9	
	Date:
	ration Statement - Common Council
	ons with health, scheduling, or child-care mon Council Meeting.
	ers your item. You will be allowed to speak for 5 f amendments you register to speak on.
PLEASE PRINT CLEARLY Name: DONNA KATEN-BAHENSKY	Address: 9500 BLUE HEROND

MIDDIEN WI

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

 Support Wish to speak Amendment No. O-11 Oppose Available to answer questions Neither Support Nor Oppose OUNCIL OUSETURS Support Wish to speak Amendment No. Oppose Available to answer questions Neither Support Nor Oppose Support Wish to speak Amendment No. \_\_\_\_ Oppose Available to answer questions Neither Support Nor Oppose Support Wish to speak Oppose Amendment No. \_\_\_\_\_ Available to answer questions Neither Support Nor Oppose Support Wish to speak Amendment No. \_\_\_\_\_ Oppose Available to answer questions Neither Support Nor Oppose Support Wish to speak Amendment No. \_\_\_\_\_ Oppose Available to answer questions Neither Support Nor Oppose Support Wish to speak Oppose Amendment No. \_\_\_\_\_ Available to answer questions Neither Support Nor Oppose

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.)

(SEE BACK)

ENTER AMENDMENT NUMBER

Name, address and telephone number of each person or organization you are representing:						
Are y	ou bein	ig paid for your representa	ation?		∐ Yes	No No
(II yo	ou appe u answe ext que:	ng paid for your representa earing as part of your othe ered "no," <b>STOP;</b> you need estion.)	er paid dutie ed not comp	es for this person or org plete the rest of this for	anization?	s No I "yes," go on to
		elected official or emplo or other governmental boo		appearing solely on	behalf of your off	fice or for your
		vered "yes" to the questio In this form. If you answer				rm, except that
•	ı are be ed that:	eing paid for your represe	ntation, or if	f your appearance is p	art of other paid du	uties, please be
	1.	Before you engage in authorization with the Ci		s a lobbyist, you or y	our principal mus	t 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 website 3 of the City-County Buildi				e Clerk's Office
Date	11//	3/2012	Signature	Lomper	3/	
		ŀ	Print Name	DONNA KATE	N-BAHEUKKY	

Date:	11/13/2012

# EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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: Lucy Gibson	Address:       0	Annel Crest Way
		Angel Crest Way adison 537/6
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. perative	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of who you represent and	ng an organization or a person other the need not complete the rest of this for Indigo on to the next question.)	nan yourself: ☐ Yes ☐ No rm. If you answered "yes," provide

Name, address and telephone number of each person or organization you are representing:				
Mentoving Positives, 414 Rethle Ave, Madison, 608-819-6200				
608	-819-6200			
Are you being paid	d for your representation?			
	as part of your other paid duties for this person or organization?  Yes  No 'no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to			
•	ed official or employee who is appearing solely on behalf of your office or for your er governmental body?			
, -	"yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that form. If you answered "no" to the question, go on to the next question.)			
If you are being padvised that:	aid for your representation, or if your appearance is part of other paid duties, please be			
	ore you engage in lobbying as a lobbyist, you or your principal must file an orization with the City Clerk.			
	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
repo	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 Lucy Gibson  Print Name Lucy Gibson			
	Print Name Lucy Gibs en			

Date: 11/13/012

### EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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:	Ma	Sener euro edison 53718
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	T & ONE BOX IN THIS COLUMN
Amendment No. O - IK	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. ()   H	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>

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 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 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		elected official or employee who is appearing solely on behalf of your office ør for your or other governmental body?	
		vered "yes" to the question, <b>STOP.</b> 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.)	
•	are bei ed 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. 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	1//	3/0/2 Signature Christiann  Print Name Christian	

Date:		
Date.		
_ ~		_

# EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING BUDGET

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Name:	10019 Address: <u>51</u>	38 Unity Way
	M	204502WI 53718
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MN & ONE BOX IN THIS COLUMN
Amendment No. O-1K	☐ 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. 6-11 G	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Available to answer questions
Amendment No. Oll H	Support Oppose Neither Support Nor Oppose	Wish to speak  Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>

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.)

(SEE BACK)

PLEASE PRINT CLEARLY

Name, address and telephone number of each person or organization you are representing:				
Are you bein	g paid for your represe	ntation?		☐ Yes ☐No
Are you appe (If you answe the next que	ered "no," <b>STOP;</b> you r	ther paid dutieneed not comp	es for this person o plete the rest of this	r organization?  Yes No s form. If you answered "yes," go on to
	elected official or empor other governmental l		s appearing solely	on behalf of your office or for your
	ered "yes" to the ques n this form. If you answ			plete the rest of this form, except that to the next question.)
If you are be advised that:		sentation, or i	f 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 webs of the City-County Bui			k/index.html or go to the Clerk's Office tion.)
Date	13-12	Signature	Ol-Taig	L. Moore S Moore

Date:	
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### EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING BUDGET

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PLEASE PRINT CLEARLY		
Name: JillAruguete	Address:	410 Wyldewood Way Madison W15370
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. Olk	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No. OlL	☐ Support ☐ Suppose ☐ Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No. OIIG	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>

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 being	paid for your represent	ation?		☐ Yes	10
Are you appearing as part of your other paid duties for this person or organization?   Yes No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next question.)					
Are you an el municipality or	lected official or emplo other governmental bo	oyee who is app ody?	earing solely on beh	alf of your office o	r for your No
(If you answer you must sign	red "yes" to the question this form. If you answel	on, <b>STOP.</b> You n red "no" to the qu	eed not complete the estion, go on to the no	e rest of this form, e ext question.)	xcept that
If you are bein advised that:	g paid for your represe	entation, or if your	appearance is part c	of other paid duties,	please be
1. E	Before you engage in authorization with the C	lobbying as a le city Clerk.	obbyist, you or your	principal must file	an
	Your principal is not pewith the City Clerk.	ermitted to autho	rize you to lobby unle	ess you are registe	red
r	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	Silf Ar us	guile	

Date: | - | 3 - | 2

### EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name: AOYON HOFFMASH	er Address: 469	8 tteichel St. Lison Wi. S3718
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. ONK	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 0-16	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
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 bein	ng paid for your representation?			
Are you appearing as part of your other paid duties for this person or organization?   Yes No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next question.)				
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for your office or your office or for your office or yo	ur		
(If you answ you must sig	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except the gone that go answered "no" to the question, go on to the next question.)	at		
If you are be advised that:	eing paid for your representation, or if your appearance is part of other paid duties, please t	Эе		
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?			
(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 Aaron Hoffmaster  Print Name Aaron Hoffmaster			
	Print Name Aorron Hoffmaster			

Date: 13-12

# EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING BUDGET

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PLEASE PRINT CLEARLY	,		
Name:	Address: G	2219 Monroe Sh	
Name: Edgewood H	earn —	Madison W 53705	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions	
Over the budget — To must Awards  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.)			

