Date: 9/18/12

## 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 PRINT NAME CLEA   | \RLY                                     |
| Agenda No.   |   | Name Rebecca 1<br>Address 12272 N<br>Madison,  | Nheeler<br>lon St<br>WI 53704            |
| Please check the appropr                                       | iate box:   | Please check th  | e appropriate box:                       |
| Support Oppose Neither Suppo                                   | All ort Nor Oppose  | Wish to spea<br>Do not wish<br>Available to  |  |
| (If you answered "no," <b>ST</b> of who you represent and §    | F <b>OP;</b> you need not complet<br>go on to the next question.) | or a person other than yourself:  e the rest of this form. If you answ  or organization you are representi | vered "yes," provide the name            |
|  |   | ·  | · · · · · · · · · · · · · · · · · · ·    |
| Are you being paid for you                                     | ur representation?  |  | Yes No                                   |
| Are you appearing as part (If you answered "no," ST question.) | of your other paid duties for <i>OP;</i> you need not complet     | or this person or organization?<br>te the rest of this form. If you ans                                    | Yes No No wered "yes," go on to the next |
| Inf  | blic Hearing (Common Coronnation Hearing                          | 3 minutes  |  |

| Are you an e                     | lected official or employ   | vee who is appear                            | ring solely on behalf of v                           | our office or for voi                      | ır municipality or     |
|----------------------------------|---|--|--|--|------------------------|
|                                  | Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?  Yes XNo |  |  |  |                        |
| (If you answe<br>this form. If y | red "yes" to the questio<br>ou answered "no" to the   | n, <b>STOP.</b> You ne<br>e question, go on  | ed not complete the rest (<br>to the next question.) | of this form, except t                     | hat you must sign      |
| If you are be<br>that:           | ing paid for your repres  | sentation, or if yo                          | our appearance is part of                            | other paid duties, p                       | olease be advised      |
| 1.                               | Before you engage in with the City Clerk.   | lobbying as a lob                            | obyist, you or your princi                           | ipal must file an auth                     | norization             |
| 2.                               | Your principal is not City Clerk.   | permitted to auth                            | norize you to lobby unles                            | ss you are registered                      | with the               |
| 3.                               | If your principal spend<br>period (half year), the<br>remainder of the calen  | e principal must                             | ore than \$1,000 for lobby file expense statements   | ying services in any<br>with the City Cler | reporting<br>k for the |
| (Please go to<br>Room 103 of i   | o the City Clerk's web<br>the City-County Building  | site <u>www.cityofn</u><br>g, Madison, for m | nadison.com/clerk/index.l<br>ore information.)       | <u>html</u> or go to the (                 | Clerk's Office at      |
| Date9/                           | 18/12   | Signature                                    | _ QUI  | ale  |                        |
| ,                                | •   | Print Name                                   | Rebec  | ca Whe                                     | elev                   |

Date: 9/18/17

## 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. 47 (2663)  | Name Dee Pachthofur  Address 120. S. Blair St #1  Madison 53703   |
| Please check the appropriate box:  Support Oppose                                 | Please check the appropriate box:  Wish to speak  Do not wish to speak  Available to answer questions   |
| (If you answered "no," <b>STOP</b> ; you to of who you represent and go on to the | 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 he next question.) |
| Union Cab of Madi   |   |
| 2458 Pennsylvania   | Av Madison, WI  |
| Are you being paid for your representations and a second of your of               | 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  |
| Information   | Ing (Common Council)5 minutes Hearing   |

|                                     | REGISTRATION STATEMENT - PAGE 2  |
|-------------------------------------|--|
| Are you an ele                      | ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  |
| (If you answere<br>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.)  |
| 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<br>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 9/18                           | 12012 Signature Diane MPachage   |
|                                     | Print Name Doe Pach Lick   |



| Date: |  |
|-------|--|
|       |  |

## WISH TO SPEAK FORM

## CITY OF MADISON

| Registration Statement -  | Common Council   |
|---|--|
| Please Print  | Jed early public comment Who PLEASE PRINT NAME CLEARLY   |
| Agenda No.  | Name Lavid O. Gardner  Address 1701 Regent St  Madison W1,53726  |
| Please check one:   | AND Please check:  |
| Support   | Wish to Speak  |
| Oppose  |  |
| Neither Support Nor Op  | pose   |
|   |  |
| At this meeting are you representing an organization (If you answered "no," STOP; you need not of who you represent and go on to the next of the next | t complete the rest of this form. If you answered "yes," provide the name  |
| Name, address and telephone number of each  | ch 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 person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next |
| Information Hearing   | nmon Council)5 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?  Yes No |  |    |  |  |
|-------------------|---|--|----|--|--|
|                   |   | ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign<br>u answered "no" to the question, go on to the next question.)   | 1  |  |  |
| If you a<br>that: | re beir   | g paid for your representation, or if your appearance is part of other paid duties, please be advised  | Į. |  |  |
|                   | 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                 |   | 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 e City-County Building, Madison, for more information.)  |    |  |  |
| Date              | e<br>Î  | Signature Print Name Print Name  | _  |  |  |



