

28920

	·
Date:	

WISH TO SPEAK FORM

Registration Statement -	Common C	Council	1
	COMMITTEE		
Please Print	PLEASE	SE PRINT NAME CLEARLY	
	Name	Stefania Sani	
Agenda No. 12	Address		
Agenda 110.	Address	Modison WI	
Please check one:	AND	Please check:	
☑ Support		Wish to Speak	
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an organized (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest question.)	st of this form. If you answered "yes," provide th	'ie name
A)	☐ Yes ☐ No	· ·
Are you being paid for your representation?			
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this per ot complete the res	erson or organization? Yes No est of this form. If you answered "yes," go on to	the next
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	3	3 minutes	

	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, 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
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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	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 Stefania Sani Print Name Stefania Sani



		- 1	3		- August		_	
n	Constrainment	NAME OF TAXABLE PARTY.	1	6	/	1	7	
Date:		-	•	par .	f	J.		

WISH TO SPEAK FORM

Registration Statement -		ouncil
	COMMITTEE	
Please Print	•	
	PLEASE	PRINT NAME CLEARLY
	Name	Ann Louise letrean
Agenda No.	Address	5110 Flam beau Rd
	Tidaross	Madrison WI 53
	-	MODEL SOM
Please check one:	AND	Please check:
Support		Wish to Speak
- Support	·	
Oppose		
Neither Support Nor Op	pose	
	F	yes

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 q	t complete the rest	n other than yourself: Yes No No of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organiz	ration you are representing:
5000 Strone	~	
	Bluo	Suite 300
Madison	MI	53705
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 t complete the rest	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		minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or

(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.)

Yes

If you that:	are bei	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 lee City-County Building, Madison, for more information.)
Date _	-7	Signature Ann Conistation Front Name Con Constation

other governmental body?



Date: 7/16/13	Date:	7/16/13
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WISH TO SPEAK FORM

Registration Statement -	Common C	<u>Council</u>	
Please Print	COMMINITIEE		
	PLEASE	E PRINT NAME CLEARLY	
	Name _	Carolyn Mayer	-
Agenda No	Address _	1 Abilene Ct.	
	· —	Madison, 53719	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor Opp	noso		
Neither Support Nor Op	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 quality Name, address and telephone number of each	complete the rest of uestion.)	of this form. If you answered "yes," provide the na	тте
5000 Strong			
4513 Virnon Blod. Sa	ite 300		
Madison, WI 53705			
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?	ıext
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	3 minutes	• .

		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, 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 the City-County Building, Madison, for more information.)
Date	7/10	Signature Carolyn Meyer Print Name Carolyn Meyer



Date:	

WISH TO SPEAK FORM

Registration Statement	Common C	Council		
	COMMITTEE	•		
Please Print	PLEASE	E PRINT NA	ME CLEARLY	
Agenda No	Name Address	it it was	E Backer Newhan	5 en Cir 5371
Please check one:	AND	Plea	se check:	
Support		. 7	Wish to Speal	K
Oppose				
Neither Support Nor Opp	ose			·
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.) n person or organi	of this form.	If you 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 not question.)	duties for this per complete the rest	son or organize of this form.	zation? Yes If you answered "yes,	'' 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 ental body?
		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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Date _	7/10	Signature II M Machini
		Print Name // Edin Dan NCS



Date:	

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil		
G	COMMITTEE	•	•	
Please Print	•			•
	PLEASE	PRINT NAME CL	and the second	b
	Name	Kenee	some	
Agenda No.	Address	2314 Lake	land t	ve.
		Mad 30	TWF	53704
Please check one:	AND	Please che	eck:	
Support		Wis	h to Speak	·
Oppose				
Neither Support Nor Op	pose	•		
At this meeting are you representing an organism (If you answered "no," STOP; you need not of who you represent and go on to the next of	ot complete the rest	on other than yourself: of this form. If you an	Yes aswered "yes,"	☐ No provide the name
Name, address and telephone number of each	ch person or organi	zation you are represe	nting:	
Rahh-Benee	201100			
Interfauth and	De Coalit	non for	Nolke	Justice
2300 S. Patk	St. #1	15 Ma	dison, c	JI 63713
Are you being paid for your representation?			☐ Yes	[XNo
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	I duties for this per of complete the rest	son or organization? of this form. If you ar	Yes aswered "yes,"	☐ No go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	,	3 minutes		

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
100		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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Date		Signature
		Print Name

Date: 7-16-13



DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name <u>Kevin Gundlach</u> Address Madison, WI
Please check one:	AND Please check:
⊠ Support	Do not wish to speak
Oppose	
Neither Support Nor Op	pnose
of who you represent and go on to the next of	ot complete the rest of this form. If you answered "yes," provide the name question.)
-	ch person or organization you are representing:
South Central	Federation of Labor
Madison, WF	
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.)	I duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
(If you ansv this form. Ij	vered "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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	Ci sa se
Date	Signature
	Print Name



Date:	7	-/	6	-/	3

Registration Statement	Common Council
Please Print	COMMITTEE
1 lease 1 lint	PLEASE PRINT NAME CLEARLY
17	Name Heather Harris-tally
Agenda No.	Address 3501 Marcy Rd
	Mudisur UI 5370f
Please check one:	AND Please check:
Support	Do not 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 qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
HISCME Local	Madiser Ut
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.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council)5 minutes3 minutes3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	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	16-13 Signature Jacks Jewister
	Print Name Heather Acos - Forte



