Date: 10 16 20 2

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Ingrid Kundinger Address 2 Harrington Ct Madison WI 53718
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP ; you need not complete of who you represent and go on to the next question	ete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each person West Madison Senior Coal	
517 N Segoe # 309	<u> </u>
Madison WI 53705	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not complet question.)	for this person or organization? Yes No ete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Conformation 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
	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 b	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 10	16/2012 Signature Angu'd A. Kundurginger Print Name Ingu'd A. Kundinger
	[//or /or /or /or

Date: 10/16/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print		PLEASE PRINT NAME C	LEARLY
Agenda No	7 Bus Route	Name KURT VAN Address 6403 BLE MCFARL	SOMEREN ENDAN CIR AND (NI 53658
Please check the app	ropriate box:	Please chec	ck the appropriate box:
Support Oppose Neither Su	pport Nor Oppose		speak wish to speak le to answer questions
(If you answered "no, of who you represent of	" STOP; you need not comp and go on to the next question	n.)	answered "yes," provide the name
Name, address and tel	ephone number of each perso	on or organization you are repre	senting:
·			
Are you being paid for	r your representation?		Yes No
Are you appearing as j (If you answered "no, question.)	part of your other paid duties " STOP; you need not comp	for this person or organization lete the rest of this form. If you	? ☐ Yes ☐ No answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Control Hearing	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?				
, , ,	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?			
, ,	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\C	Signature Print Name Signature KON SOM FRE			

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print		PLEASE	PRINT NAME CLEA	ARLY
		Name _	Margie Zur	Her
Agenda No	· ,		4106 Chero	
			Mudwa	5371
Please check the app	ropriate box:		Please check the	e appropriate box:
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to spea Do not wish Available to	
(If you answered "no,	ou representing an organiza " STOP; you need not con and go on to the next quest	nplete the rest o	n other than yourself: of this form. If you answ	Yes No No vered "yes," provide the name
Name, address and tel	ephone number of each pe	rson or organiz	ation you are representi	ng:
RSUPOt	Dane Co. Inc.			
5(7 N.S	iegoe Suite 300			
	53705			
Are you being paid for	r your representation?			Yes No
Are you appearing as full (If you answered "no, question.)	part of your other paid duti " STOP; you need not con	es for this pers	on or organization? of this form. If you answ	Yes ANo wered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	3		

-		nental body?	e who is appear	ing solely on behalf of your of		Mo
		ered "yes" to the question, you answered "no" to the o		ed not complete the rest of this to the next question.)	form, except the	ut you must sign
If you that:	are be	ing paid for your represen	ntation, or if yo	our appearance is part of other	paid duties, ple	ease be advised
	1.	Before you engage in lowith the City Clerk.	bbying as a lol	obyist, you or your principal mu	ist file an autho	rization
	2.	Your principal is not pe City Clerk.	ermitted to auth	norize you to lobby unless you	are registered	with the
	3.		principal must	ore than \$1,000 for lobbying se file expense statements with		•
•	_	o the City Clerk's websit the City-County Building,		nadison.com/clerk/index.html o nore information.)	r go to the Cl	erk's Office at
Date _		10/16/12	Signature	Mad & Zuth		
			Print Name	Margoret S. Zutt	90	

Date: 10/16/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print		PLEASE PR	INT NAME CLEA	ARLY	me þ
Agenda No. 7	on neer	Name Till Address 5	CLI Balin	2 24 et	>-0 -
Please check the app	propriate box:		Please check th	e appropriate l	box:
Support Oppose Neither Su	apport Nor Oppose	AND	Wish to spea Do not wish Available to		ns
(If you answered "no	ou representing an organ," STOP; you need not and go on to the next qu	complete the rest of th	ner than yourself: sis form. If you answ		No Ovide the name
Name, address and te	lephone number of each	n person or organizatio	n you are representi	ng:	

Are you being paid fo	r your representation?			Yes '	☑No
	part of your other paid of "STOP; you need not			Yes [wered "yes," go	No on to the next
Speaking Limits:	Public Hearing (Communication Hearing				

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	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 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.		
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	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 0/	16/12 Signature Mydmful Banco, Print Name NAWW BOUNG		

Date. 117	Date:	10/12	
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CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 7 Owl Creek BUS ROUTE	Name Altoria Moore Address 5138 Chify Way Madison W 53718
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organizatio (If you answered "no," STOP ; you need not comple of who you represent and go on to the next question	lete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each perso	n or organization you are representing:
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not complete question.)	for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Conformation Hearing	3 minutes