Date: 09/18/12

## WISH TO SPEAK FORM

## CITY OF MADISON

| Registrati  | on Statement -   | Common                                  | and the second s |                          | -                         |
|---|--|---|--|--------------------------|---------------------------|
| Please Print  | ( fa 117   | wonted larl<br>PLEAS<br>Name            | y public<br>EPRINT NA<br>Dan Sto   | comment  ME CLEARLY  Her |                           |
| Agenda No.  | 441  | Address                                 | 434 W.   | Mifflin Street, WI 53703 | et #218                   |
| Please check or   | ne:  | AND                                     | Plea   | se check:                |                           |
| Support Oppose  |  |   | X  | Wish to Speak            |                           |
| Neither S   | upport Nor Op  | pose                                    |  | •                        |                           |
| (If you answered "no,                                   | and go on to the next q                                    | complete the rest<br>uestion.)          | t of this form. L  | f you answered yes,      | provide the name          |
|   |  | <u> </u>                                |  |                          |                           |
| Are you being paid for                                  | r your representation?                                     |   |  | . Yes                    | No ·                      |
| Are you appearing as a (If you answered "no, question.) | part of your other paid "STOP; you need not                | duties for this per<br>complete the res | son or organiz<br>t of this form. I  | ation?                   | ☐ No<br>go on to the next |
| Speaking Limits:  | Public Hearing (Com<br>Information Hearing.<br>Other Items | ·                                       | 3 minutes  |                          |                           |

(SEE BACK)

| •   | ,  |   | • •                                   |
|---|--|---|---------------------------------------|
| Are you an elected official or enother governmental body?           | mployee who is appearing solely or   | n behalf of your office or for you Yes                        | ur municipality or<br>No              |
| (If you answered "yes" to the qu<br>this form. If you answered "no" | uestion, STOP. You need not complete to the question, go on to the next q                  | ete the rest of this form, except t<br>uestion.)              | hat you must sign                     |
| If you are being paid for your that:                                | representation, or if your appearan  | ce is part of other paid duties, I                            | please be advised                     |
| 1. Before you enga with the City Cle                                | ge in lobbying as a lobbyist, you o  | r your principal must file an auth                            | norization                            |
| 2. Your principal is City Clerk.                                    | not permitted to authorize you to  | lobby unless you are registered                               | I with the                            |
| 3. If your principal period (half year remainder of the             | spends or will owe more than \$1,0<br>), the principal must file expense<br>calendar year? | 00 for lobbying services in any statements with the City Cler | reporting<br>k for the                |
| (Please go to the City Clerk's<br>Room 103 of the City-County Bu    | website <u>www.cityofmadison.com/</u><br>ilding, Madison, for more informat                | <u>clerk/index.html</u> or go to the (<br>ion.)               | Clerk's Office at                     |
| Date 09/18/12   | Signature  | Jako  | · · · · · · · · · · · · · · · · · · · |
|   | Print Name Don   | Statter   |                                       |