Date:	7/	16/1	1
	1	7	

Registrat	ion Statement -	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	\RLY	
Agenda No	12	Name	Gary Mits 538/Mori Madizn	hell LUIS	3704
Please check o	ne:	AND	Please chec	k:	
Support			Do not	wish to s	peak
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no,	u representing an organ " STOP; you need not and go on to the next qu	complete the rest of		Yes ered "yes," p	□ No provide the name
Name, address and tel AFSCM R	ephone number of each	n person or organizat	ion you are representin	ıg:	
470 16	AZ S.PA	X 91. 2	1.212		and the second s
	Medam, L	UL 537	15		
Are you being paid for	your representation?			Yes	No
Are you appearing as partial (If you answered "no, question.)				☐ Yes ered "yes," ¿	No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 m	inutes		

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or least the solely? Yes No
(If you ans	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: 7/16/13

DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common Council COMMITTEE
Please Print		PLEASE PRINT NAME CLEARLY
Agenda No.		Name Tim Binkley Address 4314 Hegg ave Wadisay W 537
Please check of	one:	AND Please check:
Support		Do not wish to speak
Oppose		
Neither S	Support Nor Op	pose
(If you answered "no of who you represent	," STOP; you need not and go on to the next qu	inization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name nuestion.) h person or organization you are representing:
Are you being paid fo	r your representation?	☐ Yes No
Are you appearing as (If you answered "no, question.)	part of your other paid of "STOP; you need not	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mon Council)5 minutes

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
(If you answe this form. If y	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		



Registrati	on Statement -	Common C	ouncil		Annual Control of Cont
Please Print		DI EASE	PRINT NAME CLE	ARI Y	
		Name	O auch	2 elle	
Agenda No		Address	905 22	ub S	e
			Repostivo) / WI	53950
Please check or	ne:	AND	Please chec	ek:	
Support			Do not	t wish to s	speak
Oppose					
Neither S	upport Nor Op	pose			
of who you represent of Name, address and tel	"STOP; you need not and go on to the next que ephone number of eac	t complete the rest of question.) h person or organiz	of this form. If you ans	ing:	□ No provide the name
Are you being paid for	r your representation?			Yes	⊠No
Are you appearing as	part of your other paid	duties for this pers t complete the rest	on or organization? of this form. If you ans	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		

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Date	Signature		
	Print Name		

Date:	
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AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Cou	ıncil		,
		PLEASE P	RINT CLEARLY		
Agenda No. <u>\2</u>		Name Address	jeri Hada 13 Gulse 7adison v	door thst v 1 5370	st
Please check of	one:	AND	Please chec	ck:	
Support			Availal questic	ble to answe	r
□ Oppose□ Neither S	Support Nor Op	pose			
(If you answered "no	you representing an orga o, " STOP; you need no t and go on to the next o	t complete the rest of t	ther than yourself: this form. If you ans	Yes wered "yes," prov] No vide the name
Name, address and to	elephone number of eac	h person or organizati	on you are represent	ing:	
Are you being paid f	or your representation?			☐ Yes Ž	No
Are you appearing as (If you answered "no question.)	s part of your other paid o, " STOP; you need no	duties for this person t complete the rest of t	or organization? this form. If you ans		No no the next
Speaking Limits:	Information Hearing	nmon Council)5 m 3 m	inutes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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 7/10	Signature Haddall Print Name Keri Haddall



Date:

Registrati	on Statement -	COMMITTEE	Council	The state of the s		
Please Print			E PRINT NAM			
Agenda No	2	Name Address	Thomas 1506 Madison	Sing N. S WE	Sherwan	HUE #1
Please check or	ne:	AND	Plea	se check	0	
Support				Do not w	vish to sp	eak
Oppose						
Neither S	upport Nor Op	pose				
(If you answered "no, of who you represent	ou representing an orga " STOP; you need not and go on to the next q lephone number of eac	t complete the rest uestion.)	of this form. I	f you answer		☑ No ovide the name
Are you being paid for Are you appearing as (If you answered "no, question.)	r your representation? part of your other paid "STOP; you need no	duties for this per t complete the res	rson or organiz	ation? If you answet	Yes Yes 'yes," g	No No no on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	******	3 minutes			

Are you an el other government	lected 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		





Registration		Common C	ouncil		·
Please Print			PRINT NAME CLEA	ADI V	
Z.			1	,	
t e		Name _	Sahva Abl	<u>lakoviz</u>	
Agenda No	Annual Control of the	Address	701 Moorla	vel R	L
			Madison, h		53713
Please check one		AND	Please chec	k:	,
Support			Do not	wish to s	speak
Oppose					
Neither Sup	port Nor Oppo	se			
At this meeting are you re (If you answered "no," S of who you represent and Name, address and teleph	T TOP; you need not con I go on to the next quest	mplete the rest o	of this form. If you answ		No provide the name
				Vac	F) No
Are you being paid for yo	our representation?			∐ Yes	LIMO
Are you appearing as part (If you answered "no," S question.)	t of your other paid dut 'TOP; you need not con	ies for this pers	on or organization? of this form. If you answ	☐ Yes vered "yes,"	☐ No go on to the next
In	ublic Hearing (Common formation Hearing ther Items	3	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		





Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Don Smith Address 1609 Mendota St. Madison, WI. 53704
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Op	ppose
of who you represent and go on to the next	ot 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 pai (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

