# 27274

Date:	8	1-17	
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#### **CITY OF MADISON**

# Early Public Comment Registration Statement - Common Council

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 136	Name Cou Host ABONSA  Address SO (AUSING ST.  MAD (BON, W)
Please check the appropriate box:	Please check the appropriate box:
(If you answered "no," <b>STOP</b> ; you of who you represent and go on to the	g an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name
(If you answered "no," STOP; you question.)  Speaking Limits: Public Hearing	ntation?  Yes No  Ther paid duties for this person or organization?  Yes No  need not complete the rest of this form. If you answered "yes," go on to the next  In (Common Council)5 minutes  Hearing

-		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.)
If you that:	are bei	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:	
Date.	

### **CITY OF MADISON**

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

Please Print		PLEAS	E PRINT NAME CLE	ARLY	
Agenda No.	58	Name Address	JOHN MAR THE HEG	TENY GAVE	
Please check the app	ropriate box:		Please check the	he appropria	ite box:
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to spe Do not wish Available to		stions
(If you answered "no,	ou representing an organiza "STOP; you need not con and go on to the next ques	mplete the res	son other than yourself: at of this form. If you ans	☐ Yes wered "yes,"	No provide the name
Name, address and tel	ephone number of each pe	erson or organ	ization you are represent	ting:	
			Marrow 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
Are you being paid fo	r your representation?			Yes Yes	☐ No
	part of your other paid dut			☐ Yes swered "yes,'	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing				

-	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, <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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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	8-7-12

### **CITY OF MADISON**

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

Please Print	PLEASE PRINT NAM	ME CLEARLY
Agenda No. <u>/38</u>	Name Bettle () - Address 3122  Made	Lewning Cakeland on
Please check the appropriate box:	 Please	check the appropriate box:
<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Opp</li></ul>	AND	sh to speak not wish to speak ailable to answer questions
At this meeting are you representing an o (If you answered "no," <b>STOP</b> ; you need of who you represent and go on to the next	not complete the rest of this form. If	
Name, address and telephone number of	each person or organization you are	
Are you being paid for your representation	n?	☐ Yes ☐ No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)		
Information Heari	Common Council)5 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	vered "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 that:	peing 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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

D (	
Date:	
Date.	

### CITY OF MADISON

# Early Public Comment Registration Statement - Common Council

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No 38	Name SARAH WATTE  Address 50 S. FAIR OAKS AVE.
Please check the appropriate box:  Support Oppose Neither Support Nor Oppose	AND  Please check the appropriate box:  Wish to speak  Do not wish to speak  Available to answer questions
of who you represent and go on to the next questi Name, address and telephone number of each per	aplete the rest of this form. If you answered "yes," provide the name ion.)  rson or organization you are representing:
CO-MMUNITY CENTER, 1	49 WAUSESA ST., 241-1574
Are you being paid for your representation?  Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comquestion.)	☐ Yes ☐ No es for this person or organization? ☐ Yes ☐ No aplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Information Hearing	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	vered "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 b that:	being 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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



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# WISH TO SPEAK FORM

# CITY OF MADISON

Registration St	tatement - <u>Common</u>	Council
	COMMITTEE	
Please Print	PLEAS	E PRINT NAME CLEARLY
Agenda No. <u>/38</u>	Name Address	Betty Chewrite 3122 Lakelary
Please check one:	AND	Please check:
Support		Wish to Speak "
Oppose		
Neither Suppo	rt Nor Oppose	
(If you answered "no," <b>STO</b> ) of who you represent and go		st of this form. If you answered "yes," provide the name
Sof		
<u> </u>	· :	
Are you being paid for your re	epresentation?	Yes Avo
Are you appearing as part of y (If you answered "no," STOP question.)	your other paid duties for this per p; you need not complete the res	erson or organization? Yes No No St of this form. If you answered "yes," go on to the next
Inform	Hearing (Common Council) nation Hearing Items	.3 minutes

(SEE BACK)

	elected 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.)
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(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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



# WISH TO SPEAK FORM

## CITY OF MADISON

Registra	tion Statement		ouncil		
	•	COMMITTEE	•		
Please Print		PLEASE	PRINT NAME CLEAR	RLY	
Agenda No.	8	Name Address	1110 HABIE	AUC.	
Please check of	ne:	AND	Please check	<b>.</b>	
Support			Wish to	Speak ."	
Oppose		,			
Neither S	Support Nor Opp	oose			
(If you answered "no of who you represent	and go on to the next qu	complete the rest ( uestion.)	n other than yourself: of this form. If you answer ation you are representing		name
Are you being paid for	or your representation?		,	Yes No	
	part of your other paid of "STOP; you need not		on or organization? of this form. If you answer	Yes No red "yes," go on to the	e next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3	minutes		

(SEE BACK)

Are you ar	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you ans this form. I	wered "yes" to the question, <b>STOP.</b> 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.)
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Date	Signature
	Print Name