-		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 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?
•	_	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.	10	Vo-7017 Signature Al-Taxia L. Moore

Print Name

Date: 6/6/2

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print		PLEASE	E PRINT NA	ME CLEAF	RLY	
Agenda No	Zek bus route	Name Address	4648	40 ffa 1801 3718		St, madisol
Please check the ap Support	· ·			e check the		iate box:
Oppose	upport Nor Oppose	AND	□ D	o not wish to vailable to ar	speak	estions
(If you answered "no of who you represent	you representing an organization of "STOP; you need not complet and go on to the next question beliephone number of each personal	ete the rest 1.)	of this form.	If you answei		
Are you being paid for	or your representation?				Yes	· No
	s part of your other paid duties o, " STOP; you need not compl				☐ Yes red "yes,	7
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 lental 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 that:	are bei	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 _	10	Signature Aaron Hoffmaster Print Name Aaron Hoffmaster

Date: 10/16/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 7 OWI Creek bus rouse	Name Nyataba Bading Address 5215 Bliss St.
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP ; you need not complete of who you represent and go on to the next question	ete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each person	n or organization you are representing:
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid duties (If you answered "no," STOP ; you need not complete question.)	for this person or organization? Yes No ete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Conformation Hearing	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?			
100	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)			
If you are being that:	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 <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 10/16/12 Signature Nyataba Bading				

Date: _	10/16	 ·

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print		PLEASE PR	INT NAME CLEA	\RLY	
Agenda No. #	T us voute.	Name	IIL VUL 2 Kanaz	awa civ	<u> </u>
Please check the app	ropriate box:		Please check the	e appropriate box:	
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to speal Do not wish to Available to		
(If you answered "no,	ou representing an organization of the complex of the complex of the next question of the nex	lete the rest of th		☐ Yes ☐ No ered "yes," provide the na	ıme
Name, address and tel	ephone number of each perso	on or organizatio	n you are representir	ng:	
	· · · · · · · · · · · · · · · · · · ·				
Are you being paid fo	r your representation?			Yes No	
	part of your other paid duties " STOP; you need not comp			Yes No No vered "yes," go on to the n	ıext
Speaking Limits:	Public Hearing (Common Conformation Hearing				

Are you an e other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
100	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
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, –	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 10/16/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print		PLEASE PR	INT NAME CLEA	RLY	
Agenda No	7	Name	J.11 A 1410 Wyl Madrso	quete dewood D n W/53) 7 04
Please check the app	ropriate box:		Please check the	appropriate box:	
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to speak Do not wish to Available to a	c o speak nswer questions	
(If you answered "no,	ou representing an organiza " STOP; you need not con and go on to the next quest	nplete the rest of th	ner than yourself: uis form. If you answe	Yes No ered "yes," provide the	name
Name, address and tel	ephone number of each per	rson or organizatio	n you are representing	g:	
Are you being paid fo	r your representation?			Yes No	
Are you appearing as (If you answered "no, question.)	part of your other paid duti " STOP; you need not con	es for this person on the second of the second of the rest of the second	or organization? nis form. If you answe	Yes No ered "yes," go on to the	e next
Speaking Limits:	Public Hearing (Common Information Hearing	3 min	nutes		

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
100	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				
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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 the City-County Building, Madison, for more information.)				
Date 0	/16/12 Signature JM Arriquete Print Name J111 Arriquete				

Date: 10-16-2012

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Jessa Roche Address 2413 Brentwood Prkwy: Madson, WI 53704
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP; you need not complete of who you represent and go on to the next question. Name, address and telephone number of each person	ete the rest 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 duties: (If you answered "no," STOP; you need not complet question.)	for this person or organization? Yes No ete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Configuration Hearing	3 minutes

		ected 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 answered "no" to the question, go on to the next question.)
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
		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	10-1	4-2017 Signature Moscocke

Date: 1011/4/12	Date:	101	le	17	
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CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print		PLEASE PR	INT NAME CLEA	\RLY
Agenda No. Y	uting #T]	Address <u>25</u>	nn Ger Alsi Oo Brentwi adison, WI	ad PKWy #A
Please check the app	propriate box:		Please check the	e appropriate box:
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to spea Do not wish Available to	
(If you answered "no, of who you represent	and go on to the next ques	mplete the rest of thi tion.)	is form. If you answ	Yes No vered "yes," provide the name
Name, address and tel	ephone number of each pe			ng:
<u> </u>				
Are you being paid fo	r your representation?			Yes Yo
	part of your other paid dut " STOP; you need not con			Yes No wered "yes," go on to the nex
Speaking Limits:	Public Hearing (Common Information Hearing	3 min	utes	