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Date	Signature
	Print Name



CITY OF MADISON

Registra	tion Statement -	Common C	ouncil		
Please Print			PRINT NAME CLE	EARLY	N. 1-8
Agenda No.	2	Name _ Address _	205 Co Midismi	ystal L	and
Please check of	one:	AND	Please che	ck:	
Support Support			Do no	t wish to sp	peak
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	you representing an orga o, " STOP; you need not the and go on to the next quelephone number of each	t complete the rest of the rest of the complete the rest of the complete the rest of the complete the complet	of this form. If you ans		No rovide the name
Are you being paid f	or your representation?			Yes	☐ No
Are you appearing as (If you answered "no question.)	s part of your other paid o, " STOP; you need not	duties for this person the complete the rest of	on or organization? of this form. If you an	Yes Yes," g	□ No o on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		

(SEE BACK)

	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 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				



nn	NIOT	Malla	TO	CDE	AK	FORM	

CITY OF MADISON

Registration Statemen	t - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Gretchen Lowe Address 305 Crystal Ln Madison
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor	Oppose
(If you answered "no," STOP; you need of who you represent and go on to the ne	organization or a person other than yourself: Yes No I not complete the rest of this form. If you answered "yes," provide the name ext question.) Teach person or organization you are representing:
Are you being paid for your representati	on? Yes No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid 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 Hear	Common Council)5 minutes ring

(SEE BACK)

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form. If	vered "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 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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	7/	161	17	
		. #	4369	

Registration State	ement - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No/	Name TRAVIS GROVER Address (30) Canger Play Mc farland VI 53558
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support I	Nor Oppose
(If you answered "no," STOP; yo of who you represent and go on to	ing an organization or a person other than yourself: Yes No ou need not complete the rest of this form. If you answered "yes," provide the name of the next question.) The next question or organization you are representing:
Are you being paid for your representations.	sentation?
Are you appearing as part of your (If you answered "no," STOP; you question.)	other paid duties for this person or organization? Yes No ou need not complete the rest of this form. If you answered "yes," go on to the next
Informatio	aring (Common Council)5 minutes on Hearing

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	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
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 t Room 103 of	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: 16/13

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CL	EARLY	
Agenda No.		NameAddress	Alexis TO 3533 RV VERONA	orver HIZ P	3593
Please check o	ne:	AND	Please cho	eck:	
Support		Bedander er von ein der der von der der der von der	Do no	ot wish to s	peak
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga," STOP; you need no and go on to the next of lephone number of each	t complete the rest of question.)	of this form. If you an	swered "yes," p	No provide the name
Are you being paid fo	or your representation?			☐ Yes	□No
Are you appearing as (If you answered "no question.)	part of your other paid," <i>STOP</i> ; you need no	duties for this person to complete the rest of	on or organization? of this form. If you an	☐ Yes aswered "yes," g	☐ No go on to the next
Speaking Limits:	Public Hearing (Con 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 nental body?
(If you answer this form. If yo	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 beinhat:	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 t	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: 7/16/2013

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	ouncil		_
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No.	2	Name _ Address _	Setes G 6610, Tother Madrion, W	no han Roger I 537/	
Please check or	ne:	AND	Please chec	ek:	
Support			Do not	wish to speak	
Oppose					
Neither S	upport Nor Op	ppose			
At this meeting are you (If you answered "no, of who you represent a Name, address and tel	" STOP; you need no and go on to the next	ot complete the rest of question.)	f this form. If you ans	☐ Yes ☐ No wered "yes," provide t ing:	he name
			·		
Are you being paid fo	r your representation	?		Yes No	,
Are you appearing as (If you answered "no, question.)	part of your other pai	d duties for this person of complete the rest of	on or organization? If this form. If you ans	Yes No wered "yes," go on to	the next
Speaking Limits:	Information Hearing	mmon Council)5 g3	minutes		

Are you an el		e who is appear	ing solely on behalf of your office or for your municipality or Yes No
(If you answe this form. If y	red "yes" to the question, ou answered "no" to the c	STOP. You ned question, go on	ed not complete the rest of this form, except that you must sign to the next question.)
If you are be that:	ing paid for your represe	ntation, or if yo	our appearance is part of other paid duties, please be advised
1.	Before you engage in lowith the City Clerk.	obbying as a lob	byist, you or your principal must file an authorization
2.	Your principal is not po	ermitted to auth	orize you to lobby unless you are registered with the
3.	Your principal must fi		ements with the City Clerk for the remainder of the spent on lobbying.
(Please go to Room 103 of i	o the City Clerk's websi the City-County Building,	te <u>www.cityofn</u> Madison, for m	<u>adison.com/clerk/index.html</u> or go to the Clerk's Office at ore information.)
Date	16/2013	Signature	Py Cone
	/	Print Name	Meter Cors



Date: 1/16/2013

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil	unasera
Please Print	PLEASE	PRINT NAME CLEARLY	
Agenda No.	Name _ Address _	Renata Sturter W9695 Lake Dr Edgerton wt 5	Jay 3
Please check one:	AND	Please check:	
Support		Do not wish to speak	
OpposeNeither 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 of the state	t complete the rest of question.)	of this form. If you answered yes, provide $\mathcal{A} = 1942$	
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	I duties for this pers	Yes No) o the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	;3	3 minutes	

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?
(If you answer this form. If ye	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 beithat:	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



Date:/	The state of the s	3
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Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Lisa Fleener Address (03) Partage WI 53901
Please check one:	AND Please check:
Support Support	Do not wish to speak
Oppose	
Neither Support Nor Op	pose
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
AFSCWE	
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 or organization? Yes No to the next to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	amon Council)5 minutes

