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 Agenda No.	PLEASE PRINT NAME C	PARTON
Agenda 110.	Address 350 S. H.	AMILTON ST.
Please check the appropriate b		k the appropriate box:
Support Oppose Neither Support N	- Available	speak Must leave by wish to speak 7, 25 pm. le to answer questions
(If you answered "no," STOP ; y of who you represent and go on	• '	answered "yes," provide the name
•	amber of each person or organization you are repres	senting:
002	ARERE CENTER FORNDATION	
		:
Are you being paid for your repr	resentation?	Yes No
	or other paid duties for this person or organization? you need not complete the rest of this form. If you detect the rest of this form.	
	earing (Common Council)5 minutes ion Hearing	

•	an elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental 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				
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 $\bigcirc \bigcirc \bigcirc \bigcirc \nearrow $	Signature DEIR DE GARTON				

		10/3/12	
		Date:	

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil		
Please Print	PLEASE	PRINT NA	AME CLEARLY	
		Susan		
Agenda No.	Address	610 K	Midvale Blvd	
	_		53704	
Please check one:	AND	Plea	ase check:	
Support		\searrow	Wish to Speak	
Oppose				
Neither Support Nor Op	nose			
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 n	ame
	·			
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.)				next
Speaking Limits: Public Hearing (Con Information Hearing 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 ther 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.)				
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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: $\frac{10/30/12}{}$

WISH TO SPEAK FORM

Registration Statement -		Council	
	COMMITTEE		
Please Print		- DDINT NAME OF E	NDL V
	PLEASI	E PRINT NAME CLEA	ARLY
	Name	KATHE N	1CHOCS
Agenda No.	Address	2708 LAK	ELAND AVE
		MA-D150,	N W15370
Please check one:	AND	Please chec	k:
Support Addition	hul	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	ot complete the rest	on other than yourself: of this form. If you answ	Yes
Name, address and telephone number of each	ch person or organi	zation you are representi	ng:
TIPGT INITED	MERHODI	ST CHURCH	/
203 W/ AL	12		
MAD 500	WI 53-	43	
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	son or organization? of this form. If you answ	Yes No No yered "yes," go on to the next
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	g	3 minutes	

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?				
	red "yes" to the question, Sou answered "no" to the qu		eed not complete the rest of this f to the next question.)	orm, except t	hat you must sign
If you are being that:	ng paid for your represent	tation, or if y	our appearance is part of other	paid duties, p	blease be advised
1.	Before you engage in lob with the City Clerk.	obying as a lo	bbyist, you or your principal mu	st file an auth	norization
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 he City-County Building, N		nadison.com/clerk/index.html or nore information.)	go to the (Clerk's Office at
Date		Signature Print Name	Hathio Mile KATHIE NICH	holo	



Date: $\frac{10/30/1}{2}$

WISH TO SPEAK FORM

Registration Statement -	Common C	Council	
_	COMMITTEE	٠.	
Please Print			
		PRINT NAME CLEARLY	
2	Name	BILL SCHEE	2
Agenda No	Address	21 RUSTIC R	PIDGE CT.
		MADISON, L	WI S3716
Please check one:	AND	Please check:	
Support		Wish to Spe	ak
Oppose			
Neither Support Nor Op	nose		
Retiner 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	t complete the rest	on other than yourself: Xe of this form. If you answered "ye	
Name, address and telephone number of each	h person or organi	zation you are representing:	
MARIC RECHLICZ:	5751 Til	ner View El Fite	HBUM, WI 537
MARIC RECHLICZ: ROB MURANYI 18	B W: COPF	The CIRCLE MADISON	608-273-3338 WI.53717279-19
TOM BENSON 20	134 MUIR	FIELD Rd 53719 B	08-271-7660
Are you being paid for your representation?		☐ Ye	es 📈 No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this per t complete the rest	son or organization?	
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes	