Date: 07-18-12

## WISH TO SPEAK FORM

## CITY OF MADISON

| Registra   | tion Statement -   | Common C                                  | Council  |            |                     |        |
|--|--|---|--|------------|---------------------|--------|
| Please Print   |  | Jon Cod PLEASE                            | public Comm<br>EPRINT NAME CL                  | EARLY      |                     | * .    |
| Agenda No.   | 1047   | Name<br>Address                           | Josh Levis<br>615. U Johs<br>Madison WJ        | on St.     |                     | 829,   |
| Please check   | one:   | AND                                       | Please che                                     | eck:       |                     |        |
|  |  |   | Wisl   | ı to Speak | , i-                |        |
| Oppose   |  | •   |  |            |                     |        |
| Neither !  | Support Nor Op   | pose                                      |  |            |                     |        |
| (If you answered "not of who you represen            | you representing an orga<br>o," STOP; you need not<br>t and go on to the next q<br>elephone number of each | t complete the rest<br>uestion.)          | of this form. If you an                        |            | ☑ No<br>provide the | name   |
|  |  |   |  |            |                     |        |
|  |  | • .                                       |  |            |                     |        |
| Are you being paid f                                 | or your representation?  |   |  | Yes        | No                  |        |
| Are you appearing as (If you answered "no question.) | s part of your other paid o, "STOP; you need not   | duties for this pers<br>complete the rest | on or organization?<br>of this form. If you an | Yes Yes,"  | No<br>go on to the  | e next |
| Speaking Limits:                                     | Public Hearing (Com<br>Information Hearing.<br>Other Items   |   | 3 minutes                                      |            |                     |        |
|  |  |   |  |            |                     |        |

(SEE BACK)

|                     |                    | ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  |
|---------------------|--------------------|--|
| (If you<br>this for | answer<br>m. If yo | ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign<br>ou answered "no" to the question, go on to the next question.)  |
| If you<br>that:     | are beir           | 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<br>Room I   | go to<br>103 of th | the City Clerk's website <u>www.citvofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)   |
| Date <u>(</u>       | 9-18               | Signature Print Name  To Mullin  |



| Date: | , |
|-------|---|
|-------|---|

## WISH TO SPEAK FORM

## CITY OF MADISON

| Registratio  | n Statement  | Common C                    | ouncil                          |                   |                                 |
|--|--|-----------------------------|---------------------------------|-------------------|---------------------------------|
| Please Print   |  | COMMITTEE                   |                                 | ME CLEARLY        |                                 |
| Agenda No/ \_  |  | Name                        | Jean<br>414                     | state             | elee<br>-                       |
| Please check on  | 2:   | AND                         | Plea                            | ase check:        | ***                             |
| Support  |  |                             |                                 | Wish to Spe       | eak                             |
| Oppose   |  | •                           |                                 |                   |                                 |
| Neither Su   | pport Nor Op   | 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 q                 | complete the rest uestion.) | of this form                    | IJ you answered y | es Noves," provide the nam      |
|  |  |                             |                                 |                   |                                 |
|  |  |                             |                                 |                   |                                 |
| Are you being paid for y   | your representation?                                       |                             |                                 | . 🗌 Y             | es No                           |
| Are you appearing as pa (If you answered "no," question.)                                      | art of your other paid STOP; you need not                  | duties for this pers        | son or organiz<br>of this form. | zation?           | es No<br>ves," go on to the nex |
|  | Public Hearing (Com<br>Information Hearing.<br>Other Items |                             | 3 minutes                       | ٠.                |                                 |

(SEE BACK)

| Are you an elected official or employe other governmental body?                | e who is appearing solely on behalf of your offi   | ce or for your municipality or Yes No           |
|--|--|---|
| (If you answered "yes" to the question, this form. If you answered "no" to the | , STOP. You need not complete the rest of this fo<br>question, go on to the next question.)                | orm, except that you must sign                  |
| If you are being paid for your representat:                                    | ntation, or if your appearance is part of other p  | oaid duties, please be advised                  |
| 1. Before you engage in lowith the City Clerk.                                 | obbying as a lobbyist, you or your principal mus   | t file an authorization                         |
| 2. Your principal is not perfectly Clerk.                                      | ermitted to authorize you to lobby unless you a  | re registered with the                          |
| 3. If your principal spends period (half year), the remainder of the calendary | or will owe more than \$1,000 for lobbying server principal must file expense statements with the ar year? | vices in any reporting<br>le City Clerk for the |
| (Please go to the City Clerk's websit<br>Room 103 of the City-County Building, | te <u>www.citvofmadison.com/clerk/index.html</u> or<br>Madison, for more information.)                     | go to the Clerk's Office at                     |
| Date 9-18-12   | Signature Jeweth (   | e Co  |
|  | Print Name Jeacette  | Rieclie   |



