Date: 7/17/17

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	PLEA:	SE PRINT NAME CLEARLY
Agenda No.	Name ————————————————————————————————————	EDWARD KUHARSKI 405 SIDNEY ST. 53903
Please check the appropria	ate box:	Please check the appropriate box:
(If you answered "no," STO of who you represent and go	esenting an organization or a per OP; you need not complete the re	Wish to speak Do not wish to speak Available to answer questions rson other than yourself: Pest of this form. If you answered "yes," provide the name
Are you being paid for your	representation?	☐ Yes No
	Your other paid duties for this poly; you need not complete the re	person or organization? Yes No est of this form. If you answered "yes," go on to the next
Infor	te Hearing (Common Council) mation Hearing	3 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 ar that:	e bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
1		Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2		Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3		If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	_	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:	 1	7	-/	2	
	 7				

Registration Statement -	Common C	ouncil
Please Print Agenda No. ###	PLEASE Name Address	PRINT NAME CLEARLY) LID Marinette Trj.
Please check one:	AND	Please check:
Support Oppose		Wish to Speak
☐ 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	n 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 organiz	ation you are representing:
	<i>XV.</i> :	
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 No No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes

	IX.	LOISTINATION	OTATEMENT - TAGE E	
Are you an election		who is appear	ring solely on behalf of your office or for your municipality or Yes No	
(If you answere this form. If you	ed "yes" to the question, u answered "no" to the q	STOP. You new	ed not complete the rest of this form, except that you must sign to the next question.)	
If you are bein that:	g paid for your represen	ntation, or if yo	our appearance is part 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 permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	If your principal spends period (half year), the remainder of the calendary	principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the	
(Please go to Room 103 of th	the City Clerk's websit the City-County Building,	te <u>www.cityofn</u> Madison, for m	nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)	
Date /-/	1-12	Signature	Lyan Johnth	
- p		Print Name		



		1	/	
Date:	7	1/7	112	
			ę .	

Registration Statement -	Common C	Council	
Please Print Agenda No. 40	PLEASE Name Address	Delora Newton Leis E washington Ave Madison Wi 53703	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an 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 All All Made CM	ot 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?	? next
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	ŗ	.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? Yes No			
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
If you are beithat:	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 1/11/12 Signature				
	Print Name Deloka Newth-			



Registration Statement -	Common C	ouncil
Please Print		PRINT NAME CLEARLY
Agenda No.	Name _ Address _	Kenton Peters 155 E. Wilsonst. Madism 53703
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)		on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	<u>,</u>	minutes

Are you an elother governr	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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
(Please go t Room 103 of	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date:	7-1	7-1	2	

Registration Statement -	Common Co	ouncil
	COMMITTEE	
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No	Name _ Address _	Mary Carbine 122 N. Washington Madison 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 not of who you represent and go on to the next quality Name, address and telephone number of each who you represent and go on to the next quality of the state of the sta	t complete the rest of uestion.) h person or organiza	of this form. If you answered "yes," provide the name ation you are representing:
12.7	1	shington # 250
Mak	130 L	JS 53703
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		on or organization? \(\bigcap \) Yes \(\bigcap \) No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or 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 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 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	17-12 Signature // (May) (May)
	Print Name / VIAy Carbino



Date: 17 Vn/y/13

WISH TO SPEAK FORM

Registrati	on Statement	COMMITTEE	Council		
Please Print		PLEASE	E PRINT NAME CLE	ARLY .	
Agenda No. <u>タサク</u>	168(40)	Name Address	JIV Harm	ergien the Tr	r
Please check of	ne:	AND	Please chec	k:	
Support			Wish	to Speak	
Oppose					
Neither S	upport Nor Opp	ose			
(If you answered "no, of who you represent	and go on to the next qu	complete the restuestion.)	on other than yourself: of this form. If you answ zation you are representi		☑No provide the name
		· ·			
Are you being paid fo	r your representation?			Yes	□ No
	part of your other paid of "STOP; you need not		son or organization? tof this form. If you ansv	☐ Yes vered "yes," ,	☐ No go on to the next
Speaking Limits:	Public Hearing (Comr 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?
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are beithat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go to Room 103 of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
-	Print Name



