

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



Date: $\frac{5}{5}$ / $\frac{5}{12}$

WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil
	COMMITTEE	
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No	Name _ Address _	WILLIAM GRUBER
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 of question.)	f this form. If you answered "yes," provide the name
	· .	
Are you being paid for your representation?		☐ Yes 🗓 No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question.)		on or organization? Yes No If this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	3	minutes

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No	
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)	
If you are being that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised	
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3.	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)	
Date <u>5-1</u>	Signature SMANUM Print Name WITHAM M CRUBER	



Date: $\frac{5/15/2012}{}$

WISH TO SPEAK FORM

Registration Statement	Common C	ouncil
	COMMITTEE	
Please Print	DIFACE	
	PLEASE	PRINT NAME CLEARLY
18	Name	Lia Vellardita
Agenda No/ 🔾	Address	24 N. Baldwin St.
		Madison W1 53703
	ARTES	א ו וכד
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	nose	
itelifier support itel op	pose	
of who you represent and go on to the next q	complete the rest uestion.) n person or organi	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.)	duties for this per complete the rest	son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes

		ental body?		
(If you at this form	nswere 1. If you	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)		
If you arthat:	re bein	g paid for your representation, or if your appearance is part of other paid duties, please be advised		
-1		Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the Clerk's O		
Date	5/1	Signature Print Name Lia Vellaraita		

Date: 5/15/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE PR	INT NAME CLEA	RLY	
Agenda No/ {	3	Name	Tam es 746 E. (Ropez Forha:	m
Please check the app	propriate box:		Please check the	e appropria	te box:
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to spea Do not wish Available to	to speak	tions
(If you answered "no	ou representing an organization," STOP; you need not compare and go on to the next question	lete the rest of th	ner than yourself: nis form. If you answ	☐ Yes ered "yes,"	No provide the name
Name, address and te	lephone number of each person	on or organizatio	n you are representii	1g:	
Are you being paid fo	or your representation?			Yes Yes	☐ No
	part of your other paid duties," STOP; you need not comp			☐ Yes vered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Common Conformation Hearing	3 mi	nutes		

-	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are 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.
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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: 5/15/17

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name James Report Address 746 E. Furham
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organize (If you answered "no," STOP; you need not coof who you represent and go on to the next quest Name, address and telephone number of each personal telephone number	,
· .	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid dut (If you answered "no," STOP; you need not co question.)	ies for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Commo Information Hearing	3 minutes

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

Date:	

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Richard Premoeter. Address 919 E Dyron 51
Please check the appropriate box:	Please check the appropriate box:
SupportOpposeNeither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organizati (If you answered "no," STOP ; you need not comp of who you represent and go on to the next question	plete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each pers	on or organization you are representing:
	. •
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comp question.)	s for this person or organization? Yes No No volete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common of Information Hearing	3 minutes

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

Date: May 15, 2012



AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement	COMMITTEE	ouncil		· .
	PLEASE PRINT CLEARLY				
Agenda No1 8	3	Name Address	Tom Neujal 168 N. Prospe Madison, WI	nr ed Ave 53726	
Please check	one:	AND	Please che		
⊠ Support			X Availa	ble to ans	wer
Oppose			questi	ons	
	Neither Support Nor Oppose				
(If you answered "no	ou representing an organd on the contract of t	complete the rest	•		☐ No provide the name
<u>-</u>	elephone number of each	-	-	_	
Urban Land In	Acrests, 10 Eas	it Doty Street	, Juite 300, Ma	Lui 5371)3
				1000	
					· · · · · · · · · · · · · · · · · · ·
Are you being paid for	or your representation?			Yes	☐ No
	s part of your other paid of," STOP; you need not			X Yes swered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Coming Information Hearing	3			

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sigr ou answered "no" to the question, go on to the next question.)			
If you are beinthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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	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 May	15,2012 Signature Thomas M. Neujahr Print Name Thomas M. Neujahr			

Date: MAY (5,2012



AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement	- Common Council
J	COMMITTEE
18	PLEASE PRINT CLEARLY Name Name
Agenda No.	Address 150 LAKEWOOD BUD
	MAD(SU, W) 53754
Please check one:	AND Please check:
Support	L Available to answer
Oppose	questions
Neither Support Nor O	ppose
(If you answered "no," STOP; you need to of who you represent and go on to the nex	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name it question.)
105	DOTY 1 ADISAN 11 53703
Are you being paid for your representation	1? UYes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.)	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	ommon Council)5 minutes ng

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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Room 103 of t	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 Print Name Print Name			





AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement - Common Council			
	COMMITTEE		
	PLEASE PR	RINT CLEARLY	
21	Name	CON IN COUNTY OF THE PARTY OF T	
Agenda No.	— Address	(SO CAKEDUO BIUD	
		MHDDM, WIS 19	
Please check one:	AND	Please check:	
Support		Available to answer	
Oppose		questions	
☐ Neither Support Nor	Oppose	, 3	
At this meeting are you representing an (If you answered "no," STOP; you need of who you represent and go on to the need to th	ed not complete the rest of ti	her than yourself:	
Name, address and telephone number of	of each person or organization	on you are representing:	
10 2	Doty.		
MAS) (Sur 18/15	3703	
Are you being paid for your representat	tion?	Yes No	
Are you appearing as part of your other (If you answered "no," STOP; you nee question.)	-	or organization? Yes No his form. If you answered "yes," go on to the next	
	(Common Council)5 min		

•	elected official or employee who is appear nmental body?		r for you Yes	
	wered "yes" to the question, STOP. You ne f you answered "no" to the question, go on		except t	hat you must sign
If you are b that:	being paid for your representation, or if you	our appearance is part of other paid	duties, 1	please be advised
1	Refore you engage in lobbying as a lol	hbvist you or your principal must file	e an aut¹	horization

- 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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(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