Date: Jun 19 2012

#### **CITY OF MADISON**

# **Early Public Comment Registration Statement - Common Council**

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

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 62	Name Elizabeth Wheller Address 37 Merman Ter. #Ce Mudison Wi 53704
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND    Wish to speak   Do not wish to speak   Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP; you need not compof 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	
634 w. Main St., Skite 300	
Madison, WI 53704	
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 comparestion.)	s for this person or organization? X Yes No No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Information Hearing	3 minutes

Are you an el other government		ee who is appea	ring solely on behalf of your office or for your municipality or  Yes No
	red "yes" to the question ou answered "no" to the		eed not complete the rest of this form, except that you must sign to the next question.)
If you are be that:	ing paid for your repres	entation, or if y	your appearance is part of other paid duties, please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lo	bbyist, you or your principal must file an authorization
2.	Your principal is not City Clerk.	permitted to aut	horize you to lobby unless you are registered with the
3.		e principal mus	nore than \$1,000 for lobbying services in any reporting t file expense statements with the City Clerk for the
	o the City Clerk's web. the City-County Building		madison.com/clerk/index.html or go to the Clerk's Office at more information.)
Date un	19,2012	Signature	Elizabeth L. Wrin-
		Print Name	Flizabath Wheeler



Date:
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# WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council	
Please Print	PLEASI		ME CLEARLY
Agenda No. 62	Name Address	2 E	Mefflen Street der 53703
Please check one:	AND	Plea	ise check:
Support			Wish to Speak
<b>Oppose</b>			
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  Where E	ot complete the rest question.) ch person or organi	t of this form.	If you answered "yes," provide the name
Winchest	ion Rd		
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.)			
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes	

	REGISTRATION STATEMENT - PAGE 2
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?
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> 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:	ring 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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Tthe City-County Building, Madison, for more information.)
Date	Signature Michael E Christagler  Print Name Michael E Christageler



Date:	

# **WISH TO SPEAK FORM**

# CITY OF MADISON

Registratio	n Statement	Common C	ouncil		
Please Print			PRINT NA	ME CLEARLY	
Agenda No. 60		Name Address	Dolo 1818 Mao	NES KE Winch	STER ester St
Please check one	e:	AND	Plea	ise check:	
Support			A	Wish to Spe	eak
Oppose					
Neither Su	pport Nor Opp	pose			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not and go on to the next qu	complete the rest uestion.)	of this form.	If you answered "yo	المراسطين
		· ·			
Are you being paid for	your representation?			Y	es No
Are you appearing as pa (If you answered "no," question.)	• -	-	_		
	Public Hearing (Com Information Hearing. Other Items	• • • • • • • • • • • • • • • • • • • •	3 minutes		

(SEE BACK)

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer	red "yes" to the question, <b>STOP.</b> 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: 6.19.2012

# WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil		
Please Print	COMMITTEE			
1 lease 1 lint	PLEASE	PRINT NA	ME CLEARLY	
Resolution #26416	Name	Anneli	iese Emerson	
Agenda No.# 62	Address	5137	Whitcomb Dr	
	-	Me	adison W1 5371	
Please check one:	AND	Plea	ise check:	
Support		X	Wish to Speak	
<b>Oppose</b>				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form.	If you answered "yes," j	No provide the name
·				
Are you being paid for your representation?			☐ Yes	□No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)				No go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	***************************************	3 minutes		

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at



Date: _	6	4	9		٠	
				1		

# WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council	
Please Print	PLEASE	E PRINT NAME CLEARLY	
Agenda No	Name Address	Jim Powell  131) Lake View Are  Madison WI 53704	
Please check one:	AND	Please check:	
<b>Support</b>		Wish to Speak	
<b>Oppose</b>			
Neither Support Nor Op	pose		
At this meeting are you representing an organized (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 the state of the sta	t complete the rest question.) The person or organic	t of this form. If you answered "yes," providing ization you are representing:	
1311 Late View Av			
Madicin W 53704	6	08/2401485	
Are you being paid for your representation?		☐ Yes           Yes          Yes        Yes       Yes	10
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)		rson or organization? Yes X Not of this form. If you answered "yes," go on	
Speaking Limits: Public Hearing (Con Information Hearing Other Items		.3 minutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)		
If you are 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.	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:  $\frac{b//9//2}{}$ 

# WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council	
Please Print  Agenda No	PLEASE Name Address	EPRINT NAME CLEARLY Mar Leve Ha 709 Whee ( Maduson 1	rdele er
Please check one:	AND	Please check:	
Support		Wish to Sp	oeak
<b>Oppose</b>			
Neither Support Nor Op	pose		
At this meeting are you representing an orgalized (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest question.)	t of this form. If you answered '	/
Are you being paid for your representation?	,		Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)			Yes 🙀 No "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	5	3 minutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
(If you this for	(If you answered "yes" to the question, <b>STOP.</b> 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 a	are bein	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 _	Date 6/12 Signature Marlene Handick  Print Name Marlene Handick				



Date:	6	1	0	Ĺ	12
					•

# **WISH TO SPEAK FORM**

Registration Statement -	COMMITTEE	Council	6/19/02
Please Print			
	PLEASE		ME CLEARLY
( )	Name	Maria	Powell
Agenda No. <u>0</u> 2	Address	1311	Lake View Ave
		Mad	130N, WI 53704
Please check one:	AND	Plea	se check:
Support			Wish to Speak
<b>Oppose</b>			
Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest	on other than y	yourself: XYes No If you answered "yes," provide the name
Name, address and telephone number of each	h person or organi	zation you are	e representing:
Midwest Enveronmental	_		~
	> O N ) I / C	Contraction of the contraction o	
- See above			
608-240-1485			
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 (Common Council)5 minutes Information 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?			
		d "yes" to the question, <b>STOP.</b> 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 a that:	re bein	g paid for your representation, or if your appearance is part of other paid duties, please be advised		
	1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
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	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date 6/19/12 Signature Print Name				



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Date:	
LIME	
_ ~~.	

# **WISH TO SPEAK FORM**

Registrat	ion Statement -	COMMITTEE	Council			
Please Print  Agenda No. 62		Name	FRINT NAME CLEA TILLIAN 6409 BRI MADISON,	HUSSE DGERD	#100	2
Please check o	ne:	AND	Please chec			
At this meeting are y	ou representing an orga	nization or a perso	BLIC HEARING 15 ADDRESSED &	☐ Yes	Νο	
of who you represent	and go on to the next q	uestion.)	of this form. If you answ		provide me	nume
Are you appearing as	or your representation? part of your other paid o, " STOP; you need not		son or organization? of this form. If you ansv	☐ Yes ☐ Yes wered "yes,"	□ No □ No ' go on to the	e next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		3 minutes			

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> 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 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: 6/19/12

# **WISH TO SPEAK FORM**

Registration Statement -	Common Co	ouncil
Please Print  Agenda No.	PLEASE Name Address	PRINT NAME CLEARLY  Madeline Jotkowitz  113 Talmadge St  Madison WI S 3704
Please check one:	AND	Please check:
Support		Wish to Speak
<b>Oppose</b>		
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	complete the rest of	other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organiza	ty Board
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need not		Yes No on or organization? Yes No of this form. If you answered "yes," go on to the next
question.)  Speaking Limits: Public Hearing (Com Information Hearing.  Other Items	3	minutes

	NEGO TO TO THE PART OF THE PAR
Are you an ele	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, <b>STOP.</b> 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	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 6	Signature Madeline got Kowitz  Print Name Madeline got Kowitz





Registration Statement -	Common C	ouncil	
Please Print	COMMITTEE		
1 Case I IIII	·	PRINT NAME C	
Agenda No. 62	Name (	R./MORG	RRY ST.
Agenda No6	Address		1
		Madison	53704
Please check one:	AND	Please c	heck:
Support		☐ Wi	sh to Speak
<b>Oppose</b>			
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
		110-1	
Are you being paid for your representation?	ı		Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)			
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	5	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, <b>STOP.</b> 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: 6/19/12