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
100	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 betthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date Will	Signature AANN Print Name Service Alston			

Date: 16/16/2012

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. operat	Name Cindy Crane Address Northerdo Plany Consel
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP ; you need not complete of who you represent and go on to the next question	ete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each person	n or organization you are representing:
Northy Side Planning	Council - Brandwood
Neighborhood J	Connet - Brandwood 661-0060 Est 2
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties: (If you answered "no," STOP ; you need not complet question.)	for this person or organization? Yes No ete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Configuration Hearing	3 minutes

Are you an eother govern	ected official or employee who is appearing solely on behalf of your office or for your municipality nental body? Yes No	or
	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.)	зn
If you are be that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advise	ъä
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 he City-County Building, Madison, for more information.)	at
Date	Signature	
	Print Name	



Date:	
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WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common C	Council			
Please Print	•	COMMITTEE				
		PLEASE	PRINT NA	ME CLEARLY		
THE PROPERTY OF THE PROPERTY O		Name	Ted De	<u>eDee</u>		
Agenda No	7	Address		Comanche L	ι,	.
		-	Mad190	n, W1 5	3704	
Please check of	ne:	AND	Plea	se check:		
Support			X	Wish to Spe	ak	
Oppose						
Neither!	Support Nor Opp	pose				
(If you answered "no	ou representing an orgar o," STOP; you need not and go on to the next qu	complete the rest				? name
Name, address and te	lephone number of each	person or organiz	ation you are	representing:		
Overture C	enter for the	A1/2 201	State St	sveet, Madia	Son, W1 5	3703
		·				
Are you being paid for	or your representation?		•	X Ye	es 🗌 No	
	part of your other paid of "STOP; you need not					e next
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items	3	minutes	· .		•

(SEE BACK)

	REGIOTION OF ATEMENT - 1 NOT 2				
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? Yes No				
(If you answer this form. If yo	If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.)				
If you are bei 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.				
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(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)				
Date 10[1	Signature Print Name Ted De Dee				



Date: 10/10/17

WISH TO SPEAK FORM

CITY OF MADISON

Registration State	ment - Common Council	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No.	Name OW TASTING Address 125 N. HAWILTON ST WADISON	软件
Please check one:	AND Please check:	
Support	Wish to Speak	
Oppose		
Neither Support N	for Oppose	
(If you answered "no," STOP; you of who you represent and go on to Name, address and telephone numbers.	ag an organization or a person other than yourself: "Yes No need not complete the rest of this form. If you answered "yes," provide the the next question.) oer of each person or organization you are representing:	? name
201	STATE	
4/11	121201	
Are you being paid for your repress	entation? 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 th	e next
Information	ing (Common Council)5 minutes Hearing	

Are you other go	an ele	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you d this forn	inswere n. If you	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 a that:	ire 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 Room 10	go to 03 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: 10/16/12

WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common	Council		
_	•	COMMITTEE			
Please Print		PLEASI	E PRINT NAME CLE	EARLY	•
TRANSPORTED TO THE PROPERTY OF			JASON HL		
Agenda No		Address	6608 MAYW	DOD AVE	
			MIDDLETON	, WI 535	62
Please check of	one:	AND	Please che	ck:	
Support			Wish	to Speak	, fe
Oppose		,			
Neither S	Support Nor Opp	oose			
(If you answered "no	ou representing an orgar ," STOP; you need not and go on to the next qu	complete the rest			No de the name
Name, address and to	lephone number of each	person or organiz	cation you are represent	ing:	·.'
		· · · · · · · · · · · · · · · · · · ·			
	·	• .			
Are you being paid for	r your representation?		•	Yes In	Żo ·
	part of your other paid of "STOP; you need not o			Yes We wered "yes," go on	
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items	3	minutes	:	

(SEE BACK)

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If yo: this fo	u answei orm. 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 that:	ı 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?
(Pleas Room	se go to 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 ₋	10/	16/12 Signature Ass. HURWITZ
		ι