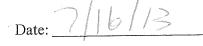
	are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?			
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
If you are bei 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 he City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			



Date:	
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Registr	ation Statement -	Common Co	ouncil		
Please Print			PRINT NAME CLEA	RLY	
Agenda No		Name Address	Kim Tran 2309 South WADIGON	H PARIC 87-#23 WI 53713	>
Please check	one:	AND	Please check	:	
Suppor	t		Do not v	wish to speak	
Oppose					
Neither	Support Nor Op	pose			
(If you answered "r of who you represer	you representing an orgango, "STOP; you need not at and go on to the next quetelephone number of each	complete the rest of uestion.)	this form. If you answe	☑Yes ☐ No red "yes," provide the nam g:	ıe
Are you being paid	for your representation?			Yes No	
	s part of your other paid of o," STOP; you need not	_	_	Yes No red "yes," go on to the nex	:t
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3 m	ninutes		

Are you	u an ele overnm	cted official or employ ental body?	ee who is appear	ing solely on behalf of your office or for you Yes	r municipality or No
(If you this for	answere m. If yo	ed "yes" to the question u answered "no" to the	n, STOP. You ne e question, go on	ed not complete the rest of this form, except the to the next question.)	nat you must sign
If you that:	are beir	ng paid for your repres	entation, or if yo	our appearance is part of other paid duties, p	lease be advised
	1.	Before you engage in with the City Clerk.	lobbying as a lob	byist, you or your principal must file an auth	orization
	2.	Your principal is not point City Clerk.	permitted to auth	orize you to lobby unless you are registered	with the
	3.	Your principal must fi calendar year regardles	file expense states of the amount	ements with the City Clerk for the remainder spent on lobbying.	er of the
(Please Room 1	go to 03 of th	the City Clerk's webs ne City-County Building	site <u>www.cityofm</u> _{5,} Madison, for m	<u>adison.com/clerk/index.html</u> or go to the C ore information.)	Clerk's Office at
Date _	16	July 2013	Signature Print Name	Len Tra	





Registrati	on Statement -	Common Cou	ıncil	
		COMMITTEE		
Please Print		PLEASE PI	RINT NAME CLEA	ARLY
Agenda No.		Name	Anne Ga 1948 El Madrson	Ssere Mifflin St 1, WLS3704
Please check or	ie:	AND	Please chec	k:
Support			Do not	wish to speak
Oppose				
Neither S	upport Nor Op	pose		
At this meeting are yo (If you answered "no, of who you represent of the Name, address and tele	" STOP; you need no and go on to the next o	t complete the rest of t question.)	this form. If you answ	Yes No vered "yes," provide the name
Are you being paid for	your representation?			Yes No
Are you appearing as I (If you answered "no, question.)	part of your other paid "STOP; you need no	I duties for this person to complete the rest of	or organization? this form. If you ansv	☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 m 3 m 3 m	inutes	•

	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?				
(If you answ this form. If	vered "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 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 f the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				



Date:	7	116	13

Registra	ation Statement -	Common Co	uncil		
Please Print		COMMITTEE			
1 Tease 1 Till		PLEASE P	RINT NAME CL	EARLY	
Agenda No	12	Name	Lisa Fe 3106 Nos Madiso	thigham	Way 713
Please check	one:	AND	Please che	eck:	
Support	·		Do no	ot wish to sp	eak
Oppose					
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an organ to," STOP; you need not to and go on to the next que telephone number of each	tecomplete the rest of the uestion.)	this form. If you and		vide the name
<u> </u>					
			÷		
Are you being paid f	or your representation?		`	☐ Yes	
	s part of your other paid on, "STOP; you need not			Yes Xswered "yes," go	No on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 mi	inutes		

		tted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body? Yes No
(If you an	iswered . If you	d "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 are that:	e being	g 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 g Room 103	go to t 3 of the	the 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: 7/16/2013



DO NOT WISH TO SPEAK FORM

Registration Statement -	Common C	Council
	COMMITTEE	*
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No	NameAddress	JANET L. KELLY 7-11 S. ORCHARD ST UNI MADISON WI 53715
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
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.)	t of this form. If you answered "yes," provide the name
f		
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.)	duties for this pers t complete the rest	rson or organization? Yes No Yes No to the nex
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?
If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.)
f you are being paid for your representation, or if your appearance is part of other paid duties, please be advised hat:
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.)
Date 7/16/13 Signature Janet L. Kelly Print Name JANET C. KELLY



CITY OF MADISON

Registratio	n Statement	Common C	ouncil	ya ya ya a a a a a a a a a a a a a a a	
Please Print Agenda No		PLEASE Name Address	PRINT NAME CLE LAMA WAY 360 W WAS	ARLY MAN GING IM	AVR AZ
Please check one	•	AND	Please chec	ek:	
Support Oppose	-		Do not	t wish to s	speak
	pport Nor Opp	pose			
At this meeting are you a (If you answered "no," of who you represent and Name, address and telep	STOP; you need not d go on to the next qu	complete the rest of uestion.)	of this form. If you answ		No provide the name
Are you being paid for y	our representation?			Yes	□No
Are you appearing as pa (If you answered "no," a question.)	rt of your other paid STOP; you need not	duties for this personal complete the rest of	on or organization? of this form. If you ans	☐ Yes wered "yes,"	☐ No go on to the next
I	Public Hearing (Comp office of the street of	3	minutes		

(SEE BACK)