# DO NOT WISH TO SPEAK FORM

Registratio	n Statement	Common Co	uncil		
Please Print		PLEASE F	PRINT NAME CLE	ARLY	
Agenda No. 62		Name Address	Kassie Lang 511 W. John Madison, Wi	son 5 <del>1</del> . I 5370	#306 3
Please check on	e:	AND	Please chec	ek:	
Support Oppose Noither Su	pport Nor Opp	050	o not	t wish to sp	peak
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not on the good on to the next que	complete the rest of estion.)	this form. If you answ		√No provide the name
Are you being paid for	your representation?			Yes	No
Are you appearing as pa (If you answered "no," question.)				☐ Yes wered "yes," g	☐ No go on to the next
]	Public Hearing (Comm Information Hearing Other Items	3 n	ninutes		

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
(If you this for	answere m. If you	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)		
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(Please Room I	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 the City-County Building, Madison, for more information.)		
Date _	6/19	Signature Kassie Lange		
		Print Name Nassic Edito		



Date: 6/19/12

# DO NOT WISH TO SPEAK FORM

Registration S	tatement - Commo	on Council	
Please Print	COMMITTEE		
	PLE	ASE PRINT NAME CLEARLY	
Agenda No	Nam Addr		M.316
Please check one:	AND	Please check:	
Support Support		Do not wish to	speak
Oppose			
Neither Suppo	ort Nor Oppose		
(If you answered "no," <b>STO</b> of who you represent and go	on to the next question.)	person other than yourself: Yes rest of this form. If you answered "yes, reganization you are representing:	
A			
Are you being paid for your i	epresentation?	∐ Yes	∐ No
Are you appearing as part of (If you answered "no," STO question.)	•	s person or organization?  Yes rest of this form. If you answered "yes	
Inform	c Hearing (Common Council) nation Hearing 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 answere this form. If yo	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)	
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(Please go to Room 103 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)	
Date	Signature	
Date	Print Name	



Date:	
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# DO NOT WISH TO SPEAK FORM

Registration St	atement - Common Council	-
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No.	Name TOM TECRETERIES  Address 1912 Atwood Que  Apt 302	ATZ
Please check one:	AND Please check:	
Support	Do not wish to speak	
Oppose		
Neither Suppor	t Nor Oppose	
At this meeting are you represe (If you answered "no," STOP, of who you represent and go of	enting an organization or a person other than yourself: Yes No you need not complete the rest of this form. If you answered "yes," provide the to the next question.)	he name
Name, address and telephone r	number of each person or organization you are representing:	
Are you being paid for your rep	presentation? Yes No	
Are you appearing as part of you (If you answered "no," STOP; question.)	our other paid duties for this person or organization? Yes No you need not complete the rest of this form. If you answered "yes," go on to t	the next
Informa	Hearing (Common Council)5 minutes tion Hearing	

•	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, <b>STOP.</b> 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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	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 19-2012

# DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil
Please Print	COMMITTEE	
	PLEASE	PRINT NAME CLEARLY
1	Name	IRENE TEMPLE
Agenda No.	Address 🚄	WILL LAKE MENOGIA OR
	<u> </u>	MADISON, WI 53786
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor Op	nose	
or the control of	Post	
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 o uestion.)	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," <b>STOP</b> ; you need not question.)		n or organization?
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?
(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 6/19/2012

# DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common Co	uncil	
Please Print		PLEASE F	PRINT NAME CLE	EARLY
Agenda No	2	Address 💍	Michael Rei 5446 Lak Madison	e Mandota Da
Please check of	one:	AND	Please chec	
Support Oppose			Do not	t wish to speak
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	ou representing an orga o, "STOP; you need not and go on to the next quelephone number of each	complete the rest of uestion.)	this form. If you ansv	☐ Yes ☑ No wered "yes," provide the nam ing:
Are you appearing as	or your representation?  part of your other paid  "STOP; you need not	duties for this person complete the rest of	or organization? this form. If you ansv	☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the nex
Speaking Limits:	Public Hearing (Coming Information Hearing Other Items	3 m	inutes	

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(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