## WISH TO SPEAK FORM

Date: 9 - 18 - 12

## CITY OF MADISON

| Registration Statement  | - Common Council   |
|---|--|
| Please Print  Agenda No. 47-Tap   | PLEASE PRINT NAME CLEARLY  Name ROSEMARY LEE  Address III W WIJSON # 108  53703  |
| Please check one:   | AND Please check:  |
| Support   | Wish to Speak  |
| Oppose  |  |
| Neither Support Nor O   | ppose  |
| (If you answered "no," STOP; you need refer to the you represent and go on to the next        | rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question.)  ach person or organization you are representing: |
|   |  |
|   |  |
| 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.) | 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 ng3 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?   |
|-------------------------------------|--|
|                                     | 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   |
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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  |
| And Andrews and Andrews and Andrews | Print Name   |



| Date: | 9/18 | 112 |
|-------|------|-----|
| -     | 7    | ,   |

## WISH TO SPEAK FORM

| Registration Statement -  | Common Committee                   | ouncil   |
|---|------------------------------------|--|
| Please Print  |                                    | PRINT NAME CLEARLY   |
| Agenda No. 47   | Name                               | SIANE MORGENTHALER<br>615 E WASHINGTONI<br>MATSION                                   |
| Please check one:   | AND                                | Please check:  |
| Support   |                                    | Wish to Speak  |
| Oppose  | •                                  |  |
| Neither Support Nor Op  | pose                               |  |
| of who you represent and go on to the next q  | t complete the rest (<br>uestion.) | 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:  |
| 615 EWASHING  | TOKI                               |  |
| MADISON W/  | ,                                  | 608 441 2622   |
| 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 pers               | on or organization? Yes No No of this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Com<br>Information Hearing)<br>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 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<br>that: | re 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.   |  |
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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 ee City-County Building, Madison, for more information.)   |  |
| Date              | 9/  | 18/12 Signature Safe Morall  |  |
|                   | /   | Print Name DIANE MODECENTHALER   |  |



| Date: | 9/18/ | 12 |  |
|-------|-------|----|--|
|       |       | ,  |  |

## WISH TO SPEAK FORM

| Registration Statement  | Common C   | ouncil                                       | · .                     |                          |
|---|--|--|-------------------------|--------------------------|
| Please Print  |  | PRINT NAME CLI                               |                         |                          |
| Agenda No. 47 (26603)   |  | Jon Mack<br>2400 Calypso                     |                         |                          |
| Please check one:   | AND  | Please che                                   | eck:                    |                          |
| Support Alt. Ordinance  | 7p-49  | Wisl   | n to Speak              | .6.                      |
| 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 que Name, address and telephone number of each | complete the rest<br>uestion.)<br>n person or organi | of this form. If you an                      | nting:                  | □ No<br>provide the name |
|   |  |  |                         |                          |
| Are you being paid for your representation?   |  |  | Yes Yes                 | No                       |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)   | duties for this per<br>complete the rest             | son or organization? of this form. If you ar | ☐ Yes<br>nswered "yes," | No<br>go on to the next  |
| Speaking Limits: Public Hearing (Com-<br>Information Hearing<br>Other Items   |  | 3 minutes                                    | · .                     |                          |

|                  | 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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|                  |  |
| Date             | Signature  |
|                  | Print Name   |



Date: 9/18/12

## WISH TO SPEAK FORM

| Registration Statement -   | Common C                                  | ouncil                           |                        | All and the second second                       |
|--|---|----------------------------------|------------------------|---|
| Diseas Driet   | COMMITTEE                                 |                                  |                        |   |
| Please Print   | PLEASE                                    | PRINT NA                         | ME CLEARLY             |   |
|  | Name                                      | FRAN                             | IC MATTIN              | GLY   |
| Agenda No.   | Address                                   | 283                              | 2 MYRTLE               | <u> 57 —                                   </u> |
|  | : ·                                       | MAD                              | 150N, 537              | 104   |
| Please check one:  | AND                                       | Plea                             | se check:              |   |
| ⊠ Support  |   |                                  | Wish to Speak          | , t̂•   |
| 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 q | complete the rest (<br>uestion.)          | of this form. L                  | f you answered "yes, p | ☐ No<br>provide the name                        |
| Name, address and telephone number of each   |   |                                  | representing:          | ٠,  |
| UNION CAB OF M   |   |                                  |                        |   |
| 2458 PENNSY  | LVANIA 1                                  | AVE                              |                        |   |
| MADISON, W/  |   |                                  | 2-2000                 |   |
| 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 pers<br>complete the rest | on or organiz<br>of this form. I | ation?                 | No<br>so on to the next                         |
| Speaking Limits: Public Hearing (Com-<br>Information Hearing.<br>Other Items   | 3   | minutes                          | • .                    |   |
|  | •   |                                  |                        |   |

| Are you an el other 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.)   |
| If you are bei<br>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? |
|                             | 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: 09/18/12

