Date:	11-121	2

EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 CAPITAL BUDGET

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		1
Name: Bett life	ear Address: 40	18 theresa terr
	na qua	edison wit 53711
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. <u>Executive</u>	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes \(\sum \) 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 be	eing paid for your representation?		
	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to uestion.)		
	n elected official or employee who is appearing solely on behalf of your office or for your y or other governmental body?		
	swered "yes" to the question, STOP. You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)		
If you are advised the	peing paid for your representation, or if your appearance is part of other paid duties, please be at:		
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 at Room 1	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 11/2/2012

EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 CAPITAL BUDGET

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

Amendment No. Support Oppose Neither Support Nor Oppose Neither Support Nor Oppose Available to answer questions Neither Support Nor Oppose	PLEASE PRINT CLEARLY Name: AMAR +	ARDES Address:	305 TACOBS WA
Amendment No. Oppose Neither Support Nor Oppose Available to answer questions Amendment No. Oppose Neither Support Nor Oppose Available to answer questions Amendment No. Oppose Neither Support Nor Oppose Available to answer questions Amendment No. Oppose Neither Support Nor Oppose Available to answer questions Amendment No. Oppose Neither Support Nor Oppose Available to answer questions Amendment No. Oppose Oppose Available to answer questions Amendment No. Oppose O	ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. Oppose Wish to speak Available to answer questions Support Wish to speak Available to answer questions Wish to speak Available to answer questions Support Wish to speak Available to answer questions Support Wish to speak Available to answer questions Support Wish to speak Available to answer questions Available to answer questions Support Wish to speak Wish	Amendment No. ANTON	Oppose	
Amendment No. Oppose Neither Support Nor Oppose Support Oppose Neither Support Nor Oppose Neither Support Nor Oppose Neither Support Nor Oppose Neither Support Nor Oppose Support Oppose Neither Support Nor Oppo	Amendment No.	Oppose	
Amendment No. Oppose	Amendment No. <u>0 - 2</u>	Oppose	•
Amendment No. Oppose Neither Support Nor Oppose Support Oppose Neither Support Nor Oppose Wish to speak Available to answer questions Wish to speak Available to answer questions Support Support Oppose Support Oppose Amendment No. Oppose	Amendment No	Oppose	•
Amendment No. Oppose Available to answer questions Support Wish to speak Available to answer questions Wish to speak Available to answer questions	Amendment No	Oppose	<u> </u>
Amendment No Oppose Wish to speak	Amendment No.	Oppose	· · · · · · · · · · · · · · · · · · ·
	Amendment No	Oppose	·

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 bein	g paid for your representation?		
Are you app	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to		
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
	rered "yes" to the question, STOP. You need not complete the rest of this form, except that in this form. If you answered "no" to the question, go on to the next question.)		
If you are be advised that:	ring paid for your representation, or if your appearance is part of other paid duties, please be		
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.	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 3 of the City-County Building, Madison, for more information.)		
Date	Signature Print Name		

Date:	/12	11	
	 ,		

EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 CAPITAL BUDGET

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: 5 \ a 5e \ c	S Address: 580	06 Rusett Rd
	Apt	I madison wt
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. Executive	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes (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 bei	ng paid for your representation?		
Are you app (If you answ the next qu	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)		
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If you ansi	wered "yes" to the question, STOP. You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)		
If you are badvised tha	eing paid for your representation, or if your appearance is part of other paid duties, please be		
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 at Room 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 13 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 11/13/17

EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 CAPITAL BUDGET

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Address:				
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN			
	Support	Wish to speak		
Amendment No.	☐ Oppose☐ Neither Support Nor Oppose	Available to answer questions		
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions		
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions		
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions		
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions		
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions		
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions		