Bruin Armwald 4418 Cherokee Drive Madison, WI 53711				
Name, address and telephone number of each person or organization you are representing:				
Dawn Hearn 919 Spaignt St Madison				
Paige Haeker GOB yosemire place madison, wi Dylan Todd 1413 Starr Grass Drive Madison, WI				
Dylan Told 1413 Starr Grass Drive Madison, WI				
Mary Kate Van Wagner 920 Darien Dr Madison WI 53717 Are you being paid for your representation?   Yes  No				
Are you appearing as part of your other paid duties for this person or organization?   Yes  No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next question.)				
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, <b>STOP.</b> 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.				
<ol> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> </ol>				
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: 11-13-12

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PLEASE PRINT CLEARLY Name: Sign Sign Sign Sign Sign Sign Sign Sign	Son Address: 46	2 N. Baldwin
	_ Mc	dison W 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. <u>○ ┤</u>	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	`☑ Wish to speak ☑ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 0-1	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>

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 be	eing paid for your representation?		
Are you ap (If you and the next q	opearing as part of your other paid duties for this person or organization? Yes No swered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to uestion.)		
	an elected official or employee who is appearing solely on behalf of your office or for your by or other governmental body?		
(If you an you must	swered "yes" to the question, <b>STOP.</b> 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 th	being paid for your representation, or if your appearance is part of other paid duties, please be		
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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	o 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: 11/13/12

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PLEASE PRINT CLEARLY  Name: HEATHER MURN	Address:	412 W COMMERCE S MINERAL POINT, WI S356
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. OIM	☑ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
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 \(\sum \text{No}\) (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:				
- Overture Center for the Ords				
201 State St				
Madison, W1 53703 608 258 4147				
Are you being paid for your representation?				
Are you appearing as part of your other paid duties for this person or organization?   Yes (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next question.)				
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, <b>STOP.</b> 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:				
<ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> </ol>				
<ol> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> </ol>				
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: 11-13-12

### EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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: AN SMIT	Address:	922 WINSTONE ADUON 53711
	M	ADISON 53711
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUI	MN & ONE BOX IN THIS COLUMN
Amendment No. 2 - 8	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>

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:			
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	·		
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," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to tion.)	
Are you municipa	an e ality o	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	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that 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:	
Daie.	 

# EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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:	MBRINGE Address: 2	9 R WESONSO
	MA	DISIN MIS
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 Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ 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, addr	Name, address and telephone number of each person or organization you are representing:				
Are you bein	ng paid for your representation?				
Are you app (If you answ the next que	pearing as part of your other paid duties for this person or organization? Yes Nowered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)				
Are you an municipality	n elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?				
(If you answ you must si	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)				
If you are be	eing paid for your representation, or if your appearance is part of other paid duties, please be t:				
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 33 of the City-County Building, Madison, for more information.)				
Date/_	1/13/12 Signature James Ma Combudy:				
	Print Name JAMES M. CAMBRIDGE				

Date:	11	/13	//	2	_

# EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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: Ruth Shelly	Address: 113	3 Sunridge Dr.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	3 Sunridge Dr. dison, WI 53711 N & ONE BOX IN THIS COLUMN
Amendment No. <u>0-7 M</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.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes \sum \text{No} \text{ 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	s and telephone number of each persor	n or organization you are rep	presenting:
Madisa	on Children's Museum	608.354.059	·
	AND THE STREET AND TH		
			And the second s
Are you being	paid for your representation?		☐ Yes
Are you appea (If you answer the next quest	ring as part of your other paid duties for ed "no," <b>STOP;</b> you need not complete ion.)	r this person or organization the rest of this form. If you	? ☑Yes ☐ No answered "yes," go on to
	ected official or employee who is apother governmental body?	pearing solely on behalf o	f your office or for your ☐ Yes ☑ No
(If you answer you must sign	red "yes" to the question, <b>STOP.</b> You this form. If you answered "no" to the qu	need not complete the rest uestion, go on to the next qu	of this form, except that uestion.)
If you are bein advised that:	g paid for your representation, or if you	ur appearance is part of othe	er paid duties, please be
	Before you engage in lobbying as a authorization with the City Clerk.	lobbyist, you or your princ	sipal must file an
	Your principal is not permitted to authowith the City Clerk.	orize you to lobby unless y	ou are registered
ı	f your principal spends or will owe more reporting period (half year), the principal Clerk for the remainder of the calendar	al must file expense statem	g services in any ents with the City
(Please go to at Room 103 c	the City Clerk's website <u>www.cityofmac</u> of the City-County Building, Madison, fo	<u>lison.com/clerk/index.html</u> o r more information.)	r go to the Clerk's Office
Date <u>l'\l</u>	3 / 12 Signature / Print Name	Ruth G. Shel Ruth G. Shel	ly Ly

Date: ////3//2

### EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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: TIGE ELE	Address:	6147 PACIFIC
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	MN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ 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, ad	Name, address and telephone number of each person or organization you are representing:						
					1,500,000		
Are you b	eing paid for yo	our represe	entation?			☐ Yes	□ No
(If you ar	appearing as pa swered "no," <b>S</b> question.)	art of your o	other paid duties need not compl	s for this perso ete the rest of	n or organizati this form. If yo	on? Yes	∏ No "yes," go on to
	an elected offi lity or other gov		ployee who is body?	appearing so	lely on behalf	of your office Yes	ce or for your □ No
			stion, <b>STOP.</b> Yo vered "no" to th				m, except that
If you are advised t	<del>-</del> :	your repre	sentation, or if	your appearar	nce is part of o	ther paid dut	ies, please be
1.			in lobbying as City Clerk.	a lobbyist, y	ou or your pri	incipal must	file an
2.	Your princ with the Ci		permitted to a	uthorize you to	o lobby unless	you are reg	jistered
3.	reporting p	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 g at Room	no to the City C 103 of the City-	lerk's webs County Bu	site <u>www.cityofr</u> ilding, Madison,	nadison.com/c for more infor	lerk/index.htm mation.)	l or go to the	Clerk's Office
Date			Signature				

Date: 11/8/12

# EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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.

Name: Ald Man Bown	Address: 431	Hillfor Drive
	<u> </u>	Jason Wi 53711
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N & ONE BOX IN THIS COLUMN
Amendment No. <u>() -   ///</u>	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☑ Wish to speak</li><li>☑ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ 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,	addres	ss and telephone number of each person or organization you are representing:
		•
Are you	ı being	g paid for your representation?
Are you (If you the nex	answe	earing as part of your other paid duties for this person or organization? 💢 Yes 🔲 No ered "no," <b>STOP;</b> 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 or other governmental body?
(If you you mu	answe ıst sigr	ered "yes" to the question, <b>STOP.</b> 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 a		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?
(Please at Roor	go to n 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	13/	Signature Print Name

			$\bigcirc$	~ ×	(**
Date:	] [	<u> </u>		20	1)

## EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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:  ENTER AMENDMENT NUMBER	Address: 85	N & ONE BOX IN THIS COLUMN
Amendment No. O-1 M	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	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ 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, ad	dress and telephone number of each person or organization you are representing:
~ ~	radison Baller
***************************************	
Are you b	eing paid for your representation?
Are you a (If you an the next o	ppearing as part of your other paid duties for this person or organization? Yes No swered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to ruestion.)
	an elected official or employee who is appearing solely on behalf of your office or for your ty or other governmental body?
(If you ar	swered "yes" to the question, <b>STOP.</b> 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	being paid for your representation, or if your appearance is part of other paid duties, please be lat:
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?
(Please g at Room	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 103 of the City-County Building, Madison, for more information.)
Date	Signature Print Name
	T THE TRAINS

Date: November 13, 2012

### EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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: Annika Reikersdorfer Address: 6637 Chickanauk Trail			
		Idleton Wi, 53562	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN	
Amendment No. <u>0-1M</u>	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak☐ Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
At this meeting are you representing an organization or a person other than yourself: Yes \sum No (If you answered "no," <b>STOP</b> ; 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 a (If you al the next	nswei	aring as part of your other paid duties for this person or organization? Yes No red "no," <b>STOP</b> ; 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 sign	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that this form. If you answered "no" to the question, go on to the next question.)
If you are		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: 1113/12

# EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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:	AMDIMO Address: 10	of Farwell Court	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN	
Amendment No. <u>D - 4 M</u>	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Available to answer questions	
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak☐ Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no." <b>STOP:</b> you need not complete the rest of this form. If you answered "yes," provide			

(SEE BACK)