## WISH TO SPEAK FORM

## CITY OF MADISON

| Registration Statement -                                      |  | Common (   | Council                          | *                                    |                           |
|---|--|--|----------------------------------|--------------------------------------|---------------------------|
| Please Print  |  | PLEAS  | E PRINT NA                       | ME CLEARLY                           |                           |
| Agenda No   | 47   | Name<br>Address                                    | 1129 EU                          | ROSSING<br>ZABETH ST.<br>N, WI 53703 |                           |
| Please check or   | ie:  | AND  | 7                                | ise check:                           |                           |
| M Support   |  |  | $\bowtie$                        | Wish to Speak                        | , tv                      |
| Oppose  |  |  |                                  |                                      |                           |
| Neither S   | upport Nor Op  | pose   |                                  |                                      |                           |
| of who you represent of Name, address and tel                 | " STOP; you need not<br>and go on to the next q            | complete the rest<br>uestion.)  h person or organi | t of this form                   | ij you answerea yes, p               | №No<br>provide the name   |
|   |  |  |                                  | □ Voc                                | <b>M</b> )No              |
| Are you being paid for  |  |  |                                  | -                                    |                           |
| Are you appearing as j<br>(If you answered "no,<br>question.) | part of your other paid "STOP; you need not                | duties for this per<br>complete the resi           | son or organize to of this form. | zation?                              | ∐ No<br>go on to the next |
| Speaking Limits:  | Public Hearing (Com<br>Information Hearing.<br>Other Items | `<br>************************************          | 3 minutes                        |                                      |                           |

(SEE BACK)

| 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?   |
|--------------------------------|--|
|                                | 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? |
|                                | 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: 9/18/12

## WISH TO SPEAK FORM

| Registration Statement  | Common Co                                    | ouncil                                       |  |
|---|--|--|--|
| Please Print  | PLEASE                                       | PRINT NAME CLE                               |  |
| Agenda No. 47   | Name _<br>Address _                          | Michael<br>533 Lisa<br>Madison               | Dentice<br>Ann Drive<br>53718          |
| Please check one:   | AND  | Please che                                   | eck:                                   |
| 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 o<br>uestion.)             | f this form. If you an                       |  |
| Badgen Cab Comp   |  | 608-25                                       |  |
|   |  |  |  |
| Are you being paid for your representation?   |  |  | ☐ Yes        Yo                        |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)   | duties for this perso<br>complete the rest o | on or organization?  of this form. If you an | Yes No swered "yes," go on to the next |
| Speaking Limits: Public Hearing (Com-<br>Information Hearing<br>Other Items   | 3  | minutes                                      |  |
| ,   | ř.   |  |  |

| 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 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? |  |
|                             | 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: |  |
|-------|--|
|-------|--|

## WISH TO SPEAK FORM

## CITY OF MADISON

| Registration  | Statement   | Common C                                  | ouncil                            |               | <u>.</u>    |         |
|---|---|---|-----------------------------------|---------------|-------------|---------|
| Please Print  |   | ·   | E PRINT NA                        | ME CLEARLY    |             |         |
| Agenda No   |   | Name<br>Address                           |                                   | Forden A      | #20         | 23      |
| Please check one:   |   | AND                                       | Plea                              | se check:     | * . <u></u> |         |
| <b>Support</b>  |   |   | X                                 | Wish to Spe   | ak          |         |
| Oppose  |   | •   |                                   |               |             |         |
| Neither Sup   | port Nor Opp  | ose                                       |                                   |               |             |         |
| At this meeting are you re (If you answered "no," So of who you represent and | $\mathit{TOP};$ you need not $\epsilon$             | complete the rest                         | n other than y<br>of this form. I | rourself:     |             | e name  |
| Name, address and telepho   | one number of each                                  | person or organiz                         | zation you are                    | representing: |             |         |
|   |   |   |                                   |               |             |         |
|   |   | •   |                                   | ·             |             |         |
| Are you being paid for you  | ar representation?                                  |   |                                   | . Tye         | s 📑 No      |         |
| Are you appearing as part (If you answered "no," ST question.)                | of your other paid of <i>TOP</i> ; you need not o   | luties for this pers<br>complete the rest | son or organiz<br>of this form.   | ation?        |             | ie next |
| Inf   | olic Hearing (Comn<br>ormation Hearing<br>ner 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?  |  |  |  |  |
|---------------------|--|--|--|--|--|
|                     | 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? |  |  |  |  |
|                     | 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: |  |
|-------|--|
|       |  |