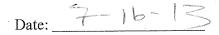
Are you an elected offic other governmental bod	cial or employee who is appearing solely on behalf of your of y?	fice or for your municipality or Yes No
(If you answered "yes" this form. If you answere	to the question, STOP. You need not complete the rest of this ed "no" to the question, go on to the next question.)	form, except that you must sign
If you are being paid fo	or your representation, or if your appearance is part of other	paid duties, please be advised
	you engage in lobbying as a lobbyist, you or your principal m City Clerk.	ust file an authorization
2. Your pri City Cle	incipal is not permitted to authorize you to lobby unless yourk.	are registered with the
3. Your pricalendar	incipal must file expense statements with the City Clerk for year regardless of the amount spent on lobbying.	or the remainder of the
(Please go to the City Room 103 of the City-Co	Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> county Building, Madison, for more information.)	or go to the Clerk's Office at
Date	Signature	
	Print Name	



Date:	7/16/17	
-		

Registratio	n Statement	Common Co	<u>uncil</u>	- Address - Addr	
Please Print			PRINT NAME CLE	-ARI Y	
Agenda No.	2	NameAddress	PAT CAN 2125 E MARISUN	150N DAY top S 53704	<u></u>
Please check on	e: [AND	Please che	ck:	
Support	_		Do no	t wish to speak	
Oppose					
Neither Su	pport Nor Opp	ose			
At this meeting are you (If you answered "no," of who you represent an Name, address and telep	STOP; you need not on go on to the next qu	complete the rest of vestion.)	this form. If you ans	☐ Yes ☐ No twered "yes," provide th ting:	e name
Are you being paid for	your representation?			Yes No	
Are you appearing as pa (If you answered "no," question.)	ort of your other paid of STOP; you need not	luties for this person complete the rest of	or organization? this form. If you and	☐ Yes ☐ No swered "yes," go on to t	he next
	Public Hearing (Community) 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 muni
(If you ar this form	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.)
If you ar 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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name





Registration Statemer	nt - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Janes Mucphy BEN R Address 71 S occurred ST #10 MASS 3715
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor	Oppose
(If you answered "no," STOP; you nee of who you represent and go on to the n	organization or a person other than yourself: Yes No Id not complete the rest of this form. If you answered "yes," provide the name next question.) f each person or organization you are representing:
Are you being paid for your representat	ion? Yes No
Are you appearing as part of your other (If you answered "no," STOP; you nee question.)	paid duties for this person or organization? Yes No d not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	(Common Council)5 minutes uring

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 answer this form. If yo	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.)			
If you are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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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: July 16, 2013



DO NOT WISH TO SPEAK FORM

Registratio	on Statement	Common Cou	ncil	
Please Print		- · · · · · · · · · · · · · · · · · · ·	RINT NAME CLEARLY	
Agenda No.		Address	Peppi Elo 506 Ring ladison, WI	St
Please check on	e:	AND	Please check:	
Support Support			Do not wis	h to speak
Oppose				
Neither Su	ipport Nor Opp	ose		
At this meeting are you (If you answered "no," of who you represent an Name, address and tele	' STOP; you need not cond go on to the next qu	complete the rest of t estion.)	his form. If you answered	Yes No No "yes," provide the name
Are you being paid for	your representation?			Yes No
Are you appearing as p (If you answered "no," question.)	art of your other paid do 'STOP; you need not do	luties for this person complete the rest of t	or organization? his form. If you answered	Yes No No No yes," go on to the next
	Public Hearing (Comn Information Hearing Other Items	3 m	inutes	

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	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 beithat:	ng 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.
(Please go to Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Data	Signature
Date	Print Name



Date:	7//	6/13	
	1		

Registration Statement -	Common Council
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Kelije Schieftz Address 360 F Napoli La Apot 20
	Middleton Wz 53562
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Opp	pose
of who you represent and go on to the next q	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 paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	mon Council) 5 minutes 3 minutes 3 minutes

Are you an elec	eted official or employee who is appearing solely on behalf of your office or for your municipality or natal body? Yes No
(If you answere this form. If you	d "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 are being that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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Data	Signature
Date	
	Print Name

Date: 07/10/13



DO NOT WISH TO SPEAK FORM

Registration	n Statement	Common Co	ouncil		
		COMMITTEE			
<u>Please Print</u>		PLEASE	PRINT NAME CLE	ARLY	
Agenda No.		NameAddress	Jordan & N4155 Roi Poynette	Brown ry RU , wi 53	3955
Please check one	A · ·	AND	Please chec	ck:	
Support	E.		Do not	t wish to sp	eak
Oppose					
Neither Su	pport Nor Opp	oose			
At this meeting are you in (If you answered "no," of who you represent and Name, address and telep	STOP; you need not d go on to the next qu	complete the rest ouestion.)	of this form. If you answ		☐ No rovide the name
Are you being paid for y	our representation?	· · · · · · · · · · · · · · · · · · ·		Yes	No
Are you appearing as par (If you answered "no," a question.)	rt of your other paid STOP; you need not	duties for this perso complete the rest of	on or organization? of this form. If you ans	Yes wered "yes," g	☑No o on to the next
I U	Public Hearing (Comp nformation Hearing. Other Items	3	minutes		

	ther governmental body?				
	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				





Registration S	Statement - Comm	non Council	
Please Print	PL	EASE PRINT NAME CLEA	ARLY
Agenda No/		Ime John la/bodes Idress 208 MERRY MADISON W	ST #1
Please check one:	AN	D Please chec	k:
Support		Do not	wish to speak
Oppose			
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Are you being paid for your	representation?		☐ Yes ☐ No
Are you appearing as part o (If you answered "no," STO question.)	f your other paid duties for to P; you need not complete to	this person or organization? the rest of this form. If you answ	☐ Yes ☐ No wered "yes," go on to the next
Info	lic Hearing (Common Counciling Hearing	3 minutes	