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 beir	ng paid for your representation?	☐ Yes ☐ No	
		r this person or organization? Yes No the rest of this form. If you answered "yes," go on to	
	elected official or employee who is ap or other governmental body?	pearing solely on behalf of your office or for your	
	vered "yes" to the question, STOP. You an this form. If you answered "no" to the q	need not complete the rest of this form, except that uestion, go on to the next question.)	
If you are be advised that		ur appearance is part of other paid duties, please be	
1.	Before you engage in lobbying as a authorization with the City Clerk.	lobbyist, you or your principal must file an	
2.	Your principal is not permitted to auth with the City Clerk.	orize you to lobby unless you are registered	
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.cityofmac</u> 3 of the City-County Building, Madison, fo	dison.com/clerk/index.html or go to the Clerk's Office r more information.)	
Date //	13 / 17 Signature	7/	
. /	Print Name	J.K. SIMS	

Date:	11 -	13-	12

EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 CAPITAL BUDGET

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

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Kevin Wymore Address: 1422 Lucy Lu Madison, WI				
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN			
Amendment No. <u>C-2</u>	☐ Support☒ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions		
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions		
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions		
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions		
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions		
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions		
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions		

At this meeting are you representing an organization or a person other than yourself: Yes (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 beir	ng paid for your representation?		
	earing as part of your other paid duties for this person or organization? Yes No vered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)		
•	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)		
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be		
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 t at Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 11/13/12

EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 CAPITAL BUDGET

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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: MOS AND	IGRSDIU Address:	O. BOX 787
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	ADISON (MI 5370) 8 ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
At this meeting are you representing	ng an organization or a person other th	nan yourself: ☐ Yes ☐ No

(SEE BACK)

(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		ss and telephone number of each person or organization you are representing: OD BLACK MEN OF MADIS DY INC

Are y	ou bein	g paid for your representation?
(If yo	ou appe u answe ext ques	earing as part of your other paid duties for this person or organization? Yes Avoid Yes ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)
		elected official or employee who is appearing solely on behalf of your office or for your office or for your other governmental body?
(If yo you r	u answ nust sig	ered "yes" to the question, STOP. You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)
	ı are be ed that:	ing paid for your representation, or if your appearance is part of other paid duties, please be
	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?
(Plea at Ro	se go to om 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information,
Date	11/1	3/12 Signature Mit Haline
	r	Print Name AMS AMORRSON

OPERATING

Date: 1//2/12

EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 CAPITAL BUDGET

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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: MARK WE (Address: 1	8861 Deer Ron Tr
		ity
ENTER AMENDMENT NUMBER OVERT	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No. 0-9	✓ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No. 0-11 ° 3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: \(\subseteq \text{Yes} \) \(\subseteq \) 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 beir	ng paid for your represe	entation?		☐ Yes	₩No
Are you app (If you answ the next que	earing as part of your of vered "no," STOP; you vestion.)	other paid dutie need not comp	s for this person or o lete the rest of this fo	rganization?	es Ø No d "yes," go on to
	elected official or em or other governmental		appearing solely o	n behalf of your of	fice or for your
(If you answ you must sig	vered "yes" to the que gn this form. If you ans	stion, STOP. Y wered "no" to th	ou need not comple ne question, go on to	te the rest of this for the next question.)	orm, except that
If you are be advised that	eing paid for your repre :	esentation, or if	your appearance is	part of other paid d	uties, please be
1.	Before you engage authorization with the		s a lobbyist, you or	your principal mus	st file an
2.	Your principal is not with the City Clerk.	permitted to a	authorize you to lobb	by unless you are re	egistered
3.	If your principal spe reporting period (hal Clerk for the remaind	f year), the prir	ncipal must file expe		
(Please go t at Room 103	to the City Clerk's web 3 of the City-County Bu	site <u>www.cityof</u> iilding, Madisor	madison.com/clerk/ir n, for more informatio	n <u>dex.html</u> or go to th n.)	ne Clerk's Office
Date(/	/12/12	Signature	Mil .	M	
/	/ /	Print Name	MARK	1 WÉ	EFS

1	Date:			
	Jac.			

EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 CAPITAL BUDGET

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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Shern Schwert	Address:	Prairie Rd
negre some		Madison 5371)
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUI	MN & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Available to answer questions

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

At this meeting are you representing an organization or a person other than yourself: Yes