## WISH TO SPEAK FORM

## CITY OF MADISON

| Registration Statement   | Common Co                                       | uncil   |
|--|---|---|
| Please Print  Agenda No.   | PLEASE P Name Address                           | PRINT NAME CLEARLY Christing Ballard 624 Forden #203 Moderon WJ 53704             |
| Please check one:  | AND   | Please check:   |
| Support A+3  |   | Wish to Speak   |
| <ul><li>Oppose</li><li>Neither Support Nor Opp</li></ul>   | oose  |   |
| At this meeting are you representing an organical (If you answered "no," STOP; you need not of who you represent and go on to the next que | complete the rest of t                          | other than yourself: Yes No<br>this form. If you answered "yes," provide the name |
| Name, address and telephone number of each   | <i>l</i>  | ion you are representing:   |
| Are you being paid for your representation?  |   | ☐ Yes ☐ Yes   |
| Are you appearing as part of your other paid de (If you answered "no," STOP; you need not a question.)                                     | uties for this person<br>complete the rest of t | or organization? Yes No this form. If you answered "yes," go on to the next       |
| Speaking Limits: Public Hearing (Comm<br>Information Hearing<br>Other Items  | 3 mi  | inutes  |

(SEE BACK)

|                    |                      | ·  |
|--------------------|----------------------|--|
|                    |                      | ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  |
| (If you<br>this fo | answer<br>rm. If yo  | 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<br>that:    | are 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? |
| (Please<br>Room .  | e go to<br>103 of th | 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 _             | 9/18                 | Signature Christina Ballard  |
|                    | V                    | 1 IIII I WILL  |



Date: 17-12

## WISH TO SPEAK FORM

| Registration Statement  | Common Council                                 |   |  |
|---|--|---|--|
|   | COMMITTEE                                      |   |  |
| Please Print  | PLEASE   | PRINT NAME CLEARLY  |  |
| Agenda No.  | Name<br>Address                                | May Carbine<br>122 W. Washington A We<br>Madison 53703                              |  |
| Please check one:   | AND  | Please check:   |  |
| Support 35d Alt   |  | Wish to Speak   |  |
| Oppose  | ,  |   |  |
| Neither Support Nor Opp   | ose  |   |  |
| 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 qu | complete the rest o                            | other than yourself: Yes No No f this form. If you answered "yes," provide the name |  |
| Name, address and telephone number of each  | person or organiza                             | tion you are representing:  |  |
| VVINISA   | n Cent   | al BIU  |  |
| 12Z<br>Madis  | W. Was   | hingto Ave. #250  |  |
| Are you being paid for your representation?   |  | Yes No  |  |
| Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question.)                                | luties for this perso:<br>complete the rest of | n or organization? Yes No No f this form. If you answered "yes," go on to the next  |  |
| Speaking Limits: Public Hearing (Comn<br>Information Hearing<br>Other Items   | 3 r  | ninutes   |  |

| Are you an elected official or employed other governmental body?              | ee who is appearing solely on behalf of your office or for your municipality or Yes No  |
|---|---|
| (If you answered "yes" to the question this form. If you answered "no" to the | a, STOP. You need not complete the rest of this form, except that you must sign question, go on to the next question.)                              |
| If you are being paid for your representat:                                   | entation, or if your appearance is part of other paid duties, please be advised   |
| 1. Before you engage in l with the City Clerk.                                | lobbying as a lobbyist, you or your principal must file an authorization  |
| <ol> <li>Your principal is not p<br/>City Clerk.</li> </ol>                   | permitted to authorize you to lobby unless you are registered with the  |
| 3. If your principal spend period (half year), the remainder of the calend    | s or will owe more than \$1,000 for lobbying services in any reporting principal must file expense statements with the City Clerk for the lar year? |
| (Please go to the City Clerk's webs<br>Room 103 of the City-County Building,  | ite <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Madison, for more information.)                                    |
| Date <u>1-17-12</u>   | Signature Print Name  May Carbine   |