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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:	

Registration Statement -	Common Council
-	COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name Juscen Roberts
Agenda No.	Address 514/ Saving CL
	Address 11 August 22 and
	Medism (3)
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Opp	pose
of who you represent and go on to the next qu	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 paid of (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council)5 minutes

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	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 t Room 103 of	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



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				H CONTRACTOR

Date: _____

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT NAME CLEARLY
Agenda No	Name Thomas J Flent Address 406 Palomino Ln 425 WW130N Wi 53708
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Op	pose
of who you represent and go on to the next of	t 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 paid (If you answered "no," STOP; you need no question.)	I duties for this person or organization? Yes No No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con	nmon Council)5 minutes

(SEE BACK)

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?
(If you answer this form. If yo	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 bei that:	ng 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: 7.16.2013



DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Co	uncil	
		COMMITTEE		
Please Print		PLEASE I	PRINT NAME CLEA	RLY
	(.)	Name	Tori Sono	day
Agenda No		Address	Madism u	icld Rd vf 53715
Please check o	ne:	AND	Please check	
Support			Do not v	wish to speak
Oppose				
Neither S	upport Nor Op	pose		
(If you answered "no, of who you represent	and go on to the next q	t complete the rest of uestion.)		Yes No No red "yes," provide the name
Are you being paid for	your representation?			☐ Yes ☐ No
Are you appearing as J (If you answered "no, question.)				Yes No red "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 m	inutes	

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Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer this form. If yo	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 7/,	6 / 2013 Signature
- '	Print Name Tori L. Son S



Date: 9//6//3

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Cou	ncil	
		COMMITTEE	•	
Please Print		PLEASE PR	RINT NAME CLEA	RLY
Agenda No.	£12	Name Address	arry Ri 18 Shev Mondison	Chardson man Ter. Wo Wet 5370
Please check o	ne:	AND	Please check	∢:
Support			Do not	wish to speak
Oppose				
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	," STOP; you need not and go on to the next q		iis form. If you answe	☐ Yes ☐ No ered "yes," provide the name g:
Are you being paid for	or your representation?			☐ Yes ☐ No
		duties for this person of complete the rest of the		☐ Yes ☐ No ered "yes," go on to the next
Speaking Limits:	Information Hearing.	mon Council)5 mir 3 mir 3 mir	nutes	

 (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 authorization with 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 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.) 	Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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calendar year regardless of the amount spent on lobbying. (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at	2.	
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.)	3.	
	(Please go to Room 103 of	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.)
DateSignature	Date	Signature
Print Name		Print Name



Date: 7/14/13

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common Cou	ıncil		
Please Print Agenda No		PLEASE P Name Address	RINT NAME CLE Dichele 302 Vil	ARLY WARZI AS AV	NKQ 10 10 10
Please check (one:	AND	Please che	ck:	
Support			Do no	t wish to s	speak
Oppose					
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(If you answered "n of who you represen	you representing an orga o, " STOP; you need no of and go on to the next queen to the next queen of eac	t complete the rest of question.)	this form. If you ans		No provide the name
Are you being paid	or your representation?			Yes	□No
Are you appearing a (If you answered "n question.)	s part of your other paid o," <i>STOP;</i> you need no	I duties for this person t complete the rest of	or organization? this form. If you and	Yes Yes,"	☐ No ' go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 m 3 m 3 m	ninutes		

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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

Date: 7/16/13



DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No	}	NameAddress	-JANIE 430/B Mgdis	HARR arby on W	15
Please check o	ne:	AND	Please chec	ck:	
\(\sqrt{\sqrt{Support}} \)			Do not	t wish to spe	ak
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			e e		
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Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		

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, 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:	

Registration Statemen	t - Common Council
Please Print	PLEASE PRINT NAME CLEARLY Name
Agenda No.	- Address 1655 Prayre Cr
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor (Oppose
(If you answered "no," STOP; you need of who you represent and go on to the ne	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name ext question.) each person or organization you are representing:
Are you being paid for your representation	on? Yes No
	paid 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 Hear	Common Council)5 minutes ing3 minutes3 minutes

	are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?					
(If you a this forn	inswere n. If yoi	ed "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.)				
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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.				
Ź	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.				
(Please Room 10	go to 03 of th	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				



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Date:

CITY OF MADISON

Registrat	ion Statement -	Common C	ouncil		
Please Print Agenda No.	2	PLEASE Name Address	PRINT NAME CLI PATRICIA 5810A GO A VALLES	EARLY A F CUCINC W/	REGY 2H Ct
Please check o	ne:	AND	Please che	eck:	
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•	or your representation?			Yes	No No
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Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	g	3 minutes		

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Are you an elected o	fficial or employee who is appearing solely on behalf of your office or for your municipality or body?
(If you answered "ye this form. If you ansv	s" to the question, STOP. You need not complete the rest of this form, except that you must sign vered "no" to the question, go on to the next question.)
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	re you engage in lobbying as a lobbyist, you or your principal must file an authorization the City Clerk.
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	principal must file expense statements with the City Clerk for the remainder of the dar year regardless of the amount spent on lobbying.
(Please go to the C Room 103 of the City	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at -County Building, Madison, for more information.)
Date	Signature
-	Print Name