		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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
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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 _	10	130/12 Signature William Schen
		Print Nama WILLIAM T CHARR



Date: 10/30/12

WISH TO SPEAK FORM

Registration Statement -	Common C	Council	,	
Please Print			ME CLEARLY	
Agenda No.	Name Address	Tach 1000	Madden Edgewood	College Pr.
Please check one:	AND	Plea	ase check:	
Support			Wish to Spea	ak
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest juestion.)	of this form.	If you answered "yes	No N
Are you being paid for your representation?			☐ Yes	s 🔲 No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this per t complete the rest	son or organiz of this form.	zation?	
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or 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.)
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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: 10 |30|1

WISH TO SPEAK FORM

Registration Statement -				
Please Print (0) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PLEASE PRINT NAME CLEARLY			
Agenda No. 3	Name Name Howstettal Address 3746 Ross 57 MALL 53705			
Please check one:	AND Please check:			
Support	Wish to Speak			
Oppose				
Neither Support Nor Op	ppose			
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)				
Information Hearing	mmon Council)5 minutes g3 minutes3 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?					
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you fyou answered "no" to the question, go on to the next question.)	must sign				
If you are be that:	peing paid for your representation, or if your appearance is part of other paid duties, please b	e advised				
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	o n				
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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 $10\sqrt{3}$	30/12 Signature M. C. 3 Oct.					
	Print Name Name 100672421					



Date:	10/	27	1/	2	
		, ,	,		

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil		
Please Print	PI FASE	PRINT NAME CL	FARIY	
Agenda No3	Name	Pam Mc	Cord - OWNERY EST. (TUTTO PA	
Please check one:	AND	Please ch	eck:	
Support		Wis	h 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.) n person or organiz	of this form. If you a ation you are representation	nswered "yes," provide the	ne name
PASTA PASSION INC DBA				
305 STATE ST. MADISON,	WI 53703	608-294-1000) cell 603 · 287 - 6	<u> 483</u>
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 ☑ No ☐ Yes ☑ No Inswered "yes," go on to t	he next
Speaking Limits: Public Hearing (Com Information Hearing. 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? Yes No				
(If you answer this form. If yo	ed "yes" to the question, u answered "no" to the q	STOP. You need uestion, go on to	d not complete the rest of this form, except that you must sign the next question.)	
If you are being that:	ng paid for your represer	ntation, or if you	ar 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 '>	-27-12	Signature	PSIL	
		Print Name	Pamela S. McCord	



Date: 10/30/2612

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	<u>Council</u>		
Please Print	PLEASI	E PRINT NA	ME CLEARLY	
Agenda No.	Name Address		Morde Co	
Please check one:	AND	Plea	se check:	
Support New amo	dur		Wish to Sp	oeak
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 of Name, address and telephone number of each	ot complete the rest question.) ch person or organize	of this form. I	If you answered '	Yes
Northeide Plane	ring con	nc:	- #2-(90)(00-11-0-1	
2702 Int. Ln,	·			
Madeson, WI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- 10-48 -
Are you being paid for your representation?	,		Ŋ,	Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	I duties for this person to complete the rest	son or organiz of this form. I	ation? \(\sum_1\) If you answered	
Speaking Limits: Public Hearing (Con Information Hearing Other Items	5	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 beithat:	If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:				
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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				



Date:	
Daw.	

WISH TO SPEAK FORM

Registration Statement -	Common C	Council		
Please Print	PLEASE	E PRINT NAME CLEARLY		
Agenda No.	Name Address	N3121 CENTER ST. LAKE GENEVA		
Please check one:	AND	Please check:		
□ Support		Wish to Speak		
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?		☐ Yes ☐ No son or organization? ☐ Yes ☐ No		
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this per complete the rest	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	***************************************	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?					
	'yes" to the question, i nswered "no" to the q		not complete the rest on the next question.)	of this form, except	that you must sign
If you are being pathat:	aid for your represen	tation, or if your	appearance is part of	other paid duties,	please be advised
	fore you engage in lob h the City Clerk.	obying as a lobby	ist, you or your princi	pal must file an aut	horization
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	City Clerk's website ity-County Building, M		ison.com/clerk/index.h information.)	<u>tml</u> or go to the	Clerk's Office at
Date	0/12	Signature	Jim Go	mant G	



Date:	10	-30-	1	2	
Dote:	10	20-	/	Q -	
Date.	<u> </u>	4	٠.		

