

Date: 4-30-13

## WISH TO SPEAK FORM

Registration Statement -	Common C	Pouncil Programme Tourist Council Programme Tourist Council Programme Tourist Council Programme Tourist Council
•	COMMITTEE	
Please Print	PLEASI	PRINT NAME CLEARLY
		ROSEMARY LEE
Agenda No. 52	Name	111 W W/150N #108
Agenda 110.	Address	53703
	-	5270
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Opp	oose	¥
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 answered "yes,"\provide the name
-	•	
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.)	luties for this pers complete the rest	son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	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?			
		ed "yes" to the question, <b>STOP.</b> 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.)		
If you a that:	re beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3	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.		
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)		
Date		Signature		
		Print Name		



Date: 4/50/2013

## **WISH TO SPEAK FORM**

Registration Statement -	Common Co	ouncil	
	COMMITTEE		
Please Print	DIFACE	DDINT NAME OF CA	N V
		PRINT NAME CLEAF	
,	Name _	Richard Bot	10mb
Agenda No	Address _	833 DANE	577
Please check one:	AND	Please check	
<b>Support</b>		Wish to	Speak
Oppose		•	
Neither Support Nor Opp	pose	·	
The state of the s			
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 quality Name, address and telephone number of each	complete the rest o uestion.)	f this form. If you answer	
		,	
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.)	duties for this perso complete the rest o	n or organization? f this form. If you answer	Yes Mo ed "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3 r	minutes	

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?	
	vered "yes" to the question, <b>STOP.</b> 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 b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised	
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3.	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 f the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



Date:  $\frac{4}{30}/2013$ 

## WISH TO SPEAK FORM

Registration Statement - Common Council		
	COMMITTEE	
Please Print	PLEASE I	PRINT NAME CLEARLY
	Name	Gail Goib
Agenda No. 5 3	Address	1120 Chandler St'
	Address	Madison 53715
		, , , , , , , , , , , , , , , , , , , ,
Please check one:	AND	Please check:
Support		Wish to Speak
<b>Oppose</b>		
Neither Support Nor Op	pose	A .
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 quality Name, address and telephone number of each	t complete the rest of uuestion.)	this form. If you answered "yes," provide the name
	ø	
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.)		or organization? Yes Who this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3 m	inutes

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
	ed "yes" to the question, <b>STOP.</b> 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.)		
If you are being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.		
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)		
Date	30/13 Signature Sail Sup		
	Print Name Sail Gelb		



Date: 4/30/13

## **WISH TO SPEAK FORM**

Registration Statement -	Common Co	ouncil	****
Please Print			
	PLEASE	PRINT NAME CLEARLY	
Agenda No. <u>29432</u> 52	Name Address	Milton / Pozo 3112 Todd n Mound, son W	537/3
Please check one:	AND	Please check:	
Support		Wish to Speak	•
Oppose			
Neither Support Nor Op	pose	1	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	complete the rest of uestion.)	this form. If you answered "yes," pr	ovide 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.)	duties for this person complete the rest of	n or organization? Yes This form. If you answered "yes," go	
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3 n	ninutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> 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 b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	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:  $\frac{4/30/3}{3}$ 



# AVAILABLE TO ANSWER QUESTIONS FORM

Registrat	ion Statement -	Common C	ouncil	
		PLEASE	PRINT CLEARLY	
Agenda No	<u> </u>	Name Address		ndgra f
Please check o	ne:	AND	Please chec	ek:
Support Oppose			Availal questic	ole to answer
	upport Nor Op	pose		
(If you answered "no,	ou representing an orga "STOP; you need not and go on to the next q	t complete the rest	n other than yourself: of this form. If you answ	☐ Yes ☐ No wered "yes," provide the name
	-		ation you are represent	
F.	Main St.			
Are you being paid fo		duties for this name	on or organization?	Yes No
Are you appearing as (If you answered "no, question.)	part of your other paid "STOP; you need not	t complete the rest	on or organization? of this form. If you ans	wered "yes," go on to the nex
Speaking Limits:	Public Hearing (Com Information Hearing) Other Items	3	minutes	

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes No	
	ed "yes" to the question, <b>STOP.</b> 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.)	
If you are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised	
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.	
(Please go to Room 103 of th	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: 4/50/13



## AVAILABLE TO ANSWER QUESTIONS FORM

Registration	Statement	Common C	ouncil		
		PLEASE	PRINT CLEARLY		
Agenda No.	, 2	Name	John k 8 Fulle Madison	er Ct.	
Please check one:		AND	Please che	ck:	
Support			Availal questic	ble to answe	er
<ul><li>Oppose</li><li>Neither Suppose</li></ul>	oort Nor Opp	ose	questi		
At this meeting are you rep (If you answered "no," ST of who you represent and g Name, address and telepho	OP; you need not og on to the next quanto the number of each	complete the rest of estion.)  person or organization	of this form. If you ans	wered "yes," pro ting:	] No vide the name
E. Main	St	1 0473 K			
Are you being paid for you  Are you appearing as part of  (If you answered "no," ST	of your other paid d	uties for this perso	on or organization?		No No No on to the next
question.)  Speaking Limits: Pub Info	olic Hearing (Commormation Hearing	non Council)5	minutes	77 8°	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?		
	"yes" to the question, STOP. You need not complete the rest of this form, except that you must sign is need "no" to the question, go on to the next question.)	
If you are being p	paid for your representation, or if your appearance is part of other paid duties, please be advised	
	fore you engage in lobbying as a lobbyist, you or your principal must file an authorization th the City Clerk.	
	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.	
(Please go to the Room 103 of the C	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 4/3 0/13



## AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement -	Common C	ouncil
	PLEASE	PRINT CLEARLY
Agenda No.	Name Address	Kevin Page 1023 Williamson St. #2 Madison
Please check one:	AND	Please check:
Support		Available to answer
Oppose		questions
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 the Cathery (	complete the rest on the complete the rest on the complete the complet	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this pers complete the rest	on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answe this form. If y	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.
(Please go to Room 103 of i	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 4 - 30 - 13

## **WISH TO SPEAK FORM**

Registration Statement -	COMMITTEE	Council	·	
Please Print	PLEASE	E PRINT NA	ME CLEARLY	٠
Agenda No	Name Address	Franny 516 WI	Ingebritson sconsin Ave #1	
Please check one:	AND	Plea	se check:	
<b>Support</b>		X	Wish to Speak	
		~		
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest question.)	of this form. I	f you answered "yes," provide the na	ime
	,			
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.)	duties for this pers	on or organiza of this form. Ij	ation? Yes No If you answered "yes," go on to the n	ext
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 nental body?
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	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.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.
		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