## AVAILABLE TO ANSWER QUESTIONS FORM

| Registrati  | ion Statement - ַ  | Common Cou  | ncil   |  |    |
|---|--|---|--|--|----|
| Agenda No. 47(  | 26603)   | Name  | RINT CLEARLY  On Mack  400 Calypso             | Rd   |    |
| Please check o  | ne:  | AND   | Please chec                                    | ek:  |    |
| Support / Oppose  | 41+, ordinance 7   | p-Ya  | Availak<br>questio                             | ole to answer                              |    |
|   | Support Nor Op   | pose  |  |  |    |
| (If you answered "no of who you represent  Name, address and te | ou representing an organ," STOP; you need no and go on to the next questions of each of the control of the cont | t complete the rest of t<br>question.)<br>th person or organizati | this form. If you answord on you are represent |  | ne |
| <u> </u>  | 1)(()(1)   | MALINA JALL   |  |  |    |
|   |  |   |  |  |    |
| Are you being paid for  | or your representation?  |   |  | ☐ Yes ☐ No                                 |    |
| Are you appearing as (If you answered "no question.)            | part of your other paid," STOP; you need no  | d duties for this person of complete the rest of                  | or organization?<br>this form. If you ans      | ☐ Yes ☐ No<br>wered "yes," go on to the ne | χt |
| Speaking Limits:  | Information Hearing  | mmon Council)5 m<br>3 m<br>3 m                                    | ninutes  |  |    |

|                     | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No   |  |
|---------------------|--|--|
|                     | 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   |  |
| 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: | 1/18/12 |  |
|-------|---------|--|
|       |         |  |



## AVAILABLE TO ANSWER QUESTIONS FORM

| Registration Statement  | - Common Council  |  |  |  |
|---|---|--|--|--|
|   | PLEASE PRINT CLEARLY  |  |  |  |
| Agenda No.  | Name DANE MORGENTHALER  Address 615 E WASHINGTON  |  |  |  |
| Please check one:   | AND Please check:   |  |  |  |
| Support   | Available to answer questions   |  |  |  |
| Oppose  | questions   |  |  |  |
| Neither Support Nor Oppose  Neither Support Nor Oppose  Yes No                                |   |  |  |  |
| (If you answered "no," <b>STOP</b> ; you need of who you represent and go on to the ne        | not complete the rest of this form. If you answered "yes," provide the name xt question.)   |  |  |  |
| Name, address and telephone number of   | each person or organization you are representing:   |  |  |  |
| GMCVB   |   |  |  |  |
| 615 EWASHIR   | 26-TON  |  |  |  |
| MADISON WI  | 608 441-2622  |  |  |  |
| Are you being paid for your representation  | on?   |  |  |  |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question.) | oaid duties for this person or organization? Yes No No not complete the rest of this form. If you answered "yes," go on to the next |  |  |  |
| Information Hear  | Common Council) 5 minutes ring  |  |  |  |

| Are you an ele other government   | ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes No  |  |  |  |
|---|--|--|--|--|
|   | 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.)  |  |  |  |
| If you are bein that:   | ng paid for your representation, or if your appearance is part of other paid duties, please be advised   |  |  |  |
|   | 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.   |  |  |  |
|   | 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 Haw Monuth   |  |  |  |
|   | Print Name DIANE MORGENTHMER   |  |  |  |



Date: 9 | 1 | 2 | 1 | 2 |

## DO NOT WISH TO SPEAK FORM

| Registration Statemer  | at - Common Council   |
|--|---|
| Please Print   | PLEASE PRINT NAME CLEARLY   |
| Agenda No.   | Name  Address  Later Schools  Address   |
| Please check one:  | AND Please check:   |
| Support Tax O  | Do not wish to speak  |
| Oppose   |   |
| Neither Support Nor  | Oppose  |
| (If you answered "no," <b>STOP</b> ; you ne of who you represent and go on to the      | n organization or a person other than yourself: Yes No ed not complete the rest of this form. If you answered "yes," provide the name next question.)  of each person or organization you are representing: |
|  | ution?  |
| Are you being paid for your representa   |   |
| Are you appearing as part of your other (If you answered "no," STOP; you no question.) | er paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the nex   |
| Information H  | (Common Council)5 minutes earing  |

| Are you an el<br>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<br>this form. If y  | red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign<br>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? |  |
| (Please go to<br>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   |  |

|       | 9- | 12-  | 12 |  |
|-------|----|------|----|--|
| Date: | /  | (,0) |    |  |