WISH TO SPEAK FORM

CITY OF MADISON

Registrati	on Statement -	Common Co	uncil	
Please Print Agenda No(Name	PRINT NAME CLEARLY JAY YOUNG OBSERVATORY Rel	
Please check on	e:	AND	Please check:	
Support			Wish to Spea	K .f
Oppose		•		
Neither Su	ipport Nor Opi	oose		
of who you represent a	STOP; you need not nd go on to the next qu	complete the rest of uestion.)	other than yourself: Yes this form. If you answered "yes, ion you are representing:	∑No " provide the name
		,		
Are you being paid for	your representation?		Yes	₩o.
Are you appearing as pa (If you answered "no," question.)			or organization?	" go on to the next
	Public Hearing (Comn nformation Hearing Other Items	3 m	inutes	

(SEE BACK)

		REGISTRATION STATEMENT - 1 AGE 2
		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you this for	answer m. 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 that:	are beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please Room I	go to	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 _	10/	Signature Drint Name SAY YOUNG



WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common C	Council	<u> </u>		AMO (C. 1 pl - s)
Please Print		PLEASE	E PRINT NA	AME CLEARL	Υ.	
Agenda No		Name Address	RONNI Home	E BAN	RBET	(Companyor)
Please check of	ne:	AND	Plea	ase check:		
Support				Wish to S	Speak ."	
Oppose						
At this meeting are y (If you answered "no	ou representing an organ, "STOP; you need not and go on to the next q	nization or a perso	n other than y			o e the name
Name, address and te	elephone number of each	n person or organiz	ation you are	e representing:		*.
Are you being paid fo	or your representation?				Yes No	0 :
	part of your other paid," STOP; you need not] Yes	
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes	٠.	:	

(SEE BACK)

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form. If	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 b that:	eing 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 fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name



WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -		Council			
	•	COMMITTEE	•			
Please Print		Di Eace	- DDINIT NIA	ABER OLFADIV	•	
		PLEASE	PRINT NA	ME CLEARLY	·	
		Name	17/1-e	n Bark	ott	
Agenda No	7	Address	293	9 Barlu	w St.	
			Mac	laun Wi	<u> 537</u>	05
Diago de colv	~ ~ ·	AND	Dlog	, so obook		
Please check	one:	AND	rica	ise check:		
Support				Wish to Sp	eak "	
Oppose		•				
Neither!	Support Nor Opp	nose				
I (OI CII OI)						
(If you answered "no of who you represent	you representing an organ o, "STOP; you need not t and go on to the next que elephone number of each	complete the rest uestion.)	of this form. I	If you answered "y	es PNo ves," provide the	? name
Are you being paid for	or your representation?			Y	es No	
	s part of your other paid on," STOP; you need not				~ ,	ne next
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3	minutes	• ,		

(SEE BACK)

	REGISTRATION STATEMENT - PAGE 2
Are you and other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form. If	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 b 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 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 Allen Barkoff



Date: 10/16/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	ouncil	
Please Print	PLEASE	PRINT NAME CLEARLY	
Agenda No. 7 (Exector)	Name	HOWARD LANDS.A 318 ELMSIDE MADISON WI	BLVD
Please check one:	AND	Please check:	
Support for acrive's AA3 Acces Oppose Neither Support Nor Op		Wish to Sp	eak Ti can't stry Past 7:30 s
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 of question.)	of this form. If you answered "y	—
,			
	· · ·		
Are you being paid for your representation?		Y	es No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes	
	(SEE BACK)	· •	

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		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you this fo	u answei orm. If ye	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 that:	ı are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Pleas Room	se go to 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 .		Signature
		Print Name



•	Date:		Oct 10	12
		,		
	•			

CITY OF MADISON

Registration Statement -	Common Committee	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	Name	Sachi Komai 218 State St Madison W 1 53703
Please check one:	AND	Please check:
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 que Name, address and telephone number of each	complete the rest o uestion.)	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 paid of (If you answered "no," STOP; you need not a question.)		Yes No on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comm Information Hearing Other Items	3 r	minutes

	are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?				
(If yo1 this fo	ı answei rm. 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 that:	are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Pleas Room	e go to 103 of ti	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 _	14	Signature Roy Cha Print Name Sachi Komai			



