

Date: 10/30/12

# WISH TO SPEAK FORM

## **CITY OF MADISON**

Registration Statement -	Common Council
Please Print Agenda No	PLEASE PRINT NAME CLEARLY Name Joe Alexander Address <u>385. Henry 57.</u> Madison, WI 53763
Please check one:	AND Please check:
🕅 Support	Wish to Speak
Oppose	
<b>Neither Support Nor O</b>	ppose
of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation Are you appearing as part of your other pai (If you answered "no," <b>STOP</b> ; you need n question.)	
Information Hearin	mmon Council)5 minutes g3 minutes 3 minutes

### (SEE BACK)

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or T Yes other governmental body? □ 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:

- Before you engage in lobbying as a lobbyist, you or your principal must file an authorization 1. with the City Clerk.
- 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
- If your principal spends or will owe more than \$1,000 for lobbying services in any reporting 3. . 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 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 10/36

Signature

M. Alexander oses Print Name



Date: 10.30-12

# WISH TO SPEAK FORM

## **CITY OF MADISON**

Registration Statement -	Common Co	uncil
Please Print		PRINT NAME CLEARLY Tony Michels 309 W. Washington Mr. #206
306 W. Main St.		Madizier 1
Please check one:	AND	Please check:
<b>Support</b>		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an organ ( <i>If you answered "no,"</i> <b>STOP;</b> you need not of who you represent and go on to the next quark Name, address and telephone number of each	t complete the rest of uestion.)	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," <b>STOP;</b> you need not question.)	duties for this person complete the rest of	n or organization?
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3 m	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.)

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Date	10-30-12	Signature	Cylit	
			MALAC	
		Print Name	Tony ruckey	

				Date: 10 30 1	2
Inin	WISH	H TO SPE		M	
Madison		CITY OF MA	DISON	ANX DO	An
Registratio	on Statement -	Common C	Council	Crower	
<u>Please Print</u>		PLEASE	E PRINT NAME	CLEARLY	
l I	1-	Name		FROMMELT	
Agenda No	<u></u>	Address		MING WAY	-1
			MAUS	ON, WI 5371	<b></b>
Please check on	e:	AND	Please	check:	
Support			V	vish to Speak	
Oppose					
<b>Neither Su</b>	ipport Nor Op	pose			
of who you represent at Name, address and tele	' <b>STOP;</b> you need not nd go on to the next q	t complete the rest uestion.) h person or organi	of this form. If yo zation you are rep	u answer <sup>r</sup> ed "yes," provide th	ne name
Are you being paid for Are you appearing as p (If you answered "no," question.)	art of your other paid	duties for this per t complete the rest	son or organizatio of this form. If yo	$ \begin{array}{c}     \hline                                $	the next
1 0	Public Hearing (Com Information Hearing Other Items		3 minutes		

### (SEE BACK)

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? M No

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Date 10.30.12

Signature	(t-z+i)
Print Name	HERENY FROMMET



Date: 10

30

**CITY OF MADISON** 

Registration Statement	- Common C	ouncil	
Please Print Agenda No.	<b>PLEASE</b> Name Address	PRINT NAI Bill 1835	ME CLEARLY Unfe Winnebago St #212
Please check one:	AND	Pleas	se check:
Support		X	Wish to Speak
<b>Oppose</b>			
Neither Support Nor O	ppose		
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need n of who you represent and go on to the next Name, address and telephone number of each 2	ot complete the rest question.)	of this form. Ij	you answered "yes," provide the name
Are you being paid for your representation	?		Le Yes 🗌 No
Are you appearing as part of your other paid (If you answered "no," <b>STOP;</b> you need n question.)	id duties for this pers ot complete the rest	on or organiza of this form. Ij	tion? Yes No
Information Hearin	mmon Council)4 g	minutes	
	(SEE BACI	ς)	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or **Yes** UNO. 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.)

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Date

Signature

Print Name

10/30/12-F:\Clcommon\COMMON COUNCIL Folder\Registration Forms\Registration Form - Wish To Speak.docx

	Date:10/30/12
AVAILABLE TO	ANSWER QUESTIONS FORM
Madison	CITY OF MADISON
Registration Statement -	Common Council
	PLEASE PRINT CLEARLY
	Name Adam Winkler
Agenda No.	Address 5209 Brooksile Drive, Apt. 108
	Madison, WI 53718
Please check one:	AND Please check:
Support	Available to answer
Oppose	questions
Neither Support Nor Op	pose
At this meeting are you representing an orga (If you answered "no," <b>STOP;</b> you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organization you are representing:
The Alexander Company	
145 E. Badger Rd. Suite	206
Madison, WI 53713	
Are you being paid for your representation?	Yes 🗌 No
Are you appearing as part of your other paid (If you answered "no," <b>STOP;</b> you need not question.)	duties for this person or organization? X Yes No t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	nmon Council)5 minutes 

(SEE BACK)

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

(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.)

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Date 10/30/12

Signature

Print Name

Winkler

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Date: 10/30/2012

# WISH TO SPEAK FORM

## **CITY OF MADISON**

Registration Statement -	Common C	ouncil	
Please Print	PLEASE		
Agenda No. <u>12</u>	Name Address	Jouarthan Cooper 208 5 Henry St. Madison WE 53703	
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," <b>STOP</b> ; you need no of who you represent and go on to the next of Name, address and telephone number of each Bassett Distvict, Caf	t complete the rest question.) h person or organiz	of this form. If you answered "yes," provide the name action you are representing:	
		TYes No	
Are you being paid for your representation?			
Are you appearing as part of your other paid (If you answered "no," <b>STOP;</b> you need no question.)	l duties for this pers t complete the rest	on or organization?  Yes No Solution Yes Solution Yes Solution Yes, " Yes Solution yes," Yes Solution Yes, " Yes	
Speaking Limits:Public Hearing (Common Council)5 minutesInformation Hearing			

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10/30 12012 Date

Signature

Sev Print Name

Madison	DO NOT	WISH TO S		Date: <u>10-30-</u> ,	12
Registra	tion Statement -	Common Co			
<u>Please Print</u>	<i>t</i> - 7	COMMITTEE PLEASE Name	PRINT NAME CLE	LEE	
Agenda No		Address _/	1) WW120L 53707	1 #108	
At this meeting are y (If you answered "no of who you represent	Support Nor Op	anization or a person t complete the rest of question.)	other than yourself: <i>this form. If you ans</i>	t wish to speak	name
Are you appearing as	or your representation? part of your other paid ," <b>STOP; you need not</b>			☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the	next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 m	ninutes		

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Date

Signature

Print Name

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