## DO NOT WISH TO SPEAK FORM

| Registration Statement -  | Common Council COMMITTEE   |
|---|--|
| Please Print  | PLEASE PRINT NAME CLEARLY  |
| Agenda No.  | Name Manch Wanter  Address 920 Spring St  Modison WI                     |
| Please check one:   | AND Please check:  |
| Support   | Do not wish to speak   |
| Oppose  |  |
| Neither Support Nor Op  | opose  |
| of who you represent and go on to the next  | ot complete the rest of this form. If you answered yes, provide the name |
|   |  |
| Are you being paid for your representation Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.) |  |
| Information Hearin  | mmon Council)5 minutes g3 minutes3 minutes                               |

| Are you an el other government   | lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  |  |  |
|----------------------------------|--|--|--|
| (If you answe<br>this form. If y | rred "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 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<br>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 9-1                         | Signature Meff Ug  |  |  |
|                                  | Print Name Mynn Legner   |  |  |
|                                  | $oldsymbol{arphi}$   |  |  |

| Date: | 9/14 |  |
|-------|------|--|
|       |      |  |



## DO NOT WISH TO SPEAK FORM

| Registration S  | tatement - Common C   | Council   |
|---|---|---|
| Please Print  Agenda No. 47                                     | Name  | EPRINT NAME CLEARLY  Morgan Pap  505 University Ave Apt 904  Madison WI 53703 |
| Please check one:  Support                                      | AND   | Please check:  Do not wish to speak   |
| <ul><li>☐ Oppose</li><li>☐ Neither Suppo</li></ul>              | ort Nor Oppose  |   |
| (If you answered "no," <b>STO</b> , of who you represent and go | on to the next question.)   | of this form. If you answered "yes," provide the name                         |
| Name, address and telephone                                     | number of each person or organi   | zation you are representing:  |
| Are you being paid for your r                                   | representation?   | ☐ Yes   |
|   | your other paid duties for this per <b>P</b> ; you need not complete the rest | son or organization?  |
| Inform  | C Hearing (Common Council)<br>nation Hearing<br>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 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 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 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 <u>9/18/</u>   | Signature May Ref Print Name Morgan Far  |  |  |  |

Date: 4/8/3013



## AVAILABLE TO ANSWER QUESTIONS FORM

| Registration Statement -   | Common Council COMMITTEE  |
|--|---|
| Agenda No.   | PLEASE PRINT CLEARLY  Name  Address  65 E. Washington   |
| Please check one:  Support Oppose  | AND Please check:  Available to answer questions  |
| Neither Support Nor O  At this meeting are you representing an or  (If you answered "no," STOP; you need no  of who you represent and go on to the next  | ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question.) |
| Name, address and telephone number of each of the second s | ach person or organization you are representing:  |
| Are you being paid for your representation.  Are you appearing as part of your other part (If you answered "no," STOP; you need a question.)   |   |
| Information Heari  | fommon Council)5 minutes ng3 minutes3 minutes   |

| <ol> <li>If you answered "no" to the question, go on to the next question.)</li> <li>If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:         <ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> </ol> </li> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> <li>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?</li> </ol>  |   |  |  |  |  |
|---|---|--|--|--|--|
| this form. If you answered "no" to the question, go on to the next question.)  If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:  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 <a href="www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) |   |  |  |  |  |
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| Print Name Deb Archar   | Date  | Signature Signature  |  |  |  |
|   | ,   | Print Name Deb Arche   |  |  |  |



# AVAILABLE TO ANSWER QUESTIONS FORM

| Registrat  | tion Statement -  | Common Coul  | ncil                                      |  |  |  |
|--|---|--|---|--|--|--|
| Agenda No  | 47  | PLEASE PR Name Address                             | INT CLEARLY PIEL NEW 403 CUIA             | ron De                                       |  |  |
| Please check (                                     | one:  | AND  | Please chec                               | <b>k:</b>                                    |  |  |
| Support Oppose                                     |   |  | Availab question                          | ole to answer<br>ns                          |  |  |
| Neither Support Nor Oppose                         |   |  |   |  |  |  |
| (If you answered "n of who you represen            | you representing an orgin, "STOP; you need not and go on to the next delephone number of each | ot complete the rest of the question.)             | his form. If you answ                     | Yes No No vered "yes," provide the name ing: |  |  |
|  |   |  |   |  |  |  |
| Are you being paid                                 | for your representation?  | ?  |   | Yes No                                       |  |  |
| Are you appearing a (If you answered "n question.) | as part of your other paid on " STOP; you need no   | d duties for this person ot complete the rest of t | or organization?<br>his form. If you ansv | ☐ Yes ☐ No<br>wered "yes," go on to the next |  |  |
| Speaking Limits:                                   | Information Hearing   | mmon Council)5 m:<br>g3 m:<br>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? |  |  |  |  |
|---|--|--|--|--|
|   | 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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| Date  | Signature  |  |  |  |
|   | Print Name   |  |  |  |