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 a (If you ai the next	nswe	aring as part of your other paid duties for this person or organization? Yes No red "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to tion.)	
		elected official or employee who is appearing solely on behalf of your office or for your	
(If you a you mus	nswe t sigr	ered "yes" to the question, STOP. You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question.)	
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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?	
(Please at Room	go to 103	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)	
Date	····	Signature	
		Print Name	

Date:	

EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 CAPITAL BUDGET

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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

Address: Therega Tevrace Wish to speak Available to answer questions	
Amendment No. Oppose Wish to speak Limillion for Community Class Neither Support Nor Oppose Available to answer questions	1
, Capport —	}
Amendment No Oppose	;
Amendment No Support Uppose Wish to speak Available to answer questions	;
Amendment No Support Uppose Wish to speak Available to answer questions	;
Amendment No Support Wish to speak Available to answer questions	
Amendment No Support Use Wish to speak Available to answer questions	
Amendment No Support Uppose Wish to speak Available to answer questions	

At this meeting are you representing an organization or a person other than yourself:

Yes

In 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 (If you a the next	nswe	aring as part of your other paid duties for this person or organization? Yes No red "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to tion.)	
		elected official or employee who is appearing solely on behalf of your office or for your other governmental body?	
(If you a	answe st sign	ered "yes" to the question, STOP. You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question.)	
If you ar advised		ng paid for your representation, or if your appearance is part of other paid duties, please be	
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 at Room	go to 103	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)	
Date		Signature	
		Print Name	

Date: 113-17

CITY OF MADISON Registration Statement - Common Council 2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: ENIS RAGLAND	Address: 49	16 Retaina DR- Hoison 53714
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. <u>C ~ 4</u>	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
	g an organization or a person other t need not complete the rest of this fo and go on to the next question.)	

Name, address and telephone number of each person or organization you are representing:			
Are you bein	g paid for your re	presentation?	☐ Yes ☐ No
Are you appe	earing as part of y ered "no," STOP;	our other paid duties for this pe	erson or organization? Yes No to this form. If you answered "yes," go on to
	elected official corother governm		solely on behalf of your office or for your
		question, STOP. You need no answered "no" to the question,	ot complete the rest of this form, except that go on to the next question.)
If you are be advised that:		representation, or if your appe	arance is part of other paid duties, please be
1.		gage in lobbying as a lobbyis th the City Clerk.	t, you or your principal must file an
2.	Your principal is with the City Cle		ou to lobby unless you are registered
3.	reporting period		n \$1,000 for lobbying services in any file expense statements with the City
		website <u>www.cityofmadison.co</u> ty Building, Madison, for more i	om/clerk/index.html or go to the Clerk's Office information.)
Date		Signature	
		Print Name	

Date: ///3//2

CITY OF MADISON Registration Statement - Common Council 2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: 6/0/14 Mey	Address: 13	Jacobs CT
ENTER AMENDMENT NUMBER	Capital Budget - CHECK ONE BOX IN THIS COLUMN	Weeghborio d 1 & ONE BOX IN THIS COLUMN JUS
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
	g an organization or a person other th need not complete the rest of this for nd go on to the next guestion.)	

Name, address and telephone number of each person or organization you are representing:		
Are y	ou bein	g paid for your representation?
(If yo	ou appe ou answe ext ques	earing as part of your other paid duties for this person or organization?
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
		ered "yes" to the question, STOP. You need not complete the rest of this form, except that In this form. If you answered "no" to the question, go on to the next question.)
-	u are be sed that:	ing paid for your representation, or if your appearance is part of other paid duties, please be
	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 of the City-County Building, Madison, for more information.)
Date	11/13	5/12 Signature Slacia KMese
		Print Name Glania K. Meyan

Date: 13 NOV 2012

CITY OF MADISON Registration Statement - Common Council 2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: BIRL LOWERY	Address: <i>470</i>	2 GRAY FOXTRAIL
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	ADISON, WI 53717 BE ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing (If you answered "no," STOP ; you the name of whom you represent a	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	nan yourself: ☐ Yes

Name, address and telephone number of each person or organization you are representing:		
Are y	ou beir	ng paid for your representation?
(If yo		pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
-	•	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
		vered "yes" to the question, STOP. You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)
•	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be
	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 3 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name
		P. Control of the Con

Date: <u>Nov 13, 2012</u>

CITY OF MADISON Registration Statement - Common Council 2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY			
Name: Ramona Lowery	Address: <u>7702</u>	Gray Fox Trail	
		ison, WI 53717	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	-	
Amendment No. <u>Co</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	☐ 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 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 whom you represent and go on to the next question.)			

