Date:	

## CITY OF MADISON

# Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE	PRINT NAME CLEA	RLY
Agenda No. <u>John</u> 3	urg Code	Name Address	MAN FEY YYY W. W.C. MADISON	CSON ST
Please check the app	ropriate box:		Please check the	appropriate box:
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to speal Do not wish t Available to a	
(If you answered "no,	ou representing an organization of the company of the company of the next question of the next question.	olete the rest o		☐ Yes ☐ No ered "yes," provide the name
Name, address and tel	ephone number of each person	on or organiza	tion you are representin	g:
Zorin	CODE REWRI	ere Ap	VISORY COM	MITTE
Are you being paid for	r your representation?			Yes No
	part of your other paid duties " <b>STOP;</b> you need not comp			☐ Yes ☐ No ered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Conformation Hearing	,		

-		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes No		
100		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 a 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?		
		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: (9/6/12

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement -	Common C	Council		
Please Print  Agenda No. 3 4 4  Amendment 45	•	E PRINT NAME O	Schlaeter ndall Due	· · · · · · · · · · · · · · · · · · ·
Please check one:	AND	Please c	heck:	
<b>Support</b>		Wi	sh to Speak	.i.
Neither Support Nor Opp  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	nization or a perso complete the rest uestion.)	of this form. If you	answered "yes," prov	No vide the name
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			☐ Yes ☐ ☐ Yes ☐ answered "yes," go o	No No n to the next
Speaking Limits: Public Hearing (Comr Information Hearing Other Items		minutes		•

(SEE BACK)

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you this for	answere 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 u answered "no" to the question, go on to the next question.)
If you 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 Room I	go to 103 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name



Date:	
Date:	

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Stateme	ent - Common Council
Agenda No. 3	PLEASE PRINT NAME CLEARLY  Name  Address  105 FRANKLIN
Please check one:	AND Please check:
Support Oppose Neither Support Nor	Do not wish to speak Oppose
(If you answered "no," STOP; you not 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:
Are you being paid for your representa	tion?
	r 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 next
Information He	(Common Council)5 minutes aring

(SEE BACK)

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?		
	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 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:	Annah da anah	$\odot$	-	 0	and the same and the land and the	The second secon	2	Hab .
				 		-		_

# DO NOT WISH TO SPEAK FORM

## **CITY OF MADISON**

Registration Statement -	Common Cour	ncil
Agenda No.  Amendment	PLEASE PR Name Address	INT NAME CLEARLY  Meyan Christianse  S S Ranklin St #3
Please check one:	AND	Please check:
Support  Oppose  Neither Support Nor Op	pose	Do not wish to speak
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q  Name, address and telephone number of each	t complete the rest of the uestion.)	is form. If you answered "yes," provide the name
question.)		is form. If you answered "yes," go on to the next
Information Hearing.	3 min	utes

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)	
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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(Please go t Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



Date: 10/16/12

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print  Agenda No. 3 20N WG MAP  American THE	PLEASE PRINT NAME CLEARLY  Name SIM SKRENTUY  Address 51( E. MAIN ST. MADISON)
Please check one:	AND Please check:
Support	Wish to Speak
Oppose	
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	nization or a person other than yourself: Yes  No complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each  FIRST SETTLEM	person or organization you are representing:  1000 T WEIGHBONHOON CHAIK
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 person or organization?
Information Hearing	non Council)5 minutes 3 minutes 3 minutes

(SEE BACK)

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer 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.)
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature
	Print Name