Date:	7/	/ <i>6/</i>	<u> 13</u>
	/ /		A CONTRACT

Registrat	ion Statement -	Common Cou	ncil	
•		COMMITTEE		
Please Print				
		PLEASE PR	INT NAME CLEARLY	
		Name	Kob Hudak	٧
Agenda No/_		Address	009 Glenil	1211
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Speaking Limits:	Information Hearing.	mon Council)5 min 3 min 3 min	utes	

	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ner governmental body?						
(If you this fo	ı answer rm. If yo	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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(Pleas Room	e go to 103 of th	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	Date 7/1/1/3 Signature Motor Freder						
****	Print Name Noscot Hold						



Registrati	on Statement	COMMITTEE	Julich			
Please Print		PLEASE	PRINT NA	ME CLEARLY		
Agenda No		NameAddress	Scott 114 N Mad	HAMAGE 1. 415 5	h + 153704	
Please check or	ne:	AND	Plea	se check:		
Support Support			/	Do not wis		
OpposeNeither S	upport Nor Opj	pose	wiest.	s like en pou Nursel	me	
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Name, address and tel	ephone number of each	n person or organiz	ation you are	representing:		
				·		
Are you being paid fo	r your representation?				Yes No	
Are you appearing as (If you answered "no, question.)	part of your other paid " STOP; you need not	duties for this pers complete the rest	on or organiz of this form.	zation?	Yes No ' "yes," go on to the no	?X1
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 of their governmental body?					
(If you ansv this form. If	vered "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: 7/16/13



DO NOT WISH TO SPEAK FORM

Registra	ation Statement -	Common Cou	ncil		Market Control of the
Please Print				A FNI N	
		PLEASE PF	RINT NAME CLE	ARLY	
		•	, Mcc- Co		
Agenda No. 🔟		Address	3905 M.E	ou ell	
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	*	-	•		
	sporter 5	000 Strong			
Are you being paid f	for your representation?			Yes	No
	s part of your other paid o, " STOP; you need not			<u></u>	No go on to the next
Speaking Limits:	Information Hearing.	mon Council)5 min 3 min 3 min	utes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?
(If you answer this form. If yo	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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(Please go to Room 103 of ti	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:

CITY OF MADISON

Registra	tion Statement -	Common Col	uncil		
Please Print			RINT NAME CLE	ARLY	Dulla
Agenda No.		Name Address	YON Venn	DW Age	Cercle
Please check	one:	AND	Please che	ck:	
Support			Do no	t wish to	speak
Oppose					
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orga to," STOP; you need not to and go on to the next que telephone number of eac	t complete the rest of question.)	this form. If you ans		No provide the name
				□ V ₂ a	Пуо
•	for your representation?			∐ Yes	∐ No
Are you appearing a (If you answered "n question.)	s part of your other paid o," STOP; you need no	duties for this person to complete the rest of	n or organization? Tthis form. If you and	∐ Yes swered "yes,'	∐ No ' go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 n 3 n 3 n	ninutes		

(SEE BACK)

Are you an election	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you answere this form. If you	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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Date	Signature
	Print Name



Date: 1 3

DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	COMMITTEE	Council		
Please Print		PLEAS	SE PRINT NAME	CLEARLY	
Agenda No.	0	Name Address	ANNE 130 SC MAOISO	HA38L 10 TH FIRS 11 53704	ST STEE
Please check	one:	AND	Please o	check:	
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Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes		

Are you an elother governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
(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.)
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Date	Signature
	Print Name



Date: 7 - 16 - 13

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	uncil	
Please Print	COMMITTEE		
	PLEASE F	PRINT NAME CLEAR	LY
Agenda No.	Name <u></u>	Mark	Thomas
	Address	Mcdison	MI
Please check one:	AND	Please check:	55709
Support		Do not w	ish to speak
Oppose			
Neither Support Nor Op	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 answere	Yes No d "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 person complete the rest of t	or organization? [his form. If you answere	Yes No d "yes," go on to the next
Speaking Limits: Public Hearing (Comm Information Hearing Other Items	3 mi	inutes	

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Date 7-1	Signature Mark Thomas		
Date 7 - [Signature		





Registration Statement -	Common Coul	ncil
-	COMMITTEE	
Please Print	DI EACE.DD	INT NAME CLEARLY
	PLEASEPR	
12	Name	Karen Geszauh
Agenda No.	Address	2119 wannong way
		2-119 Wannong Way Madison, wj. 53713
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor Op	ppose	
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5,000	Strong	g Campaign
Are you being paid for your representation?		☐ Yes ☐ No
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Information Hearing	nmon Council)5 ming3 ming3 ming3	nutes

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?	
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Date	Signature	
	Print Name	



Date:	
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Registra	tion Statement	Common Co	uncil		
Please Print			PRINT NAME CLE	ARLY	
Agenda No.		NameAddress	PANL 936 W. DEFORS	MANG MOHAWK	533
Please check	one:	AND	Please chec	ek:	
Support	- -		Do not	wish to speak	
Oppose					
Neither	Support Nor Opp	ose			
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Are you being paid	for your representation?			☐ Yes ☐ No	
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Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3 r	ninutes		

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
(If you answe this form. If y	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: $\frac{7/(6)/13}{}$

DO NOT WISH TO SPEAK FORM

Registration	on Statement	COMMITTEE	incil		
Please Print			RINT NAME CLEA	ARLY Win R	EN OCAL
Agenda No.		Name	4 III IV	1.00 /6.1	
Please check on	e:	AND	Please chec	k:	
Support			Do not	wish to s	peak
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Neither Su	ipport Nor Opp	oose			
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" STOP; you need not and go on to the next qu	complete the rest of uestion.)	inis jorm. 15 you unsv		□ No provide the name
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Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 n	ninutes		