WISH TO SPEAK FORM

Registration Statement -		ouncil
Diago Duint	COMMITTEE	
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	Name	Lise Viscardi
Agenda No.	Address	2975 Dryn Wed 12
		thehouse WI
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	nasa	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest ruestion.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		son or organization? Yes No Yo Yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing) Other Items		3 minutes

		cted official or employe ental body?	e who is appeari	ng solely on behalf of your office or for your municipality or Yes No	
(If you an this form.	(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 that:	e bein	g paid for your represe	ntation, or if you	ar appearance is part of other paid duties, please be advised	
1.		Before you engage in lewith the City Clerk.	obbying as a lobl	byist, you or your principal must file an authorization	
2.		Your principal is not p City Clerk.	ermitted to author	orize you to lobby unless you are registered with the	
3.		If your principal spend period (half year), the remainder of the calend	principal must	file expense statements with the City Clerk for the	
(Please g Room 103	go to 3 of th	the City Clerk's webs ne City-County Building,	ite <u>www.cityofm</u> Madison, for mo	adison.com/clerk/index.html or go to the Clerk's Office at ore information.)	
Date		0_30-12	Signature	Low Vocada	
			Print Name	Usa Viscard	



Date: 10 30 12

WISH TO SPEAK FORM

Registratio	n Statement	Common C	Council		
•		COMMITTEE			
Please Print		PLEASI	E PRINT NAM	IE CLEARLY	
Aganda Na 3		Name	Jennite Envis	er Gray	
Agenda No.		Address	Madisi	on 5370:	5
Please check on	e:	AND Please check:			
Support				Wish to Speal	K
Oppose					
Neither Su	pport Nor Opp	oose			
At this meeting are you (If you answered "no," of who you represent ar	STOP; you need not	complete the rest	on other than you of this form. If	urself: Yes you answered "yes,'	☐ No " provide the name
Name, address and telep	phone number of each	person or organi	zation you are re	epresenting:	
Forwar	rd Theater	Conya	ny	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
234-	500		/		
		The South Address of the South			-
Are you being paid for	your representation?			☐ Yes	☑ No
Are you appearing as pa (If you answered "no," question.)	art of your other paid of STOP; you need not	duties for this per complete the rest	son or organizat of this form. If	tion? Yes you answered "yes,	No No go on to the next
]	Public Hearing (Comr Information Hearing Other Items		3 minutes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date	Signature
	Print Name



Date:

WISH TO SPEAK FORM

Registration Statemer		ouncil		
	COMMITTEE		• .	
Please Print	PLEASE	PRINT NAME	CLEARLY	
Agenda No Colf 3	Name Address	Chris L. 4519 Shu MadisogN	gnih ce Acres , WI	
Please check one:	AND	Please c	heck:	
Support		\boxtimes W	ish to Speak	
Oppose				
Neither Support Nor	Oppose			
At this meeting are you representing an (If you answered "no," STOP; you nee of who you represent and go on to the no. Name, address and telephone number of the no.	ed not complete the rest next question.)	of this form. If you	answered "yes," provide	
Are you being paid for your representat Are you appearing as part of your other	paid duties for this pers	son or organization	☐ Yes ☑ No	0
(If you answered "no," STOP; you nee question.)	ed not complete the rest	of this form. If you	answered "yes," go on t	o the next
Information Hea	(Common Council)	3 minutes		