Date:	,
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CITY OF MADISON

Registrati	on Statement	Common C	Council				
	•	COMMITTEE			•		
Please Print		PLEASE	PRINT NA	AME CLEA	RIY.		
		Name		n She	1		
Agenda No.	distribution	Address	2/3 We	estmorte	and p	Blud	
				n, w_1			
Please check or	ie:	AND	Plea	ase check	· •		
Support			X	Wish to	Speak	.i.	
Oppose	>	•					
Neither St	ipport Nor Opp	ose					
		•					
At this meeting are you (If you answered "no, of who you represent a	' STOP; you need not	complete the rest	n other than y	yourself: <i>If you answer</i>	Yes red "yes," j	☐ No provide the no	ате
Name, address and tele	phone number of each	person or organiz	ation you are	e representing	5 :		
CTM (chi)	dren's Theate	er D. Mad	ian	608. 6	955,0	2080	
			,				
					· · · · · · · · · · · · · · · · · · ·		
Are you being paid for	your representation?		•		Yes	⊠ No	
Are you appearing as p (If you answered "no," question.)					☐ Yes red "yes," {	No go on to the n	ıext
	Public Hearing (Comn Information Hearing Other Items	3	minutes	· .			

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.)
ing 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.)
Signature Rosean Sheridan Print Name Roseann Sheridan



Date: 10/16/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	Council
	COMMITTEE	
Please Print	PLEASE	E PRINT NAME CLEARLY
	Name	Chris Gauthild
Agenda No.	Address	1602 S. Park ST #224
CONTRACTOR IN	- -	Madison, het 537/5
Please check one:	AND	Please check:
Support		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 c	n other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organiza	ation you are representing:
IATSE #251		
_ 1602, 5 AV15 ST #2	-24	
Madison ht s	537/5	
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid do (If you answered "no," STOP; you need not constitution.)		on or organization? Yes No No f this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comm Information Hearing Other Items	3 r	minutes

	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:	sing paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go to Room 103 of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date (0	Signature Signature Chris Grandia



Date: 10-16-12

WISH TO SPEAK FORM

CITY OF MADISON

Registra	ation Statement -		Council	
	• .	COMMITTEE		
Please Print		PLEASI Name	E PRINT NAME CLEARLY	
Agenda No.		Address	210 Marinette Pril	
Please check	one:	AND	Please check:	
Support			Wish to Speak	
Oppose		•		
Neither Neither	Support Nor Opp	pose		
(If you answered "r	you representing an orgar to," STOP; you need not to and go on to the next qu	complete the rest	on other than yourself: Yes No t of this form. If you answered "yes," provide the nam	1e
Name, address and to	elephone number of each	person or organiz	zation you are representing:	
122	W. Wash	· .		
Are you being paid	for your representation?		Yes No	
	s part of your other paid of o, "STOP; you need not		son or organization? Yes No of this form. If you answered "yes," go on to the nex	:t
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items	3	3 minutes	

	REGISTRATION STATEMENT - PAGE 2
	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
(If you answ this form. If	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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Room 103 o	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date / /	Signature / WWW SUNNUM Print Name



Date: $\frac{1D}{16}$

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	ouncil		
Please Print DAY SHELTER Agenda No.	PLEASE Name _ Address _	PRINT NAME CI 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	LEARLY CUBER WASHIN	570 N ±
Please check one:	AND	Please ch	eck:	
Support		Wis	sh to Speak	. fe
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	-		☐ No rovide the name
Name, address and telephone number of each	person or organiza	ation you are represe	enting:	
				•
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 of question.)	_	_		No on to the next
Speaking Limits: Public Hearing (Comm Information Hearing Other Items	3 1	minutes	· .	

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(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.)
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	o the City Clerk's website <u>www.citvofmadison.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



D	101	1/ _	•
Date:		10	
	,	· ·	

CITY OF MADISON

Registration Statement -	COMMITTEE	Council
Please Print Agenda No. Butgt Amendment \$75K Jasse #7	PLEASI Name Address	SE PRINT NAME CLEARLY Jen Thomps 1209 6ilsm St 537/3
Please check one:	AND	Please check:
Support Support		Wish to Speak
Oppose		
Neither Support Nor O	pose	
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest question.)	st of this form. If you answered "yes," provide the nam
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.)	l duties for this pers t complete the rest	erson or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	3	.3 minutes

Are you an elother government	lected 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 be that:	ing 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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

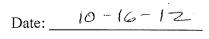


	Date:	

CITY OF MADISON

Registration Statement -	Common C	Council		-
Please Print		E PRINT NA	AME CLEARLY	
Agenda No.	Name Address	3041	son Williams	ave.
Please check one:	AND	Plea	ase check:	
Support		H	Wish to Spea	.fv
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	t complete the rest	on other than y of this form.	yourself: Yes If you answered "yes,	
Name, address and telephone number of eac	h person or organi	zation you are	representing:	4.
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 pers t complete the rest	son or organiz of this form.	zation? Yes If you answered "yes,	No go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	······	3 minutes	•	