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 y	ou bein	g paid for your represe	entation?		☐ Yes ☐ No	)
(If yo	ou appe u answe ext ques	ered "no," <b>STOP;</b> you	other paid duties need not compi	s for this person or organiza lete the rest of this form. If y	ıtion? ☐ Yes ∕ou answered "yes,"	∏ No 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?					
(If you answered "yes" to the question, <b>STOP.</b> 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.)						
	are be ed that:		esentation, or if	your appearance is part of	other paid duties, pl	ease be
	1.	Before you engage authorization with the		a lobbyist, you or your p	orincipal must file a	n
	2.	Your principal is not with the City Clerk.	permitted to a	uthorize you to lobby unles	ss you are registere	d
	3.		f year), the prin	e more than \$1,000 for lobl acipal must file expense sta dar year?		
(Plea at Ro	se go to om 103	o the City Clerk's web of the City-County Bu	site <u>www.cityofr</u> ilding, Madison	madison.com/clerk/index.htm , for more information.)	<u>ml</u> or go to the Clerk	's Office
Date	A > 1	2/2	Signature	Madalinos	WILLIAM	3
			Print Name	Madeline Ga	Mbino	

Date:	

### EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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: 38	26 Eyeld Aul
		ndison WI5371
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
LIVER AMENDMENT NOMBER	J. J	
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>

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, addre	ess and telephone number of each person or organization you are representing:			
Are you bein	ng paid for your representation?			
Are you appo (If you answe the next que	earing as part of your other paid duties for this person or organization? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?			
(If you answered "yes" to the question, <b>STOP.</b> 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 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 <sub>7</sub> County Building, Madison, for more information.)			
Data i /	13 / N Signature Cuku Geli			
Date//	Print Name Erala Helmer			

Date: 11/13/12

### EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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: Charlie Omohu	ndro Address: 38	26 Euclid Ave.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. O- 1 M	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: X Yes \quad 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.)

Madrso	ss and telephone nur Ballet	nber of each pe	rson or organizatior	you are representing:
Are you being	g paid for your repres	entation?		☐ Yes       No
Are you appearing as part of your other paid duties for this person or organization?   Yes  No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next question.)				
	elected official or en or other governmental		appearing solely o	on behalf of your office or for your
	ered "yes" to the que n this form. If you ans			ete the rest of this form, except that o the next question.)
If you are be advised that:	ing paid for your repr	esentation, or if	your appearance is	s part of other paid duties, please be
1.	Before you engage authorization with the		s a lobbyist, you o	r 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 web of the City-County Bu	site <u>www.cityof</u> uilding, Madisor	madison.com/clerk/in, for more information	index.html or go to the Clerk's Office on.)
Date 10/13/12 Signature Charlie Omohundro  Print Name Charlie Omohundro				
		Print Name	INMINE	O VUI O VIUVI O V

Date: 11/13/17

### EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name: Emma Omohundro	Address: <u>3</u> 82	6 Exclid Ave ison WI 53711
ENTER AMENDMENT NUMBER	CHECK 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	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
		oon voorgook™√ Voo

At this meeting are you representing an organization or a person other than yourself: 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,	addre	ss and telephone number of each person or organization you are representing:		
Madison Ballet				
***************************************				
**************************************				
Are you	ı being	g paid for your representation?		
	answe	earing as part of your other paid duties for this person or organization? Yes X No ered "no," <b>STOP</b> ; 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?		
		ered "yes" to the question, <b>STOP.</b> 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.)		
If you a advised		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	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?			
		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		

## EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name: Christing penni	S Address: 316	virginia terrace
		lison wi, 53726
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of who you represent are	ng an organization or a person other to In need not complete the rest of this fo Indigo on to the next question.)	than yourself: X Yes

Name, ad	dress and telephone number of each person or organization you are representing:		
M(	adison Ballet		
Are you b	eing paid for your representation?		
(If you ar	ppearing as part of your other paid duties for this person or organization? Yes No swered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to question.)		
•	an elected official or employee who is appearing solely on behalf of your office or for your ity or other governmental body?		
	nswered "yes" to the question, <b>STOP.</b> 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 to	being paid for your representation, or if your appearance is part of other paid duties, please be nat:		
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?		
	to to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 103 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Name, addre	ess and telephone number of each person or organization you are representing:		
	Madison Ballet		
Are you bein	g paid for your representation?		
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next question.)			
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If you answ you must sig	vered "yes" to the question, <b>STOP.</b> 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:	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.		
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(Please go to at Room 103	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 44.4		
Ę	Print Name Frak Gambino		

	()		
Date:		(13)	12

### EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING BUDGET

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

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PLEASE PRINT CLEARLY Name: Frank Gambino	Address: /	207 Farwell Ct.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	Madison 53704
Amendment No.	<ul><li>⊠ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representin (If you answered "no," <b>STOP</b> ; you the name of who you represent and		than yourself: 🗹 Yes 🔲 No form. If you answered "yes," provide

Date: #12/12

## EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name:	Address: 55	93 Surrey in Parlish	
ENTER AMENDMENT NUMBER	life	MN & ONE BOX IN THIS COLUMN	
Amendment No. <u>()                                   </u>	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
At this meeting are you representing an organization or a person other than yourself:   Yes   No (If you answered "no," <b>STOP</b> ; 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:			
Madis	in Ballet		
Are you bein	g paid for your representation?		
Are you appe (If you answe the next que	earing as part of your other paid duties for this person or organization? Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If you answ you must sig	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that an 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 2012

### EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING BUDGET

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PLEASE PRINT CLEARLY  Name: Sonya Lindquist Address: 4143 Monora Drive			
ENTER AMENDMENT NUMBER		dison, Wis. 53716	
Amendment No. 01U	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	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ 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," <b>STOP</b> ; 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:			
	Fast Madison Monora Coalition of the Aging		
Are you bein	g paid for your representation?		
Are you appearing as part of your other paid duties for this person or organization?   Yes No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next question.)			
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for your office or for your other governmental body?		
(If you answered "yes" to the question, <b>STOP.</b> 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 be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be		
1.	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: _	1/13/12	
	7 7	

## EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name: 05e	Address:	16901 Old Sauk Co
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	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>

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:			
<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Are you be	ing paid for your representation?		
Are you ap (If you ans) the next qu	pearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)		
	n elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)		
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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?		
(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 03 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

		Date:			
EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING BUDGET  This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.					
	Council considers your item. You of the number of amendments you				
PLEASE PRINT CLEARLY Name: Stephen Flei	SUMCY Address: 22.	7 State street			
ı	$_{-}\mathcal{W}$	1ac 1son			
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN			
Amendment No. <u>O</u>	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions			
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions			
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions			
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ Available to answer questions			
A and M.	Support	☐ Wish to speak			

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.)

Neither Support Nor Oppose

Available to answer questions

Oppose

Amendment No. \_

Name, address and telephone number of each person or organization you are representing:				
Are you bein	g paid for your representation?			
Are you appo (If you answ the next que	earing as part of your other paid duties for this person or organization? Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to stion.)			
	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
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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 of the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

Date:	10	13	1	1
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## EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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: Address: Address: Address: M. Jish W.				
		Midism W		
ENTER AMENDMENT NUMBER		MN & ONE BOX IN THIS COLUMN		
Amendment No. OIM	Support Oppose Neither Support Nor Oppose	Wish to speak Available to answer questions		
Amendment No. <u>0-9</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.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>		
A. Ili		r then yourself. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		

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:			
	A 201 State 87.		
Are you being	g paid for your representation?		
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization? Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
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, <b>STOP.</b> 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 be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be		
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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 go to	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	Signature Signature		
!	Print Name		

