

Date:	2/	5/1	7
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Registration Statement -	Common (Council	***************************************	
Please Print	COMMITTEE	- DDINT NAME O	FADLY	
Agenda No.	Name Address	PRINT NAME C	LEARLY UNBRD UNBRD	911 BH OK RD XX 3370
Please check one:	AND	Please ch	ieck:	
Support		Wis	sh to Speak	•
Oppose				
Neither Support Nor Opp	pose		·	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each	complete the rest uestion.)	of this form. If you a	nswered "yes,"	No provide the name
Are you being paid for your representation?			Yes	☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			☐ Yes nswered "yes,"	☐ No ' go on to the next
Speaking Limits: Public Hearing (Comr Information Hearing Other Items		3 minutes		

*	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: $\frac{2}{5}/3$

WISH TO SPEAK FORM

Registration Statement -	Common C	Council	
ni ni	COMMITTEE		
Please Print	PLEASE	E PRINT NAME CLEARLY	
29	Name	Ronald Kamin	
Agenda No	Address		
	-	Tokencreek	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor Op	nose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest uestion.)	of this form. If you answered "yes," provide the nar	ne
Are you being paid for your representation?		☐ Yes No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		son or organization?	xt
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items	3	3 minutes	

	rnmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name



Date:	1/	15	90	- CONTROL OF THE PARTY IN	3	
Daic.			 			

Registration Statement -	Common (Council	
Please Print	PLEAS	SE PRINT NAME CLEARLY	
Agenda No		BENTANIN PIERE SS6 STATE STREET 410 MADISON, WI, S1703	
Please check one:	AND	Please check:	
☐ Support☐ Oppose		Wish to Speak	
Neither Support Nor Op	pose REPER	ATING NORTHE RE: RNDS FOR THE HUNELE	: S)
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	complete the res	son other than yourself: Yes No st of this form. If you answered "yes," provide the nan	ne
Name, address and telephone number of each	n person or organi	nization you are representing:	
			_
Are you being paid for your representation?		☐ Yes ☐ No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		erson or organization? Yes No St of this form. If you answered "yes," go on to the nex	xt
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items		3 minutes	

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



Date: $\frac{9/5/13}{}$

WISH TO SPEAK FORM

Registration Statement -		Council		
	COMMITTEE			
Please Print	PLEASI	E PRINT NA	ME CLEARLY	
Agenda No. 39	Name Address	Aller	Barko	FF UN SA
	Address	Mad	Son W	1
Please check one:	AND	Plea	ise check:	
Support		X	Wish to Sp	eak
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form.	If you answered "y	Yes No ves," provide the name
Are you being paid for your representation?				es No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)				es No yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing, Other Items	, 	3 minutes		

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)			
If you that:	are bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)			
Date _	2/	Signature Ollen Ball Print Name Allen Barke FF			



Date: <u>8/5/8013</u>

WISH TO SPEAK FORM

Registration Statement -		<u>ouncil</u>		
Please Print	COMMITTEE			
	PLEASE	PRINT NAM	IE CLEARLY	
Agenda No. 3	Name (Y	neg Rothi	<u>Stein</u>	
Agenda No.	Address \	607 40m	dovent.	
Please check one:	AND	Please	e check:	
Support		X	Wish to Speak	
Oppose				
Neither Support Nor Op	opose			
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest o question.)	of this form. If y	vou answered "yes,"	☑No provide the name
Are you being paid for your representation?	,		Yes	No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)				No go on to the next
Information Hearing	mmon Council)5 g3 g3	minutes		

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



Date:	1	-5-	13

Registrat	tion Statement -	Common C	Council		
Please Print			E PRINT NAME (N EADI V	
Agenda No 3	7	Name Address	Trina C 857 S Mod	lements Shore:	Dr. 715
Please check o	ne:	AND	Please c	heck:	
Support			Wi	ish to Speak	
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organ or some of the contract of the second of the se	complete the rest uestion.)	of this form. If you	answered "yes,"	No provide the name
Are you being paid for	or your representation?			☐ Yes	No
	part of your other paid," STOP; you need not				No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body? Yes No
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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Date _		Signature
		Print Name



Date: 2/5/13

WISH TO SPEAK FORM

Registration Statement -		ouncil
DI D'	COMMITTEE	
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 39	Name Address	FOWARD KNAWARSKI 405 SIDNEY ST MADISON, WI 53003
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form. If you answered "yes," provide the name
	•	
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)		on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	3	minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date		Signature
		Print Name



Date:	
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CITY OF MADISON

Registration Statement -	COMMITTEE	Council	····	
Agenda No. 39	PLEASE Name Address	E PRINT NAM Gina 3041 1Mad	Bealher Webb Ave	#4 52104
Please check one:	AND	Please	e check:	3316/
Support			Wish to Speal	š
Oppose				
Neither Support Nor Opp	pose			
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each	complete the rest uestion.)	of this form. If y	vou answered "yes,'	No ' provide the name
·		8''		
Are you being paid for your representation?			☐ Yes	☐ No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)				☐ No ' go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes		

(SEE BACK)

Are you an elother government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No		
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
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(Please go to Room 103 of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		