		ALCO TO THE CONTROL OF THE CONTROL O
		elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If yo this fo	u answe orm. 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.)
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(Plea: Room	se go to 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 Mysses Williams





Registration Statement -	Common Co	uncil
	COMMITTEE	
Please Print		
		PRINT NAME CLEARLY
	Name	Trish Olkane
Agenda No	Address	2301 montery Dr.
		Trish Olkane 2301 Montery Dr. Madison
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.)	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.)		n or organization? Yes No Yes," go on to the next
Information Hearing	mmon Council)5 1 g3 1	ninutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?	
(If you ansv this form. Ij	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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(Please go Room 103 d	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	



Date: $\frac{16/16/2.012}{}$

WISH TO SPEAK FORM

Registration Statement	Common Council
Please Print Agenda No	PLEASE PRINT NAME CLEARLY Name Dominic Stryker Address 161 Talmadge 5t Madison WI 53704
Please check one:	AND Please check:
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 que. Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name uestion.)
Madison WI 97715 Bonts of Brazil (GROCE)	7 1 1602 South Parts Et # 220 in Madison 161 Jalmadse 54. 93704
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 person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council)5 minutes

	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, 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.	
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
	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-\$2012

WISH TO SPEAK FORM

Registration Statement -		uncil		
Please Print Agenda No. 47	PLEASE F Name Address	PRINT NAME O	Clearly Walter	
Please check one:	AND	Please c	check:	
Support		Ø W	ish 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 q Name, address and telephone number of each	complete the rest of uestion.)	this form. If you	answered "yes," pr	No No rovide 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 not question.)				No on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3 r	ninutes		

	REGIONALITIES TO THE E			
Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?			
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
If you are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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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	Print Name Overgong Walter			



Registration Statement -	Common C	Council	
Please Print	PLEASE	SE PRINT NAME CLEARLY	
Agenda No	Name Address	BRUCE WALBAUM 1920 RUTLEDGE MADISON, WI	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
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 of Name, address and telephone number of each	anization or a person of complete the rest question.)	st of this form. If you answered "yes," provide the nan	1e
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 per ot complete the rest	erson or organization? Yes No st of this form. If you answered "yes," go on to the ne.	xt
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	3	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 ental body?
(If you answer this form. 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 are being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/elerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature Point Name P



Date:	

Registration Statement -		uncil
	COMMITTEE	
Please Print	PLEASE I	PRINT NAME CLEARLY
		18th Harris Custer
Agenda No.	Name _	14 Did not Col-
Agenda 110.	Address	17 FINGUARY (120)
		101(45 5 5)11
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		1
Neither Support Nor Op	INASE	
	,	
At this meeting are you representing an organized (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each way.	ot complete the rest of question.)	this form. If you answered "yes," provide the name
201 State 82		
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.)		n or organization? Yes No f this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 1 53 1	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, STOP. 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 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.
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)
Date 10 (a/10 Signature Print Name Print Name Signature Print Name



Date: $\frac{10}{16}/12$

WISH TO SPEAK FORM

Registration Statement -	Common C	Council
	COMMITTEE	
Please Print	PLEASI	E PRINT NAME CLEARLY
	Name	Frenda Gonzalez
Agenda No.	Address	1678 Carital Ava
		Madison WI 5370S
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
		The second secon
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.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com		
Information Hearing Other Items		

*				
Are you an ele	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?			
(If you answere this form. 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 are bein that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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(Please go to 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 Oct	16 2012 Signature Print Name Brenda Gonzalo2			



Date:	
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CITY OF MADISON

Registrat	tion Statement	Common C	Council		
Please Print Agenda No.		PLEASE Name Address	EPRINT NA Bel 30	MECLEARLY OLK Kon	kel Ske St
Please check o	ne:	AND	— Mal Plea	se check:	<u>s 370</u>
Support Oppose			X	Wish to Speak	.6.
	Support Nor Opp	oose			
(If you answered "no of who you represent	ou representing an orgar s," STOP; you need not and go on to the next qu lephone number of each	complete the rest lestion.)	of this form. Ij	f you answered "yes," pr ·	No ovide the name
Are you being paid for	or your representation?			☐ Yes [] No
	part of your other paid of "STOP; you need not			ation?	No on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes		

REGISTRATION STATEMENT -1 AGE 2				
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, STOP. 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 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 <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 10/16/12 Signature Brenda K Konkel				