Date: 11/13/2012

### EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 OPERATING 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: Ted Petith  ENTER AMENDMENT NUMBER	Address: Z(	ZI Gregery St Lim, WI SITIL
ERTERI AWERDINERY ROMBERT	J. The solution of the solutio	
Amendment No/	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☑ Neither Support Nor Oppose</li></ul>	Wish to speak Available to answer questions
Amendment No/	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☒ Neither Support Nor Oppose</li></ul>	<ul><li>◯ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Available to answer questions</li></ul>
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: \( \subseteq \) Yes \( \lambda \subseteq \) 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:			
•		ng paid for your representation?	
(If yo	ou app ou answ ext que	vearing as part of your other paid duties for this person or organization? Yes No vered "no," <b>STOP</b> ; 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?	
		vered "yes" to the question, <b>STOP.</b> 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 beed 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.	
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		to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)	
Date		Signature	
		Print Name	

Date:		

## CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: OSCAR MICE	Address: 83	edison, W15371
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>□ Do not wish to speak</li><li>□ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	g an organization or a person other th	an 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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing:		
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 pers vered "no," <b>STOP;</b> you need not complete the rest of estion.)	son or organization?
	elected official or employee who is appearing sor other governmental body?	solely on behalf of your office or for your
	wered "yes" to the question, <b>STOP.</b> You need not gn this form. If you answered "no" to the question, g	
If you are be advised that	eing paid for your representation, or if your appear t:	ance is part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, authorization with the City Clerk.	you or your principal must file an
2.	Your principal is not permitted to authorize you with the City Clerk.	to lobby unless you are registered
3.	If your principal spends or will owe more than reporting period (half year), the principal must fi Clerk for the remainder of the calendar year?	

(Please go to the City Clerk's website www.cityofmadisor/.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for/more information.)

Signature

Print Name

Date \_\_\_\_

Date	:	

# CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: Miclea (Ma	Address: 74	(4) N/ Franklin
value. / Clear / Cu	7777 / Madrood. 21	142 N. Franklin
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; 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.)	han yourself:  Yes  No rm. If you answered "yes," provide

#### **REGISTRATION STATEMENT - PAGE 2**

Name, address and telephone number of each person or organization you are representing:		
Are you being	g paid for your representation?	
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization? Yes No ered "no," <b>STOP</b> ; 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 you answey	ered "yes" to the question, <b>STOP.</b> 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.)	
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(Please go to at Room 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	Signature ////////////////////////////////////	

Date:	

# CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: Maurice Chec	Address: 96	adison, W153717
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>₩ish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other the need not complete the rest of this fol and go on to the next question.)	nan yourself:  Yes  No rm. If you answered "yes," provide

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: □No Are you being paid for your representation? ☐ Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) 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 (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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Print Name

at Room 103 of the City-County Building, Madison, for more information.)

Signature

Date \_\_\_\_\_

# CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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:	QSMIN Address:	3637 Cross St. Madican W 371
ENTER AMENDMENT NUMBER		JMN & ONE BOX IN THIS COLUMN
Amendment No. MeCa	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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you represent an	need not complete the rest of this	er than yourself: Yes

#### **REGISTRATION STATEMENT - PAGE 2**

Name, ad	dress and telephone r	•				A . P.
76	Neca	£35	111	Sadar	DA:	Madison
		0		- 00		
BANK CARROLINA	AN MANAGEMENT CO.					
Are you b	eing paid for your repr	esentation?			☐ Yes	No
Are you a (If you and the next q	ppearing as part of yo swered "no," <b>STOP;</b> y uestion.)	ur other paid duties ou need not compl	s for this pe lete the resi	rson or organizati of this form. If yo	on? ☐ Ye	s 💆 No "yes," go on to
	an elected official or ity or other governmer		appearing	solely on behalf	of your off	ice or for your
(If you an you must	swered "yes" to the q sign this form. If you a	nuestion, <b>STOP.</b> Yourswered "no" to th	ou need no e question,	t complete the re go on to the next	est of this fo	rm, except that
If you are advised the	being paid for your re nat:	presentation, or if	your appea	rance is part of c	other paid du	ties, please be
1.	Before you enga authorization with	ge in lobbying as the City Clerk.	a lobbyist	, you or your pr	incipal must	: file an
2.	Your principal is with the City Clerk	not permitted to a	uthorize yo	u to lobby unless	s you are re	gistered
3.	reporting period (	spends or will owe half year), the prin ainder of the calend	icipal must			
at Room	o to the City Clerk's w	Building, Madison			<u>I</u> or go to the	e Clerk's Office
Date/	1-15-10	Signature	<del></del>	WORK	and the same of th	
		Print Name	•	KIRAN	, 14	SMIN

## CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: Jason Brown	Address: Z	1 Yellowstone Dr Madison
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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representin (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	g an organization or a person other the need not complete the rest of this for nd go on to the next question.)	nan yourself:  Yes  No m. If you answered "yes," provide

### REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:		
1000		
Are you being	g paid for your representation?	
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization? Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to stion.)	
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for your	
(If you answ you must sig	ered "yes" to the question, <b>STOP.</b> 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.)	
If you are be advised 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?	
(Please go to at Room 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	Signature	
	Print Name SASON Brent	

# CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: Debra Cox	Address: 100	8 Moorland Hzi
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	,
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other th need not complete the rest of this for nd go on to the next question.)	

REGISTRATION STATEMENT - PAGE 2  Name, address and telephone number of each person or organization you are representing:				
			- Alle Annual Control of the Control	
Are y	ou bein	ng paid for your representation?	☐ Yes  ☐ No	
(If you	ou appe u answe ext que	pearing as part of your other paid duties for this person or organizered "no," <b>STOP;</b> you need not complete the rest of this form. It estion.)	zation?	
		elected official or employee who is appearing solely on behor other governmental body?	nalf of your office or for you ☐ Yes	11
(If yo you n	u answ nust sig	vered "yes" to the question, <b>STOP.</b> You need not complete the	erest of this form, except the ext question.)	3
	are be ed that:	eing paid for your representation, or if your appearance is part o	of other paid duties, please b	e
	1.	Before you engage in lobbying as a lobbyist, you or your authorization with the City Clerk.	principal must file an	
	2.	Your principal is not permitted to authorize you to lobby unliwith the City Clerk.	ess you are registered	
	3.	If your principal spends or will owe more than \$1,000 for lo reporting period (half year), the principal must file expense states		

(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.)

Clerk for the remainder of the calendar year?

Print Name

Date 1/- 13-12

## CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: DeloRa Men	Address: Lo14	E Washington Ave
ENTER AMENDMENT NUMBER	/(-	wist.
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing an organization or a person other than yourself: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

**REGISTRATION STATEMENT - PAGE 2** 

Name, addre	ess and telephone nui	mber of each pe	rson or organization yo	u are representing:
<u> </u>	eater Mad	ism Cha	mbell of Con	nmeloe
1015	E Wash.	nation A	Ve O	
Ma	dism			
Are you bein	ng paid for your repres	entation?		Yes No
	ered "no," <b>STOP;</b> you		es for this person or orga Nete the rest of this forn	anization?
	elected official or er or other governmenta		appearing solely on I	pehalf of your office or for your
			ou need not complete ne question, go on to the	the rest of this form, except that e next question.)
If you are be advised that	<b>O</b> , , , , , , , , , , , , , , , , , , ,	esentation, or if	your appearance is pa	rt of other paid duties, please be
1.	Before you engage authorization with the		s a lobbyist, you or yo	our principal must file an
2.	Your principal is no with the City Clerk.	t permitted to a	authorize 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?			
(Please go t at Room 103	o the City Clerk's web 3 of the City-County B	osite <u>www.cityof</u> uilding, Madisor	madison.com/clerk/inden, for more information.)	ex.html or go to the Clerk's Office
Date <u>////</u>	3/12	Signature	Welas	
		Print Name	Delora M.	enta

Date: 11-13-12

# CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: Casey Behven	d Address: 1955 At wood Av Madison	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	
Amendment No	Support Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions	
Amendment No	<ul> <li>Support</li> <li>□ Oppose</li> <li>□ Neither Support Nor Oppose</li> <li>□ Available to answer questions</li> </ul>	
Amendment No. <u>0- //B</u>	<ul> <li>Support</li> <li>□ Oppose</li> <li>□ Neither Support Nor Oppose</li> <li>□ Available to answer questions</li> </ul>	
Amendment No	□ Support □ Wish to speak   □ Oppose □ Do not wish to speak   □ Neither Support Nor Oppose □ Available to answer questions	
Amendment No	☐ Support       ☐ Wish to speak         ☐ Oppose       ☐ Do not wish to speak         ☐ Neither Support Nor Oppose       ☐ Available to answer questions	
Amendment No	☐ Support       ☐ Wish to speak         ☐ Oppose       ☐ Do not wish to speak         ☐ Neither Support Nor Oppose       ☐ Available to answer questions	
Amendment No	□ Support       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ 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," <b>STOP</b> ; 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.)		

**REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes X No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes,"/go on to the next question.) 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 (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 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. 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: 11/13/12

## CITY OF MADISON Registration Statement - Common Council 2013 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: BILL SCHE	Address: 21	RUSTIC RIDGE CT
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N & ONE BOX IN THIS COLUMN
Amendment No. <u>0-8</u>	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	ng an organization or a person other the need not complete the rest of this for and go on to the next question.)	

Name, address and telephone nur	nber of each p	erson or organiza	tion you	are represe	enting:	608-279-
ROB MURANYI	18 W.	COPPER CI	1. M	ADISON	WI.	53717
ROB MURANYI TOM BENSON Y	934 m	UNRFIELD	Ro	MADI	SON	271-7660
MARK RECHLICZ	- 575/	TIMBERVIE	W Ct.	FITTE	BOR6	:53711 <sup>2,73</sup> .
Are you being paid for your repres	entation?				es D	No
Are you appearing as part of your (If you answered "no," <b>STOP</b> ; you the next question.)	other paid dut need not com	ies for this person plete the rest of th	or organ nis form.	ization? [ <i>If you ans</i> w	] Yes ∕ered "y	⊠ No es," go on to
Are you an elected official or en municipality or other governmental		is appearing sole	ly on be	half of you		or for your No
(If you answered "yes" to the que you must sign this form. If you ans						, except that
If you are being paid for your repreadvised that:	esentation, or	if your appearanc	e is part	of other pa	id dutie	s, please be
Before you engage authorization with the		as a lobbyist, you	ı or you	r principal	must fi	le an
<ol> <li>Your principal is not with the City Clerk.</li> </ol>	t permitted to	authorize you to	lobby un	less you a	re regis	tered
3. If your principal spe reporting period (hal Clerk for the remaind	f year), the pr	incipal must file e				-
(Please go to the City Clerk's web at Room 103 of the City-County Bเ				html or go	to the C	Clerk's Office
Date	Signature	Delen	91.	hou	-	
,	Print Name	WILL	a an	J. 5	CHE	ER

Date:	11/13	12

PLEASE PRINT CLEARLY Name: Ted DeDee		o Comanche Way
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
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Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other th need not complete the rest of this for and go on to the next question.)	nan yourself:  Yes

	ephone number of each person or organ	ization you are representing:
Overture Co	nter for the Arts	
201 State		
Madison lé		
Are you being paid for y	•	✓ Yes □ No
Are you appearing as pa (If you answered "no," \$ the next question.)	art of your other paid duties for this pers STOP; you need not complete the rest o	on or organization? Yes No No of this form. If you answered "yes," go on to
Are you an elected of municipality or other go		olely on behalf of your office or for your
(If you answered "yes" you must sign this form.	to the question, <b>STOP.</b> You need not a lift you answered "no" to the question, g	complete the rest of this form, except that o on to the next question.)
If you are being paid fo advised that:	r your representation, or if your appeara	ance is part of other paid duties, please be
	ou engage in lobbying as a lobbyist, tion with the City Clerk.	you or your principal must file an
2. Your prin with the C	cipal is not permitted to authorize you City Clerk.	to lobby unless you are registered
reporting	incipal spends or will owe more than \$ period (half year), the principal must file the remainder of the calendar year?	
(Please go to the City 0 at Room 103 of the City	Clerk's website <u>www.cityofmadison.com</u> y-County Building, Madison, for more info	/clerk/index.html or go to the Clerk's Office ormation.)
Date 11/13/12	Signature	
·	Print Name Ted D	le Dee

Date: <u>//-/3-/</u>

## CITY OF MADISON Registration Statement - Common Council 2013 OPERATING BUDGET

PLEASE PRINT CLEARLY  Name: Fer Mc(	ulley Address:	≥ 509 Ashton De Jerona, WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. <u>O~</u>	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No. 6-1-M	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other t need not complete the rest of this fo and go on to the next question.)	than yourself: ☐ Yes ☐ No orm. If you answered "yes," provide

Name, addre	Name, address and telephone number of each person or organization you are representing:				
AFSC	nE 3m				
803	3 ExcelSia	Dr. Seei	ty B	Control of the Contro	
Mac	2i Son 537	1			, Augusta
Are you bein	g paid for your represe	entation?		Yes 🗆 N	0
Are you appe (If you answe the next que	ered "no," <b>STOP;</b> you :	other paid dutie need not comp	s for this person or org lete the rest of this forr	anization? \ Yes m. If you answered "yes,	☐ No " go on to
	elected official or em or other governmental		appearing solely on	behalf of your office or Yes N	
			ou need not complete e question, go on to th	the rest of this form, exe next question.)	cept that
If you are be advised that:		esentation, or if	your appearance is pa	art of other paid duties, p	olease be
1.	Before you engage authorization with the		a lobbyist, you or y	our principal must file	an
2.	Your principal is not with the City Clerk.	permitted to a	uthorize you to lobby	unless you are register	∍d
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 <u>    -  </u>	3-12	Signature	Januar	NoCella	
<del>-,</del>		Print Name	Jennifer 1	no Culley	

Date: 1/13/12

### CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: JAY YOUR	UG Address: 47	194 OBSERVATORY
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. OIM	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☑ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No. <u>OPM</u>	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>☐ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No. <u>OT</u>	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☑ Neither Support Nor Oppose</li></ul>	₩ish to speak Do not wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
At this meeting are you representir (If you answered "no," <b>STOP</b> ; you	ng an organization or a person other the need not complete the rest of this fo	han yourself:  Yes  No rm. If you answered "yes," provide

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

Name,	addre	ss and telephone number of each person or organization you are representing:
Are yo	u being	g paid for your representation?
Are yo (If you the ne.	answe	aring as part of your other paid duties for this person or organization? Yes No ered "no," <b>STOP</b> ; 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 or other governmental body?
		ered "yes" to the question, <b>STOP.</b> 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 a		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?
(Pleas at Roo	e go to m 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 _	0/	Signature Am Journe
		Print Name JAY PDURG

Date: _	11:13-12	
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Name: May Carbin	Address: 12	Z W. Washington Alue Nadism, 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Overture funding, no Amendment No	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>₩ish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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 🔲 No m. If you answered "yes," provide