Name, address and telephone number of each person or organization you are representing:					
				. 41644	
	100				
Are you l	peing paid for your repres	entation?		☐ Yes	s 🗌 No
(If you ar	appearing as part of your aswered "no," STOP; you question.)	other paid duties fo need not complete	or this person or c the rest of this f	organization? orm. If you answe	Yes ☐ No red "yes," go on to
	an elected official or en lity or other governmental		ppearing solely o	n behalf of your	office or for your S ☐ No
(If you a	nswered "yes" to the que sign this form. If you ans	stion, STOP. You wered "no" to the q	need not comple question, go on to	ete the rest of this the next question	form, except that .)
If you are advised t	e being paid for your repr hat:	esentation, or if yo	ur appearance is	part of other paid	duties, please be
1.	Before you engage authorization with th		lobbyist, you or	your principal m	nust file an
2.	Your principal is no with the City Clerk.	t permitted to auth	orize you to lobb	oy unless you are	registered
3.	If your principal spe reporting period (ha Clerk for the remain	If year), the princip	al must file expe		
(Please g at Room	go to the City Clerk's web 103 of the City-County Bo	site <u>www.cityofma</u> uilding, Madison, fo	dison.com/clerk/i or more informatio	<u>ndex.html</u> or go to on.)	the Clerk's Office
Date		Signature			
		Print Name			

Date:	

CITY OF MADISON Registration Statement - Common Council 2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: 53	302 Shawano Ter Jadiscy WA 53700
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

At this meeting are you representing an organization or a person other than yourself: \(\subseteq \text{Yes} \)

the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:			
	MTM to and a code to a code		
		·	
Are y	ou bei	eing paid for your representation?	□No
(If yo	ou ansv	ppearing as part of your other paid duties for this person or organization? \(\subset\) Yswered "no," STOP ; you need not complete the rest of this form. If you answere question.)	es
		an elected official or employee who is appearing solely on behalf of your o ity or other governmental body?	ffice or for your
		nswered "yes" to the question, STOP. You need not complete the rest of this to sign this form. If you answered "no" to the question, go on to the next question.)	
	u are b	being paid for your representation, or if your appearance is part of other paid c nat:	luties, please be
	1.	Before you engage in lobbying as a lobbyist, you or your principal mu	st file an
	2.	Your principal is not permitted to authorize you to lobby unless you are with the City Clerk.	egistered
	3.	If your principal spends or will owe more than \$1,000 for lobbying servic reporting period (half year), the principal must file expense statements with Clerk for the remainder of the calendar year?	
		o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to t 103 of the City-County Building, Madison, for more information.)	he Clerk's Office
Date		Signature	
		Print Name	

Date: 11/13/2017

CITY OF MADISON Registration Statement - Common Council 2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Brink Minchel	// Address: 4/	52 SUNSET
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	SCNSET FORBT, 6/ I & ONE BOX IN THIS COLUMN
Amendment No. <u>C</u>	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representin (If you answered "no," STOP ; you the name of whom you represent a	g an organization or a person other th need not complete the rest of this for nd go on to the next question.)	an yourself: ☐ Yes ☐ No m. If you answered "yes," provide

Name, addre	ess and telephone number of each person or organiza	ition you are representing:
- 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		,
Are you bein	g paid for your representation?	☐ Yes ☐ No
Are you appe (If you answe the next que	earing as part of your other paid duties for this person ered "no," STOP; you need not complete the rest of the stion.)	or organization?
	elected official or employee who is appearing sole or other governmental body?	ely on behalf of your office or for your
	vered "yes" to the question, STOP. You need not color this form. If you answered "no" to the question, go c	
If you are be advised that:	ring paid for your representation, or if your appearance	ce is part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	u or your principal must file an
2.	Your principal is not permitted to authorize you to with the City Clerk.	lobby unless you are registered
3.	If your principal spends or will owe more than \$1, reporting period (half year), the principal must file of Clerk for the remainder of the calendar year?	
	o the City Clerk's website <u>www.cityofmadison.com/cle</u> 3 of the City-County Building, Madison, for more inforn	
Date	Signature	
	Print Name	

