

30697

Date: $\frac{3/16/13}{}$

WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil	
	COMMITTEE		
Please Print			
1 Icase 1 Title	PLEASE	PRINT NAME CLEARLY	
Agenda No. #34	Name _	Allen Barko FF 2930 Barlow	-
Agenda No. 400	Address _		<u> </u>
	· <u>-</u>	Madroh	
Please check one:	AND	Please check:	
Support		Wish to Speal	<u> </u>
⊠ Oppose			
Neither Support Nor Op	nose	· · · · · · · · · · · · · · · · · · ·	
Tretther support 101 of	F		
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest (question.)	of this form. If you answered yes,	No Provide the name
		· _ ·	
			<u> </u>
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.)	l duties for this pers ot complete the rest	son or organization? Yes of this form. If you answered "yes,	" go on to the next
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	r	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?			
		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.		
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at a City-County Building, Madison, for more information.)		
Date	7/10	Signature Allen Barket FF		

Date: 7 16 - 13

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE PRIN	T NAME CLEA	RLY,	
Agenda No.	34	Name $\frac{ A }{ A }$ Address $\frac{ A }{ A }$	1 Sano 21 Mol dison 1	dstro and all	m 31.
Please check the approp	riate box:		Please check the	appropriat	te box:
Support Oppose Neither Suppo	ort Nor Oppose	AND	Wish to speak Do not wish t Available to a	o speak	tions
At this meeting are you re (If you answered "no," So of who you represent and	TOP; you need not compl	lete the rest of this f			No provide the name
Name, address and telepho	one number of each perso	on or organization y	ou are representin	g:	
,					
Are you being paid for you	ur representation?			Yes	No
Are you appearing as part (If you answered "no," Sa question.)				☐ Yes ered "yes,"	No go on to the next
Inf	blic Hearing (Common C formation Hearingher Items	3 minute	es		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to 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:	
-------	--

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE PF	RINT NAME CLEA	ARLY	A second
Agenda No	34	Name Address	Saud L. 04 S. Par Madism	Wh St WI S	m Apt2 3711
Please check the ap	propriate box:		Please check the	e appropria	te box:
At this meeting are y (If you answered "no of who you represent	upport Nor Oppose you representing an organizate, "STOP; you need not come to and go on to the next question and go on to the next question."	nplete the rest of t ion.)	his form. If you answ	to speak answer ques Yes vered "yes,"	No
Are you appearing a	for your representation? s part of your other paid duti	ies for this person	or organization?	Yes Yes	□ No □ No
(If you answered "ne question.)	o," STOP; you need not con	npiete ine rest of t	ınıs jorm. 17 you ansv	vereu yes,	go on to the next
Speaking Limits:	Public Hearing (Commor Information Hearing	3 m	inutes		

		cted official or employ ental body?	ee who is appear	ing solely on behalf of y	our office or for your Yes	our municipality or No
		ed "yes" to the question answered "no" to the		ed not complete the rest of the next question.)	of this form, except	that you must sign
If you a that:	re bein	g paid for your repres	entation, or if yo	our appearance is part of	f other paid duties,	, please be advised
1	1.	Before you engage in with the City Clerk.	lobbying as a lob	byist, you or your princ	ipal must file an au	nthorization
2	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3			e principal must	ore than \$1,000 for lobb file expense statements		
(Please Room 10	go to)3 of th	the City Clerk's webs e City-County Building	site <u>www.cityofm</u> , Madison, for m	adison.com/clerk/index.i ore information.)	<u>html</u> or go to the	Clerk's Office at
Date	· · · · · · · · · · · · · · · · · · ·		Signature			
			Print Name			



Date: 1/16/13

WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil		
1.cgiotiution o tassession	COMMITTEE			
Please Print	PLEASE	PRINT NAME CLE	ARLY	•
Agenda No. 34	Name _ Address _	nove	Jane (out
Please check one:	AND	Please che	ck:	ı
Support	• • •	Wish	to Speak	
Oppose				*
Neither Support Nor Op	poŝe			
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	t complete the rest (question.)	of this form. If you ans		No) ide the name
			-	
Are you being paid for your representation?			☐ Yes ☐ Yes ☐	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this person to complete the rest	son or organization? of this form. If you an	Yes M swered "yes," go o	NO in to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	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?
(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 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.
(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 he City-County Building, Madison, for more information.)
Date 1/1	6/13 Signature MADDi
	Print Name M.P.