Are you an edother government	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, 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: JULY 16,2013



DO NOT WISH TO SPEAK FORM

Registra	ition Statement -		ouncil		
Please Print		COMMITTEE DI FASE	PRINT NAME CL	FARIY	
Agenda No.		Name Address	hirley A 120 De 1adison	+ Digor none &	21Ct/ 52716
Please check	one:	AND	Please ch	eck:	
Support			Do no	ot wish to sp	peak
Oppose			•		
Neither !	Support Nor Op	pose			
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Name, address and t	elephone number of eac	ch person or organiza	tion you are represen	nting:	
Are you being paid f	for your representation?			Yes	
Are you appearing as (If you answered "no question.)	s part of your other paid o, " STOP; you need no	I duties for this person to to the rest of	n or organization? f this form. If you an	Yes Yes aswered "yes," g	□ No o on to the next
Speaking Limits:	Information Hearing	nmon Council)5 r	ninutes		

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?	
(If you answer	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: 7 - 16 - 13



DO NOT WISH TO SPEAK FORM

Registration S	tatement - Common Co	uncil
Please Print Agenda No.	PLEASE I Name Address	PRINT NAME CLEARLY AVMEN (LARK HI3 N MIDVALE BIVE MADISON
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Suppo	ort Nor Oppose	
(If you answered "no," STO of who you represent and go	resenting an organization or a person OP; you need not complete the rest of on to the next question.) The number of each person or organization.	this form. If you answered yes, provide the hame
Are you being paid for your	from other paid duties for this person	☐ Yes ☐ No on or organization? ☐ Yes ☐ No
(If you answered "no," STO question.)	OP; you need not complete the rest of	f this form. If you answered "yes," go on to the next
Info	lic Hearing (Common Council)5 rmation Hearing	minutes

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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:	
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Registra	tion Statement -	Common Co	uncil		
Please Print Agenda No.	12	PLEASE P Name Address	RINT NAME CLE Mevis 319 Ko.	T. Cla	nk SF 3713
Please check	one:	AND	Please che	ck:	
Support			Do no	t wish to	speak
Oppose					
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an organge, "STOP; you need not at and go on to the next quelephone number of each	complete the rest of uestion.)	this form. If you ans		□ No provide the name
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Are you being paid	for your representation?			Yes Yes	□ No
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Speaking Limits:	Public Hearing (Com- 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



Registratio	n Statement -	Common Coul	ncil	
Please Print		GO.	INT NAME CLEARLY	
Agenda No. 12		Name Address Address	128 East M Vedson, WF S	iffin St.
Please check on	e:	AND	Please check:	·
Support			Do not wish	n to speak
Oppose				
Neither Su	ipport Nor Oj	ppose		
(If you answered "no, of who you represent o	" STOP; you need hand go on to the next	i question.)	ther than yourself: this form. If you answered on you are representing:	Yes
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Speaking Limits:	Information Heari	Common Council)5 1 ing3 1	ninutes	

Are you an elected official or employ other governmental body?	ree who is appearing solely on behalf of yo	ur office or for your municipality or Yes No
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If you are being paid for your represthat:	entation, or if your appearance is part of	other paid duties, please be advised
1. Before you engage in with the City Clerk.	lobbying as a lobbyist, you or your princip	al must file an authorization
2. Your principal is not part of City Clerk.	permitted to authorize you to lobby unless	you are registered with the
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Please go to the City Clerk's webs Room 103 of the City-County Building	site <u>www.cityofmadison.com/clerk/index.ht</u> , Madison, for more information.)	ml or go to the Clerk's Office at
Date	Signature	
	Print Name	

	Date:
AVAILABLE TO	ANSWER QUESTIONS FORM
1adison	CITY OF MADISON SHOULD HAVE
Registration Statement -	Common Council USFD Red Firm
	PLEASE PRINT CLEARLY
Agenda No.	Name Address Addres
Please check one:	AND Please check:
	Available to answer
Oppose	questions
Neither Support Nor Op	pose questions To speak To speak
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	nization or a person other than yourself: Yes Lino to complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

Yes

question.)

Speaking Limits:

Are you appearing as part of your other paid duties for this person or organization?

Public Hearing (Common Council)5 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?				
	pered "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:	
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Registration	StatementC	Common Committee	ouncil		
Please Print Agenda No.	3	PLEASE Name Address	PRINT NAME CLE Chad Alao 20 N. Blo Mudisan	EARLY J Goldber gir St. Apr WE 537	25 +307 -03
Please check one:		AND	Please che	ck:	
Support			Do no	t wish to speal	K
Oppose					
Neither Sup	port Nor Oppos	se			
At this meeting are you re (If you answered "no," Si of who you represent and of who you represent and telephoral Hard Faculty of the Araca and the	TOP; you need not con go on to the next quest one number of each per	nplete the rest o ion.)	f this form. If you ans	wered "yes," provid	lo e the name
Are you being paid for you	ar representation?	•		☐ Yes ☐ N	0
Are you appearing as part (If you answered "no," ST question.)	of your other paid dution of your other paid dution of you need not con	es for this personplete the rest o	n or organization? f this form. If you ans	☐ Yes ☐ N wered "yes," go on	-
Info	olic Hearing (Common ormation Hearing ner Items	3	minutes		

Are you an oother govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form. If	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