Date: 7/17/12

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil
Agenda No. 40	PLEASE Name Address	PRINT NAME CLEARLY Ledell Zellers 570 XI. Carroll St.
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 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.)	d duties for this person to complete the rest of	on or organization? Yes No of this form. If you answered "yes," go on to the next
	mmon Council)5 g3	minutes

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, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(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:	7-	17-1	7

Registration Statement	- Common C	ouncil		
Please Print Agenda No.	PLEASE Name Address	PRINT NAME (PETER 533 W MADIS	OsTlind J. Main S	7
Please check one:	AND	Please o	check:	
Support		\boxtimes w	ish to Speak	
Oppose				
Neither Support Nor O	ppose			
At this meeting are you representing an or (If you answered "no," STOP; you need rof who you represent and go on to the next. Name, address and telephone number of each	not complete the rest t question.)	of this form. If you	ı answered "yes," j	No provide the name
Are you being paid for your representation	n?		Yes	□No
Are you appearing as part of your other pa (If you answered "no," STOP ; you need a question.)				No go on to the next
Information Hearin	ommon Council)	3 minutes		

Are you an elother governr	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?
	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:	7/1	7	/20	Ż	Z
		7			

Registration Statement -	Common C	ouncil		
Please Print Agenda No	PLEASE Name Address	EPRINT NA Sonsi	ME CLEARLY Than Coop S. Henry Delison 53	rer 51. 703
Please check one:	AND		se check:	
Support Oppose		\(\sigma\)	Wish to Spe	ak
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 of Name, address and telephone number of each	nnization or a perso t complete the rest question.)	of this form.	If you answered "ye	
Are you being paid for your representation?			Y6	
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	•••••	3 minutes		

	elected official or employe nmental body?	e who is appear	ring solely on beh	alf of your office	e or for you Yes	r municipality or
	wered "yes" to the question f you answered "no" to the				m, except ti	hat you must sign
If you are that:	being paid for your represe	ntation, or if y	our appearance is	part of other pa	id duties, p	please be advised
1.	Before you engage in lowith the City Clerk.	obbying as a lo	bbyist, you or you	ır principal must	file an auth	norization
2.	Your principal is not p City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	period (half year), the	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
	to the City Clerk's webs. of the City-County Building,				go to the (Clerk's Office at
Date	7/17/2012	Signature Print Name		than D.	Coope	h-
					F	



Date:	
-------	--

Registration Statement	Common C	ouncil	
Please Print Agenda No.	PLEASE Name Address	PRINT NAME CLEARLY CATOL Shapfel 282 Alpine Moodu O(1440 W)	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor Opp	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?		res No	
Are you appearing as part of your other paid (If you answered "no," STOP ; you need not question.)		on or organization? Pres 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.)
If you are beithat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go to Room 103 of 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 7/	Signature Print Name



Date: 7/19/2012

WISH TO SPEAK FORM

Registration Statement -		Council
Please Print	COMMITTEE PLEASE	E PRINT NAME CLEARLY
Agenda No.	Name Address	PRIAN STANDING 3210 JAMES ST. MADISON, WI 53714
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	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.)		rson or organization? Yes No t of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	Ţ	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	
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 fithe City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



DO NOT WISH TO SPEAK FORM

Date: July 17,20(2

Registration S	Statement - <u>Common</u>	Council
Please Print	PLEAS	E PRINT NAME CLEARLY
Agenda No.	Name Address	Mary M. Molar 333 West Mittin # 9020 MADISON 53703
Please check one:	AND	Please check:
Support	*	Do not wish to speak
Oppose		
Neither Supp	ort Nor Oppose	
(If you answered "no," STO of who you represent and go		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 (If you answered "no," SToquestion.)	f your other paid duties for this people; you need not complete the res	rson or organization? Yes No Yes No rt of this form. If you answered "yes," go on to the next
Info	lic Hearing (Common Council) rmation Hearinger Items	.3 minutes

-	relected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign f you 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