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
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Date	Signature
	Print Name



WISH TO SPEAK FORM

Registra	tion Statement -	Common Council			
		COMMITTEE			
Please Print		PLEASE	PRINT NAM	ME CLEARLY	
Agenda No.	3	NameAddress	10m 4017	Foley	CRES.
Please check	one:	AND	Pleas	se check:	
Support			\square	Wish to Speak	
Oppose					
Neither !	Support Nor Op	pose			
(If you answered "no	you representing an orga o, " STOP; you need not t and go on to the next q	t complete the rest	n other than yo of this form. If	ourself: Yes You answered "yes," p	☐ No provide the name
Name, address and to	elephone number of eac	h person or organiz	ation you are i	epresenting:	
Bill 5	derer-	Glew WI	74 6	off Pro	
	And the second s		J		
Are you being paid f	for your representation?			Yes	ĎNo
Are you appearing as (If you answered "no question.)	s part of your other paid o," STOP; you need not	duties for this pers t complete the rest	on or organiza of this form. If	tion?	☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing.	3			

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name



Date:	

WISH TO SPEAK FORM

Registrati	on Statement - ַ	Common C	<u>ouncil</u>	•	
Please Print		PLEASE	PRINT NAME	CLEARLY	
Agenda No.		Name _ Address _	Teffr 1605 Tou	ey Selles Morse, ghton	opurj
Please check or	ne:	AND	Please	check:	
Support			V	Wish to Speak	K
Oppose	·				
Neither St	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent of Name, address and tele	" STOP; you need not and go on to the next q	complete the rest (uestion.)	of this form. If yo	ou answered "yes,"	☐ No ' provide the name
					_
Are you being paid for	your representation?			☐ Yes	No
Are you appearing as p (If you answered "no," question.)	oart of your other paid "STOP; you need not	duties for this pers	on or organizatic of this form. If yo	on? Yes ou answered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. 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, 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 beinthat:	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 he City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				



Date: 10/30/20/2

WISH TO SPEAK FORM

Registration Statement -	Common C	Council			
	COMMITTEE		٠.		
Please Print	DI EACI	E PRINT NA	ME CLEAD	ıv	
	PLEASE	EPRINT NA	IVIE CLEAR	LT	
Agenda No. <u>3</u>	Name Address	JAN 1900 MA	HAM 4 HIL D150	JON JON	HEAS
Please check one:	AND	Plea	se check:		
De Support funders q	5 Murtu		Wish to	Speak	
Oppose					
Neither Support Nor Op	pose				٠
At this meeting are you representing an orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	complete the rest uestion.)	of this form. I	If you answere	ed "yes," provid	No de the name
Name, address and telephone number of each	n person or organi	zation you are	representing:	n	·
OVERTURE	<u>CEN</u>	TER	for t	1815	
201 STAT	E St				
mAD 1500	5-7	1703		~	
Are you being paid for your representation?				Yes Y	Vo
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this per complete the rest	son or organiz of this form.	ation? [No to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items		3 minutes			

Are you an elected official or employee who is appearing solely on behalf of yo	our office or for your mynicipality o)1
other governmental body?	Yes No	

(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

Signature

Print Name

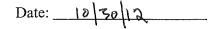


Date: 10-34/2

WISH TO SPEAK FORM

Registration Staten	nent - <u>Common</u>	Council
•	COMMITTEE	
Please Print	PLEAS	E PRINT NAME CLEARLY
Agenda No.	Name Address	HOSTHAM CEC HI W WINSON # 100
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support N	or Oppose	
rectified support re	or oppose	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to to Name, address and telephone numbers.	need not complete the res he next question.)	et of this form. If you answered "yes," provide the name
	·	
Are you being paid for your represe	ntation?	Yes No
Are you appearing as part of your o (If you answered "no," STOP; you question.)	ther paid duties for this penaled not complete the res	rson or organization? Yes No No st of this form. If you answered "yes," go on to the next
Information	ng (Common Council) Hearing	.3 minutes