Nam	e, addre	ess and telephone	number of each persor	n or organization	you are represer	nting:
		Mills	v's Central B	usiness Im	provenut	District (BI
		122	W. Washing	for Ave	# 250	
		Mx	W. Washing dison 53703			
Are y	ou bein	g paid for your re	oresentation?		☐ Ye	s 📝 No
(If yo	ou appo u answ ext que	ered "no," <b>STOP</b> ;	our other paid duties for you need not complete	this person or o the rest of this fo	rganization?	Yes
		elected official o or other governme	r employee who is appental body?	pearing solely o	n behalf of your Ye	office or for your s ∑ No
(If yo you n	u answ nust sig	ered "yes" to the n this form. If you	question, <b>STOP.</b> You ranswered "no" to the qu	need not comple uestion, go on to	te the rest of this the next questior	s form, except that n.)
-	are be ed that:	<b>-</b> .	representation, or if you	r appearance is	part of other paid	d duties, please be
	1.	Before you engauthorization wit	age in lobbying as a l h the City Clerk.	lobbyist, you or	your principal n	nust file an
	2.	Your principal is with the City Cle	not permitted to authork.	orize you to lobb	y unless you are	e registered
	3.	reporting period	spends or will owe mo (half year), the principa nainder of the calendar y	ıl must file exper	for lobbying serv nse statements w	ices in any vith the City
			website <u>www.cityofmad</u> y Building, Madison, for			the Clerk's Office
Date	11-17	3-12	Signature/	////ww/)	Klantino	
	valle elli che e la coma control		Print Name		Mary C	where

Date: \_///13//2\_\_\_\_\_

### CITY OF MADISON Registration Statement - Common Council 2013 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: GRONG APP NC	Address: 5745 BITTENZWEET PL MADISON, WI 53705
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions
Amendment No. <u>O-Q</u>	□ Support □ Wish to speak   □ Oppose □ Do not wish to speak   □ Neither Support Nor Oppose □ Available to answer questions
Amendment No. 0-11	☐ Support       ☐ Wish to speak         ☐ Oppose       ☐ Do not wish to speak         ☐ Neither Support Nor Oppose       ☐ Available to answer questions
Amendment No	☐ Support       ☐ Wish to speak         ☐ Oppose       ☐ Do not wish to speak         ☐ Neither Support Nor Oppose       ☐ Available to answer questions
Amendment No	☐ Support       ☐ Wish to speak         ☐ Oppose       ☐ Do not wish to speak         ☐ Neither Support Nor Oppose       ☐ Available to answer questions
Amendment No	□ Support       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ Available to answer questions
Amendment No	□ Support       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ Available to answer questions
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	g an organization or a person other than yourself: \( \textstyle \

Name, addr	REGISTRATION STATEMENT - P. ress and telephone number of each person or organiza	
Are you bei	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 vered "no," <b>STOP</b> ; you need not complete the rest of the estion.)	or organization?
Are you an municipality	elected official or employee who is appearing sole or other governmental body?	ely on behalf of your office or for your Yes No
(If you ansv you must si	wered "yes" to the question, <b>STOP.</b> You need not co gn this form. If you answered "no" to the question, go o	mplete the rest of this form, except that on to the next question.)
If you are b advised tha	eing paid for your representation, or if your appearand t:	ce is part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, yo authorization with the City Clerk.	ou 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?	,000 for lobbying services in any expense statements with the City
(Please go	to the City Clerk's website www.cityofmadison.com/cl	erk/index.html or go to the Clerk's Office

Signature

Print Name <u>GEORGIAN</u>

Date  $\frac{11}{3}$ 

Date: 1/-13-12

## CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: 7	'D'Marenette Tr
Marie. Municipal Marie M	mun Address. A	D///WTUNECE//C
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MN & 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	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	ng an organization or a person other need not complete the rest of this fa and go on to the next question.)	

(SEE BACK)

Name, addre	ess and telephone number of each person		epresenting:
	122W. Wark		
-	ng paid for your representation?		Yes No
Are you appo (If you answ the next que	earing as part of your other paid duties for rered "no," <b>STOP</b> ; you need not complete to estion.)	this person or organization the rest of this form. If you	on? Yes
	elected official or employee who is app or other governmental body?	earing solely on behalf	of your office or for your No
(If you answ you must sig	vered "yes" to the question, <b>STOP.</b> You not not the form. If you answered "no" to the qu	eed not complete the reseastion, go on to the next of	st of this form, except that question.)
If you are be advised that:	eing paid for your representation, or if your	appearance is part of ot	her paid duties, please be
1.	Before you engage in lobbying as a kathorization with the City Clerk.	obbyist, you or your prii	ncipal must file an
2.	Your principal is not permitted to authorwith the City Clerk.	rize you to lobby unless	you are registered
3.	If your principal spends or will owe mor reporting period (half year), the principal Clerk for the remainder of the calendar ye	must file expense stater	
(Please go to at Room 103	o the City Clerk's website <u>www.cityofmadis</u> 3 of the City-County Building, Madison, for i	son.com/clerk/index.html more information.)	or go to the Clerk's Office
Date //-	13-12 Signature <u>1</u>	wan Sch	nely
·	Print Name		<i></i>

Date:	

PLEASE PRINT CLEARLY Name:   OR  KIEF	Address: 4413 DOG CROSSING TR
	MADISON 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN
Amendment No	✓ Support       ✓ Wish to speak         ✓ Oppose       ✓ Do not wish to speak         ✓ Neither Support Nor Oppose       ✓ Available to answer questions
Amendment No. 110	☐ Support       ☐ Wish to speak         ☑ Oppose       ☐ Do not wish to speak         ☐ Neither Support Nor Oppose       ☐ Available to answer questions
Amendment No	□ Support       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ Available to answer questions
Amendment No	□ Support       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ Available to answer questions
Amendment No	□ Support       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ Available to answer questions
Amendment No	□ Support       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ Available to answer questions
Amendment No	☐ Support       ☐ Wish to speak         ☐ Oppose       ☐ Do not wish to speak         ☐ Neither Support Nor Oppose       ☐ Available to answer questions
	ng an organization or a person other than yourself: \( \sum \text{Yes} \sum \subset \text{No} \\ need not complete the rest of this form. If you answered "yes," provide and go on to the next question.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes □No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Print Name

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Signature

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 Wish to speak Do not wish to speak
Amendment No. Support Oppose O
Amendment No. Oppose Do not wish to speak Available to answer questions  Amendment No. Support Wish to speak Do not wish to speak Do not wish to speak Do not wish to speak Available to answer questions  Amendment No. Support Wish to speak Do not wish to speak Available to answer questions  Support Wish to speak Do not wish to speak Do not 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
Amendment No. Oppose Do not wish to speak Available to answer questions    Support Wish to speak Do not wish Do not wish to speak Do not wish
Amendment No Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions Support Wish to speak
☐ Neither Support Nor Oppose ☐ Available to answer questions
Support
Amendment No Support Wish to speak Do not wish to speak Do not wish to speak Available to answer questions
Amendment No Support

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

(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:  $\square$  Yes

Name	, addre	ess and telephone number of each person or organization you are representing:
***************************************		
Are yo	u bein	ng paid for your representation?
Are yo (If you the ne	answ	earing as part of your other paid duties for this person or organization? Yes No rered "no," <b>STOP</b> ; 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, <b>STOP.</b> 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 a		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?
		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 _		Signature
		Print Name

Date: \_///13/12

# CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: LINDA BELLMAN	Address: 82	OAK CREEK TRAIL
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	DISON
Amendment No. <u>Ø</u> 8	☐ 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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	g an organization or a person other th	an yourself: ☐ Yes   ဩ 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.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: □No Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.)

Print Name

Signature

Date \_\_\_\_\_

Date:	11-13-12	

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: Ben Ratt-Ge	Address: 912	1 Voterside SA
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. <u>O/</u> K	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. OLI	☐ Support  ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. <u>011 G</u>	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 011H	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you	ng an organization or a person other th need not complete the rest of this for	an yourself: Yes No m. If you answered "yes," provide

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

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: П No ☐ Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your Yes municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Print Name

at Room 103 of the City-County Building, Madison, for more information.)

Date

Signature

Date: 11-13-2012

## CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: Karen Moeller	Address: \42	2 Fremont Avenue
	Mo	dison, WI 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN &	NE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 0-9	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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

REGISTRATION STATEMENT - PAGE 2 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 duties for this person or organization?
Are you an elected official or employee who is appearing solely on behalf of your office or for you municipality or other governmental body?
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except the 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.

- Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk.
- If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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	11-13-12	Signature	XV			
***************************************		Print Name	Karen	K	Moeller	

Date: // /3/12

# CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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.

DI FACE DOINT OF FADILY	~		
PLEASE PRINT CLEARLY Name: - 1/2 G O C C C	Address: 146	OF CLEMENTS AVE	
Name: 368 9000	7, daress. 27C	DE CLEMENS AVB,	
	MA	DTSON 5370/	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN	
	•	•	
	Support	☐ Wish to speak	
Amendment No.	<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Do not wish to speak Available to answer questions	
	Support	☐ Wish to speak	
Amendment No.	Oppose	Do not wish to speak	
	Neither Support Nor Oppose	Available to answer questions	
Amendment No.	Support Oppose	☐ Wish to speak ☐ Do not wish to speak	
Americaniem vo.	Neither Support Nor Oppose	Available to answer questions	
	Support	☐ Wish to speak	
Amendment No	<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Do not wish to speak</li><li>Available to answer questions</li></ul>	
	Support	Wish to speak	
Amendment No	Oppose	Do not wish to speak	
	Neither Support Nor Oppose	Available to answer questions	
Amendment No.	Support	☐ Wish to speak	
Amendment No.	<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Do not wish to speak</li><li>Available to answer questions</li></ul>	
	Support	☐ Wish to speak	
Amendment No	Oppose	Do not wish to speak	
	Neither Support Nor Oppose	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.)			

(SEE BACK)

Name, ad	dress and telephone number of each person or organization you are representing:				
<u> </u>	ARQUETTE WEIGHBORYON ASSOC.				
Are you be	eing paid for your representation?				
Are you ap (If you and the next q	opearing as part of your other paid duties for this person or organization? Yes No swered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to uestion.)				
	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 an	swered "yes" to the question, <b>STOP.</b> 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 th	being paid for your representation, or if your appearance is part of other paid duties, please be at:				
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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 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:	11/13/12	
	7	

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: Celia A. Kleha Address: 933 N. Fair Oaks				
ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN				
Amendment No. O~IM	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No. De Tap	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>		
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>		
At this meeting are you representin (If you answered "no," STOP; you	g an organization or a person other the need not complete the rest of this for	nan yourself:  Yes X No rm. If you answered "yes," provide		

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

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes ☐ No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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

Signature

Print Name

Date: November 13 2012

### CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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.

Name: Danie Dixon  Address: M Wilson # 605  Madison 53703  ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	- Income
	photos in the
Amendment No. Support for workers Wish to speak Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions	
Amendment No. O-11C Support Nor Oppose Wish to speak  Neither Support Nor Oppose Available to answer questions	
Amendment No. O-8 Support M-Source golf Wish to speak Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions	
Amendment No Support	
Amendment No. Support Support Wish to speak Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions	
Amendment No. Support Support Wish to speak Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions	
Amendment No Support	

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.)

(SEE BACK)

Name, address and telephone number of each person or organization you are representing:				
	AFSCME LOCAL 60			
Are yo	u being	g paid for your representation?		
Are yo (If you the ne.	answe	earing as part of your other paid duties for this person or organization? Yes Nered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on		
	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 you m	answe ust sigr	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except the not this form, except the not the form. If you answered "no" to the question, go on to the next question.)	nat	
If you a		ing paid for your representation, or if your appearance is part of other paid duties, please	be	
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		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Offi Is of the City-County Building, Madison, for more information.)	ice	
Date		Signature		
		Print Name		

PLEASE PRINT CLEARLY Name: Jon Campbell	Address: 460	07 Esch Ln. Lisen, WI 53704	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	,	
Amendment No. D-11I	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No. 0-8	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
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:		
	<u> </u>	
Are yo	ou beir	ng paid for your representation?
(If you	ı answ	earing as part of your other paid duties for this person or organization? Yes No vered "no," <b>STOP</b> ; 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 you m	ı answ nust sig	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that an on 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
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(Pleas at Roc	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 3 of the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

Date: 12-12

## CITY OF MADISON Registration Statement - Common Council 2013 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Ren Ratioffe	Address: 9121 Waterside St.		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & 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       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ Available to answer questions		
Amendment No. Olli	✓ Support       ☐ Wish to speak         ☐ Oppose       ☐ Do not wish to speak         ☐ Neither Support Nor Oppose       ☐ Available to answer questions		
Amendment No	□ Support       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ Available to answer questions		
Amendment No	□ Support       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ Available to answer questions		
Amendment No	□ Support       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ Available to answer questions		
Amendment No	□ Support       □ Wish to speak         □ Oppose       □ Do not wish to speak         □ Neither Support Nor Oppose       □ Available to answer questions		
At this meeting are you representing an organization or a person other than yourself: A Yes \sum No (If you answered "no," <b>STOP</b> ; 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.)			

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: **☑** No ☐Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. 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 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.)

Signature

Print Name

Date

Date: 11 / 13/12

# CITY OF MADISON Registration Statement - Common Council 2013 OPERATING BUDGET

PLEASE PRINT CLEARLY		0 4 0			
Name: Deja Gree	Address:	Great Gray Dr			
	ga <sup>l</sup> eri Angelong sa	Madison WI Dr			
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN				
Amendment No. Olk	☐, Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No. 61 L	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No. 616	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No. 611	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
	g an organization or a person other t need not complete the rest of this fo nd go on to the next question.)				

REGISTRATION STATEMENT - PAGE 2  Name, address and telephone number of each person or organization you are representing:								
Are y	you bei	ng paid for your repres	sentation?		☐ Yes [	Mo _		
(If yo	ou ansv	pearing as part of your vered "no," <b>STOP;</b> you estion.)	other paid duties for uneed not complete	this person or organiza the rest of this form. If y	tion?	⊠No yes," go on to		
Are y	you an cipality	elected official or el	mployee who is app al body?	earing solely on beha	lf of your offic ☐ Yes ﴾	e or for your No		
(If yo you r	ou ansv must si	vered "yes" to the que gn this form. If you and	estion, <b>STOP.</b> You n swered "no" to the qu	eed not complete the restion, go on to the nex	rest of this forn at question.)	n, except that		
	are b		resentation, or if your	r appearance is part of	other paid dution	es, please be		
	1.	Before you engage authorization with the		obbyist, you or your p	rincipal must t	file an		
	2.	Your principal is no with the City Clerk.	ot permitted to autho	rize you to lobby unles	s you are regi	stered		
	3.	reporting period (ha	ends or will owe mo alf year), the principa der of the calendar y	re than \$1,000 for lobb I must file expense stat ear?	oying services is tements with the	in any e City		
(Plea at Ro	se go oom 10	to the City Clerk's wel 3 of the City-County B	bsite <u>www.cityofmadi</u> uilding, Madison, for	son.com/clerk/index.htm more information.)	nl or go to the	Clerk's Office		
Date			Signature					
			Print Name	Deja Gre.	er			
				J.				

1 feel that we should be caple to get a bus by my nouse in motorions because use really need it. Everywhere else in Misconsin oasically have a bus and 1+5 not fair that we don't and if you really think about 14 WE not in incfariand 1+5 Still Modison I have been working on trying to get a bus by my nouse since I was a Freshman and indus never gove up on trying to get one and I want give up not, I am usilling to do and try whatever I have to do to be able to get a bus in my in Righboxhood, I just dont understand owny it has to be this hard to put a couple mure bus stops in a another Orroin modison. If inducte do this until I graduate because some reason we havent gave it to us yet I will Still be willing to try and complete my doal

Deja Greer 11th Grade LaFollette HS Student

Date: 1/13/2012

# CITY OF MADISON Registration Statement - Common Council 2013 OPERATING BUDGET

PLEASE PRINT CLEARLY Name:	Address:	25 Jeniferst
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li> Wish to speak</li><li> Do not wish to speak</li><li> Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>□ Do not wish to speak</li><li>☑ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	ng an organization or a person other to need not complete the rest of this fo	

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ☐ Yes □No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐Yes municipality or other governmental body? (If you answered "ves" 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 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk.