Date: 11/13/17

CITY OF MADISON Registration Statement - Common Council 2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: (SERVEE LEU)	EC Address: 7772	- CALRINGTON DR /PT B	
	1/40	150N, WI	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	1 & ONE BOX IN THIS COLUMN	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ 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 or a person other than yourself: Yes (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)			

Name, address and telephone number of each person or organization you are representing:							
				, <u>, , , , , , , , , , , , , , , , , , </u>			
Are y	you beir	ng paid for your repr	resentation?			☐ Yes	X No
(If yo		earing as part of yo ered "no," STOP; y estion.)					☑ No 'yes," go on to
		elected official or or other governmer	, ,	s appearing s	solely on behalf	of your offic ☐ Yes	
		vered "yes" to the q yn this form. If you a					n, except that
	u are be sed that	eing paid for your re :	epresentation, or	if your appear	ance is part of c	other paid duti	es, please be
	1.	Before you enga authorization with		s a lobbyist,	you or your pr	incipal must	file an
	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 w 3 of the City-County				l or go to the	Clerk's Office
Date	**************************************	13/12	Signature	Mully	William -		
			Print Name	7 76	runce Yes	-Dell-	

	13	NOU	2012
Date:			

CITY OF MADISON Registration Statement - Common Council 2013 OPERATING BUDGET

CAPITOL

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: FLOYD	ROSE Address:	3024 WAUNONA MADISON 53713
		MADISON 53713
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COI	LUMN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speake ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speake ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speake ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speake ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speake ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speake ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speake ☐ Available to answer questions
At this meeting are you representi (If you answered "no," STOP ; you the name of whom you represent	uneed not complete the rest of th	her than yourself: Yes No is form. If you answered "yes," provide

Name, address and telephone number of each person or organization you are representing:			
	· · · · · · · · · · · · · · · · · · ·		
Are you bein	g paid for your representation?	☐ Yes ☐ No	
Are you appe (If you answe the next que	earing as part of your other paid duties for this person ered "no," STOP ; you need not complete the rest of the stion.)	or organization?	
•	elected official or employee who is appearing sole or other governmental body?	ely on behalf of your office or for your	
	vered "yes" to the question, STOP. You need not colon this form. If you answered "no" to the question, go c		
If you are be advised that:	eing paid for your representation, or if your appearance	ce is part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	u or your principal must file an	
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 at Room 103	o the City Clerk's website <u>www.cityofmadison.com/cle</u> 3 of the City-County Building, Madison, for more inforn	erk/index.html or go to the Clerk's Office nation.)	
Date	Signature		
	Print Name		

Date: 11-13-12

CITY OF MADISON Registration Statement - Common Council 2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY			
Name: DERRICK L. SMALT	Address: 753	33 SAWMILL RD	
ENTER AMENDMENT NUMBER		buson, wi 53717	
<u> </u>			
Amendment No C &	☑ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ 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 or a person other than yourself: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

Name, address and telephone number of each person or organization you are representing:			
	ACK MEN OF MADISON, INC.		
MA	DISON, IREI		
Are you beir	ng paid for your representation?	☐ Yes ☐ No	
Are you app (If you answ the next que	pearing as part of your other paid duties for this person of wered "no," STOP; you need not complete the rest of this estion.)	or organization? Yes No s form. If you answered "yes," go on to	
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 com ign this form. If you answered "no" to the question, go on		
If you are be advised that	eing paid for your representation, or if your appearance t:	is part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	or your principal must file an	
2.	Your principal is not permitted to authorize you to low with the City Clerk.	obby unless you are registered	
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 t at Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerd</u> 3 of the City-County Building, Madison, for more informa	k/index.html or go to the Clerk's Office tion.)	
Date	Signature		