Date: June 4, 2013



## **WISH TO SPEAK FORM**

## CITY OF MADISON

Registration Statement -	Common C	Council		
Please Print	PLEASI	E PRINT NAME CLEARLY		
Agenda No	Name Address	Carousel Bayra 4901 Gherwood Rd Madesn 53711		
Please check one:	AND	Please check:		
Support		Wish to Speak		
<b>Oppose</b>				
Neither Support Nor Op	pose			
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:				
Dane County Board of Supervisors				
210 MLK Blvd				
Madeson W1: 53703				
Are you being paid for your representation?				
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		son or organization? Yes No No of this form. If you answered "yes," go on to the next		
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing				

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of the governmental body?					
(If you answered "yes" to the question this form. If you answered "no" to the				·m, except th	nat you must sign
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 l with the City Clerk.	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 p City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3. Your principal must fi calendar year regardles			y Clerk for t	he remaind	er of the
(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 June 4,2013	Signature (	angel E	Say		
·	Print Name	Caronsel 1	Brevd	species.	



Date:
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# **WISH TO SPEAK FORM**

## CITY OF MADISON

Registration Statement -	Common C	Council		
Please Print			ME CLEARLY	
Agenda No73	Name Address	Share 6991 Arbb	on Corriga Friondship coron wi	n LN
Please check one:	AND	Plea	ase check:	
<b>Support</b>			Wish to Speak	K
<b>Oppose</b>				
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 quantity.	complete the rest			☐ No " provide the name
Name, address and telephone number of each	•	zation you are	representing:	
DANG CO RD OF SU	emisory			
210 ALK OLD				
MADISON WF				
Are you being paid for your representation?				
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	-	_		☐ No " go on to the next
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing				

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 No				
(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.			
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 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.)				
Date6/	Signature St Adon; Print Name (Corrigan)			
	Print Name (Oscario Lorrigan			



# WISH TO SPEAK FORM

### CITY OF MADISON

Registration Statement -	Common Co	uncil
Please Print	COMMITTEE	
	PLEASE P	PRINT NAME CLEARLY
Agenda No	Name Address	DON EGGERT 60 WANNONA WRODS CT
		MADISON WI 53713
Please check one:	AND	Please check:
<b>Support</b>		Wish to Speak
Oppose		
Neither Support Nor Op	nose	
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest of question.)	this form. If you answered "yes," provide the name
· .		
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)		or organization?  Yes No No this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing		

(SEE BACK)

		cted 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 a that:	re bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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2	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
2	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 ne City-County Building, Madison, for more information.)		
Date		Signature		
		Print Name		



# DO NOT WISH TO SPEAK FORM

#### CITY OF MADISON

Registration Statement	- Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Cytlea thou as Address H105 BainbridgSt Maditor
Please check one:	AND Please check:
<b>Support</b>	Do not wish to speak
Oppose	
Neither Support Nor O	ppose
of who you represent and go on to the next	not complete the rest 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 pa (If you answered "no," STOP; you need no question.)	id duties for this person or organization?  Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council)5 minutes ag

(SEE BACK)

Are you an e other governi	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No	
(If you answe this form. If y	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 are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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Date	Signature	
	Print Name	



Date: 6/4/13

# DO NOT WISH TO SPEAK FORM

#### CITY OF MADISON

Registration Statement	Common Co	uncil
	COMMITTEE	•
Please Print	PLEASE F	PRINT NAME CLEARLY
	Name	Matt Valdran
Agenda No.	Address	5738 Kronche Drihe
		Mal Nan W1 53711
Please check one:	AND	Please check:
Support		<b>Do not wish to speak</b>
<b>Oppose</b>		
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 of uestion.)	this form. If you answered`"yes," provide the name
Traine, address and telephone names of each	$0 \rightarrow 0$	, ov mo 10-11-11-18.
In a	150X	
Are you being paid for your representation?  Are you appearing as part of your other paid of the paid	duties for this person	☐ Yes ☐ No or organization? ☐ Yes ☐ No
		this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comr Information Hearing Other Items	3 m	inutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date	Signature
	Print Name