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Print Name

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Signature

3.

Date \_\_\_\_\_

Date: 1/13/2012

### CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: Dana Taren	Address:	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	ng an organization or a person other t	han 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.)

### **REGISTRATION STATEMENT - PAGE 2**

Name	e, addre	ess and telephone number of each person or organization you are representing:
Are y	ou bein	g paid for your representation?
(If you	ou appe u answe ext ques	earing as part of your other paid duties for this person or organization?   Yes  No ered "no," <b>STOP</b> ; 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 or other governmental body?
(If you you m	u answ nust sig	ered "yes" to the question, <b>STOP.</b> 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.)
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(Pleas at Roo	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		Signature
		Print Name

Date:  $\frac{113}{2}$ 

# CITY OF MADISON Registration Statement - Common Council 2013 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: - Clear Poly	Address: 40	nandan Ges
	$\underline{m}_{c}$	edison Wi
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 0-1M	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. <u>0-9</u>	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 0-111	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	g an organization or a person other than need not complete the rest of this form and go on to the next question.)	

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: ΠNo ☐ Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered 2. with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3.

reporting period (half year), the principal must file expense statements with the City

Print Name

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Signature

Date

Date: 11-13-12

# CITY OF MADISON Registration Statement - Common Council 2013 OPERATING 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: OSEMARO	Address: ///	W Wilson
	-53	70 <del>2</del>
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 01-H	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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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.)

#### REGISTRATION STATEMENT - PAGE 2

Name, add	Name, address and telephone number of each person or organization you are representing:			
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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," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to estion.)			
	n elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?			
(If you ansi you must si	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that ign 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 03 of the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

PLEASE PRINT CLEARLY  Name: MICE SLO		55 S, FEW S+ +DISON W/ 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	
Amendment No.	☐ Support THE PROS ☐ 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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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At this meeting are you representing (If you answered "no," <b>STOP</b> ; you n the name of whom you represent an	eed not complete the rest of this fo	han yourself: ☐ Yes ☐ No rm. If you answered "yes," provide

Name	, addre	REGISTRATION STATEMENT - PAGE 2 ss and telephone number of each person or organization you are	representing	g:	
Are yo	ou being	g paid for your representation?	☐ Yes	Z-No	_
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	2.	Your principal is not permitted to authorize you to lobby unles with the City Clerk.	ss you are re	gistered	
	3.	If your principal spends or will owe more than \$1,000 for lobble reporting period (half year), the principal must file expense star 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.)

12 Signature

Date: 1/1/3/12

# CITY OF MADISON Registration Statement - Common Council 2013 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: 1300 (1)500	Address: 40	6 CLEMONT AV3,
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	PISON 5376/ N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other the need not complete the rest of this fol and go on to the next question.)	han yourself:  Yes  No rm. If you answered "yes," provide

#### **REGISTRATION STATEMENT - PAGE 2**

Name, addre	ss and telephone	e number of each pe	erson or organizatio	on you are representin	g:
Are you being	g paid for your re	presentation?		☐ Yes	₩Ńo
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	elected official or other governm		s appearing solely	on behalf of your o	ffice or for your
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2.	Your principal i	•	authorize you to lo	obby unless you are r	egistered
3.	reporting period		ncipal must file exp	00 for lobbying service pense statements with	
		website <u>www.cityo</u> nty Building, Madisol		k/index.html or go to to tion.)	he Clerk's Office
Date 1	3/13	Signature	Down (	One-	

Date:		

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: Tim Binker	ا Address: ا	314. Iteas ave,
	Ma	314, Hegs ave,
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No. 0~11 I Mayor Alternate Overture	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☒ Available to answer questions</li></ul>
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At this meeting are you representing (If you answered "no," STOP; you	g an organization or a person other the need not complete the rest of this for	nan yourself:  Yes  No rm. If you answered "yes," provide

(SEE BACK)

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

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Yes □ No Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization 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 3. reporting period (half year), the principal must file expense statements with the City

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Print Name

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Signature

Date

Date:		
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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: Junette Cuc	Address: L	4 State ST
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	Support	☐ Wish to speak
Amendment No	Oppose	Do not wish to speak
	Neither Support Nor Oppose	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.)

### **REGISTRATION STATEMENT - PAGE 2** Name, address and telephone number of each person or organization you are representing: Yes No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your ☐ Yes municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3. reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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Print Name

at Room 103 of the City-County Building, Madison, for more information.)

Signature

Date \_\_\_\_

Date:	11/	/13	11-	2	

PLEASE PRINT CLEARLY Name: **SEAM BY 30	Address:	1206 Hickory St Madison, W1 537
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. O S	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you the name of whom you represent a	ng an organization or a person other need not complete the rest of this fo and go on to the next question.)	than yourself: ☑ Yes   □ No orm. If you answered "yes," provide

### **REGISTRATION STATEMENT - PAGE 2**

Name, add	ress and telephone	number of each pers	son or organization you	are representing:	
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Are you bei	ing paid for your rep	resentation?		☐ Yes ☐ No	
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3.	reporting period	spends or will owe (half year), the princ ainder of the calend	cipal must file expense	lobbying services in any statements with the City	
(Please go at Room 10	to the City Clerk's v 33 of the City-County	website <u>www.cityofn</u> / Building, Madison,	nadison.com/clerk/inde for more information.)	x.html or go to the Clerk's Off	ice
Date	14/3/12	Signature	DEEna	Brazy	
		Print Name	Dena	Grary'	
				,	

Date:	

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: DELAMA CANTON	Address:	350 S. HAMILTON ST
	-	53403
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ERICH AMENDMENT NOMBER	CHECK ONE BOX IN THIS COLO	WIN & ONE BOX IN THIS COLONIN
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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.)

REGISTRATION STATEMENT - PAGE 2  Name, address and telephone number of each person or organization you are representing:		
Are you bei	ing paid for your representation?	☐ Yes ☐ No
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1.	Before you engage in lobbying as a lobbyist, authorization with the City Clerk.	you or your principal must file an
2.	Your principal is not permitted to authorize you with the City Clerk.	to lobby unless you are registered
3.	If your principal spends or will owe more than reporting period (half year), the principal must fi Clerk for the remainder of the calendar year?	\$1,000 for lobbying services in any le expense statements with the City
	to the City Clerk's website <u>www.cityofmadison.com</u>	

Signature

Print Name \_

Date 1((2)(2

Date:	13/2012

PLEASE PRINT CLEARLY Name: AUSON MCKER		45 Bittersweet P
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. <u>O-IM</u>	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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At this meeting are you representing (If you answered "no," <b>STOP</b> ; 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 Mo m. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2  Name, address and telephone number of each person or organization you are representing:				
Are you bein	g paid for your repres	sentation?		☐ Yes ☐ No
Are you appe	earing as part of your ered "no," <b>STOP;</b> you	other paid dutie	es for this person or olete the rest of this	organization?
	elected official or el or other governmenta		s appearing solely (	on behalf of your office or for your
	ered "yes" to the que in this form. If you an			ete the rest of this form, except that o the next question.)
If you are be advised that:	0 1	resentation, or i	f your appearance is	s part of other paid duties, please be
1.	Before you engage authorization with the		s a lobbyist, you o	r your principal must file an
2.	Your principal is no with the City Clerk.	ot permitted to	authorize you to lob	by 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 we I of the City-County B			index.html or go to the Clerk's Office on.)
Date	3-7017	Signature Print Name	Allson (	MCKEE