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

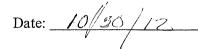




AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement -	Common Council
•	COMMITTEE
	PLEASE PRINT CLEARLY
	Name Ted DeDee
Agenda No3	Address 5206 Comanche Way
	Address 5206 Comanche Way Madison, W1 53704
Please check one:	AND Please check:
Support	Available to answer
Oppose	questions
⋈ Neither Support Nor Op	pose
(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 of the Center for the 201 State Street	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 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? Yes No
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are beithat:	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 10	30 12 Signature TOWN
•	Print Name Ted DeDee





Date: 10/30/12

Registra	tion Statement -	Common C	Council		
		PLEASE	PRINT CLEARLY		
#3			Celia Kleh		
Agenda No		Address	933 N. Fair		
			Madison, W	1 53719	4
Please check of	one:	AND	Please chec	ek:	
∑ Support	refund to full	amount of a	Zow.eco Availal questio	ole to ansv	wer
Oppose	V the Over	fure conte	questio	ns	
Neither S	Support Nor Op	pose			
(If you answered "no	you representing an orga o, " STOP; you need no t and go on to the next q	t complete the rest	on other than yourself: of this form. If you answ	XYes vered "yes," p	No No orovide the name
Name, address and to	elephone number of eac	h person or organi	zation you are represent	ing:	
				W-10-10-10-10-10-10-10-10-10-10-10-10-10-	
Are you being paid for	or your representation?			Yes	No
Are you appearing as (If you answered "no question.)	s part of your other paid o, "STOP; you need no.	duties for this pert t complete the rest	son or organization? of this form. If you answ	☐ Yes wered "yes," ş	☑No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items				

Are you an elected official or en other governmental body?	nployee who is appear	ing solely on behalf of your off	ice or for you	ur municipality or
(If you answered "yes" to the qu this form. If you answered "no" i			form, except i	hat you must sign
If you are being paid for your rethat:	epresentation, or if yo	ur appearance is part of other	paid duties,	please be advised
1. Before you engage with the City Clean		byist, you or your principal mu	ist file an aut	horization
 Your principal is City Clerk. 	not permitted to auth	orize you to lobby unless you	are registere	d with the
), the principal must	ore than \$1,000 for lobbying se file expense statements with		
Please go to the City Clerk's Room 103 of the City-County Bui			go to the	Clerk's Office at
Date	Signature			
	Print Name			

Date: 10/30/12



DO NOT WISH TO SPEAK FORM

Registration Statement	Common Council COMMITTEE
Agenda No. # 3 Oppose Golf Manage and Please check one: Support Oppose Strong to oppose planned Mana Neither Support Nor Oppose	
Are you being paid for your representation? Are you appearing as part of your other paid duti (If you answered "no," STOP; you need not conquestion.) Speaking Limits: Public Hearing (Common Information Hearing	nplete the rest of this form. If you answered "yes," go on to the next a Council)5 minutes

Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?			
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
If you are beii 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 Poet 2006 Print Name Robert 7 6665			



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Staten	nent - Common C	Council	
Please Print	DIEACE	E PRINT NAME CLEA	ADI V
Agenda No.	Name Address	SUSAN 2604 AR MAD 150	ELIAS BORDR#10 0 53711
Please check one:	AND	Please chec	k:
Support			wish to speak
Oppose COLF	MANAGEM	ENT 1554	ES .
Neither Support No	or Oppose		
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to the Name, address and telephone number	need not complete the rest on next question.)	of this form. If you answ	
Are you being paid for your represen	tation?		Yes No
Are you appearing as part of your oth (If you answered "no," STOP; you requestion.)			Yes No ered "yes," go on to the next
Information F	g (Common Council)5 Hearing	minutes	

(SEE BACK)

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.)		
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.		
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?		
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 Print Name		