Date:	

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement	Common Co	ouncil	
Please Print Agenda No.		PLEASE Name Address	PRINT NAME CLE JANET 128 N. 1 Muclisan	ARLY PINATINO Tamilton 87.
Please check o	ne:	AND	Please chec	ek:
Support			Do not	t wish to speak
Oppose Neither S	upport Nor Opp	oose		
(If you answered "no	ou representing an organ "" STOP; you need not and go on to the next qu	complete the rest o		Yes No No wered "yes," provide the name
Name, address and te	lephone number of each	person or organiza	tion you are represent	ing:
Are you being paid fo	r your representation?			☐ Yes No
Are you appearing as (If you answered "no, question.)	part of your other paid on "STOP; you need not	duties for this perso complete the rest o	n or organization? f this form. If you ans	Yes No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 ı	ninutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answered "yes" to the question, STOP. 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 being paid for your that:	representation, or if your appearance is part of other paid duties, please be advised			
1. Before you eng with the City C	gage in lobbying as a lobbyist, you or your principal must file an authorization lerk.			
2. Your principal City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
period (half ye	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date (6/16/12	Signature Alle The			
	Print Name July Print Name			



Date:

DO NOT WISH TO SPEAK FORM

Registration Sta	tement - Common Council COMMITTEE	
Please Print Agenda No.	PLEASE PRINT NAME CLEARLY Name Address 4515 5 About New Example 1051	
Please check one:	AND Please check:	
Support✓ OpposeNeither Support	Do not wish to spe	eak
	nting an organization or a person other than yourself: Yes you need not complete the rest of this form. If you answered "yes," pro to the next question.)] No wide the name
<u> </u>	umber of each person or organization you are representing:	
	ur other paid duties for this person or organization? Yes you need not complete the rest of this form. If you answered "yes," go	No No on to the next
Informat	Hearing (Common Council)5 minutes tion Hearing	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	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			
	Print Name			



Date:	14	14	12

DO NOT WISH TO SPEAK FORM

Registration		Common Cou	ıncil		
Please Print			RINT NAME CLEA	ARLY	
Agenda No.		Name	JEFF PORT 38 W. LAKE MADISON	ER SIDE ST WI 53715	
Please check one	:	AND	Please chec	ek:	
Support			Do not	wish to speak	
Oppose					
Neither Sup	port Nor Oppo	se			
At this meeting are you really of who you represent and Name, address and teleph	STOP; you need not cold go on to the next ques	mplete the rest of the stion.)	his form. If you answ	Yes No vered "yes," provide the nan ng:	ne
1602 S	PACK ST	#224			
MAD 1500	MU 331.1	<u> </u>			
Are you being paid for yo	our representation?			Yes No	
Are you appearing as par (If you answered "no," S question.)				☐ Yes ☑No vered "yes," go on to the ne	xt
In	ablic Hearing (Commo formation Hearing ther Items	3 mi	nutes		

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 answer this form. 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.)		
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date			
Date / C	Print Name Print Name		



Date: 10/16/12

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement	COMMITTEE	ouncil	
Please Print Agenda No.		PLEASE Name _ Address _	PRINT NAME CLEAR BRENDA NEF	₹
Please check o	ne:	AND	Please check	•
☐ Support☐ Oppose☐ Neither S	upport Nor Opp	oose	Do not w	vish to speak
(If you answered "no, of who you represent	and go on to the next qu	complete the rest (estion.)		☐ Yes ♠️ No red "yes," provide the name :
	part of your other paid d			☐ Yes ☑ No ☐ Yes ☑ No red "yes," go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	3	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?		
	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	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	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:	
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Registration Statement	- Common Council COMMITTEE			
Please Print	PLEASE PRINT NAME CLEARLY			
Agenda No.	Name WAYNE GLOWAC Address 4472 CELEST, AL CR (2055 PLA.NSW)			
Please check one:	AND Please check: 53525			
Support	Do not wish to speak			
Oppose Neither Support Nor Oppose				
	rganization or a person other than yourself: Yes No No not complete the rest of this form. If you answered "yes," provide the name at question.)			
Name, address and telephone number of e	ach person or organization you are representing:			
Are you being paid for your representation				
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 ng 3 minutes 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.)		
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)			
Date	Signature		
	Print Name		



Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Justine Victorian Address 418 For Joy Rue MADISM WI 53705
Please check one:	AND Please check:
Support	Do not wish to speak
☐ Oppose☐ Neither Support Nor Opp	ose
At this meeting are you representing an organic (If you answered "no," STOP; you need not cof who you represent and go on to the next que	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
1602 5 Park SI	51
Are you being paid for your representation?	☐ Yes 🗵 No
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not a question.)	uties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non Council)5 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?
, , ,	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
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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 the City-County Building, Madison, for more information.)
Date	Signature Print Name Justine Victorian





Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Victoria Hurwitz Address 6608 Maywood Ave Middletton, W1 53562
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Op	pose
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the nan
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 person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council)5 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		
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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 the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date:	 	

Registrat	ion Statement	Common Committee	ouncil	
Please Print Agenda No.		PLEASE Name Address	PRINT NAME CLEARL Danie H. (9 N. Hancoc Madison Le	Y [a]/ahar k st I 53703
Please check o	ne:	AND	Please check:	
Support			Do not wis	sh to speak
Oppose			6	
At this meeting are you (If you answered "no,	upport Nor Oppout Nor	nization or a persor complete the rest o	other than yourself: [] Yes No ! "yes," provide the name
Name, address and te	ephone number of each	n person or organiza	ation you are representing:	
(If you answered "no,	part of your other paid		on or organization?	Yes No Yes No ''yes," go on to the next
question.) Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3	minutes	

Are you an el other government		aring solely on behalf of your office or for your municipality or Yes No
	red "yes" to the question, STOP. You now answered "no" to the question, go on	eed not complete the rest of this form, except that you must sign n to the next question.)
If you are be that:	ing paid for your representation, or if y	our appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lowith the City Clerk.	obbyist, you or your principal must file an authorization
2.	Your principal is not permitted to aut City Clerk.	horize you to lobby unless you are registered with the
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.cityof</u> he City-County Building, Madison, for i	madison.com/clerk/index.html or go to the Clerk's Office at nore information.)
Date	16/12 Signature	Daniel H Callahan
	Print Name	



Date: 10-16-2012

DO NOT WISH TO SPEAK FORM

Registrati	on Statement - ַ	Common Co	uncil		
Please Print		COMMITTEE	RINT NAME CLE	ADLV	
Agenda No.		Name	Jodd J 49 Pivision Yadisow, W	Dica U st. #2 E. 53704	
Please check or	ie:	AND	Please chec	ek:	
Support			Do not	t wish to speak	
Oppose					
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of what was and telement and the second s	" STOP; you need not and go on to the next q	t complete the rest of uestion.)	this form. If you answ	Yes No wered "yes," provide the n	iame
Are you being paid for	your representation?			☐ Yes ☐ No	
Are you appearing as p (If you answered "no, question.)	• .	_	•	Yes No No wered "yes," go on to the	next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	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?		
1 0 0	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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(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>/0 - l</u>	Signature Print Name Toda Sulign	



Date: 10/16/2012

DO NOT WISH TO SPEAK FORM

Registration Statemer	t - Common Council COMMITTEE	
Please Print	DI FACE DEINT MARKE OF FACILY	
	PLEASE PRINT NAME CLEARLY	
er of	Name Kelly Krein	
Agenda No	- Address 626 W. Olin Avenue #f	
	Madison, WI 53715	
Please check one:	AND Please check:	
Support	Do not wish to speak	
Oppose		
Neither Support Nor	Onnose	
	oppose .	
	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the ext question.)	name
Name, address and telephone number o	each person or organization you are representing:	
RSVP of Dane County		
517 N Segoe Ste. 300		
Madison WI 53705		
Are you being paid for your representat	on? Yes No	
	paid duties for this person or organization? Yes No land the rest of this form. If you answered "yes," go on to the	e next
Information Hea	Common Council)5 minutes ring	

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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.)
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



CITY OF MADISON

Registration Statemen	t - Common Council COMMITTEE
Please Print Agenda No.	PLEASE PRINT NAME CLEARLY Name Marti Dapin Address Dane County
Please check one:	AND Please check:
At this meeting are you representing an o (If you answered "no," STOP; you need of who you represent and go on to the next	ppose a day shelter in Madison you in advance rganization or a person other than yourself: Yes No not 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 part (If you answered "no," STOP; you need a question.)	
Information Heari	ommon Council) 5 minutes ng 3 minutes

(SEE BACK)

	(Leoio) to the leoio and the	
Are you an ele	cted official or employee who is appearing solely on behalf of your office or for your municipality or Yes No	
this form. 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 are beir 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 to	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	