***	11 (1)	
	フェ ハク・ トラ	
Date:		

WISH TO SPEAK FORM

Registration Statement -	Common Co	uncil	
	COMMITTEE		
Please Print	PLEASE F	PRINT NAME CLEARLY	•
Agenda No34	NameAddress	Sue Pastor 2502 Green Ride	ge D
Please check one:	AND	Please check:	
Support		Wish to Speak	· ·
Oppose Support the wally to let's part to Neither Support Nor Op	atur-saving filling in cri pose	acked groat	
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	t complete the rest of	other than yourself: Yes And If this form. If you answered "yes," provide	- ,
Name, address and telephone number of eac	h person or organizat	tion you are representing:	
Are you being paid for your representation?		☐ Yes ☐ No	o
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this person t complete the rest of	n or organization? Yes No his form. If you answered "yes," go on t	
Speaking Limits: Public Hearing (Com Information Hearing Other Items	3 r	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?				
	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:	sing 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.				
	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:	
Date.	

WISH TO SPEAK FORM

Registration Statement -	Common C	Council
Please Print Agenda No.	Name 2	EPRINT NAME CLEARLY RONNIE BARRETT 30 N. HANCOCK ST.
Please check one:	AND	Please check:
Support Oppose Neither Support Nor Op 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	nnization or a person t complete the rest question.)	of this form. If you answered "yes," provide the name
Are you appearing as part of your other paid	WOCMCH duties for this pers	MMITTEE SPOUP Yes No
Speaking Limits: Public Hearing (Com Information Hearing Other Items	3	3 minutes

-		ted official or employee ntal body?	who is appear	ing solely on behalf of yo	our office or for yo	ur municipality or No
		d "yes" to the question, answered "no" to the qu		ed not complete the rest of the the next question.)	of this form, except	that you must sign
If you are that:	e being	g paid for your represen	tation, or if yo	our appearance is part of	other paid duties,	please be advised
1.		Before you engage in lobwith the City Clerk.	bying as a lob	byist, you or your princi	pal must file an aut	horization
2.		Your principal is not per City Clerk.	mitted to auth	orize you to lobby unles	s you are registere	d with the
3.		Your principal must file calendar year regardless	•	ements with the City Clospent on lobbying.	erk for the remain	der of the
		he City Clerk's website City-County Building, N		adison.com/clerk/index.h ore information.)	<u>tml</u> or go to the	Clerk's Office at
Date			Signature	:		
			Print Name			



Date: $\frac{54962013}{}$

WISH TO SPEAK FORM

Registration State		uncil
Please Print	COMMITTEE	
1 10450 1 1111	PLEASE P	RINT NAME CLEARLY
21	Name	Chery CKinton
Agenda No	Address	209 (dipulated)
The same of the sa		
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support I	Nor Oppose	
At this meeting are you representi (If you answered "no," STOP; yo of who you represent and go on to Name, address and telephone num	ou need not complete the rest of the next question.)	this form. If you answered "yes," provide the name
		Madisun, WI 53714
Are you being paid for your representation?		
Are you appearing as part of your (If you answered "no," STOP; yo question.)	other paid duties for this person nu need not complete the rest of	or organization? Yes No this form. If you answered "yes," go on to the next
Informatio	nring (Common Council)5 m n Hearing3 m s3 m	inutes

		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.)
If you that:	are bei	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 _	Jul	Signature Many Chery Elkinton Print Name Chery Elkinton
	C	How often is the C.C. used? Like wood furniture, ald it be, that reported lack of use is wheapa to Madisonians, residents of Dane theapa to Madisonians, residents of Dane County? If it can be established that more regnity is needed, may be that should more regnity is needed, may be that should included on this equation. (ould homeless therefore each cheaper of like a stiding fee scale?



Date:	1	<u> </u>	 3

DO NOT WISH TO SPEAK FORM

Registration Statement	Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name CARMEN CARR Address 4RR N MIDVALE 4
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Opp	ose
At this meeting are you representing an organi (If you answered "no," STOP; you need not of who you represent and go on to the next que	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each of the second o	for torlet and other Vote wo for fancy pottes 490
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not c question.)	uties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	on 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.)
If you are be that:	sing 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	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:	
-------	--

DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE
Please Print Agenda No. 434	PLEASE PRINT NAME CLEARLY Name Trina Clemente Address 857 S Shore Dr Wadison
Please check one: Support	AND Please check: 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
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 complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	mon Council)5 minutes

Are you an e	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	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