	CITY OF MADISON
Registration Statement -	Common Council
-	COMMITTEE
Please Print 05413	PLEASE PRINT CLEARLY
	Name Crary Gruetzmacher
Agenda No.	Address 801 Erin St.
	Name Gary Gruetzmacher  Address 801 Erin St.  Madison WI 53715
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppo	se Available to answer questions
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question)
Name, address and telephone number of ea	ch person or organization you are representing:
·	
Are you being paid for your representation	? \( \sum \text{Yes} \sum \text{No}
Are you appearing as part of your other pai (If you answered "no," STOP; you need n	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

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

question)

Speaking Limits:

	n elected official or employee ernmental body?	who is appear	ring solely on behalf of your office or for your municipality or Yes No
	swered "yes" to the question, a If you answered "no" to the q		ed not complete the rest of this form, except that you must sign to the next question)
If you are that:	being paid for your represen	tation, or if yo	our appearance is part of other paid duties, please be advised
1.	Before you engage in lob with the City Clerk	obying as a lo	bbyist, you or your principal must file an authorization
2.	Your principal is not per City Clerk	rmitted to autl	norize you to lobby unless you are registered with the
3.	1 1	orincipal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
	o to the City Clerk's website of the City-County Building, I	•	nadison.com/clerk/index.html or go to the Clerk's Office at nore information)
Date	2-37-07	Signature Print Name	Lodry Corvefenty

Date:	2-27	-07	
Dut.			

Registration Statement	Common Council
	ĸĸ <b>COMMITTEE</b> (* 1704) (1807) (1807) (1804) (1804) (1804) (1804) (1804) (1804) (1804) [사람들의 대통령 (1804) (1804) (1804) (1804) (1804) (1804) (1804) (1804) (1804) (1804)
Please Print ()5413	PLEASE PRINT CLEARLY
	Name Jose MARINO
Agenda No. #53	Address 214 WEST SHORE DR
Please check the appropriate boxes:	
Support	and 🔯 Wish to speak
	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next que Name, address and telephone number of each	
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 3 minutes 3 minutes

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you 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.	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?
.;	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 2	27-07 Signature MM
	Print Name / Joel Murino

Date: 2/27/07

Registration Statement	COMMITTEE	Council		
Please Print 05-413	PLEASE I	PRINT CLEARLY		
Agenda No. #53	Name Address	Seth Nic 806 West	holson Share	
Please check the appropriate boxes:				
<ul> <li>☐ Support</li> <li>☑ Oppose</li> <li>☐ Neither Support Nor Oppose</li> </ul>			speak wish to speak le to answer que	stions
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest			⊠No 'provide the name
Name, address and telephone number of each	n person or organiz	zation you are repre	senting:	
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)				⊠ No ' go on to the next
Speaking Limits: Public Hearing (Communication Hearing) Other Items		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?  Yes No
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
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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	Signature 💝 🗢 🤝
	Print Name Eth Seth Nicholson

	Date:
	CITY OF MADISON
Registration Statement	Common Council
	「COMMITTEE 및 설명 전환 기업을 가는 사람들이 되었다. 그는 사람들이 되었다. 그는 사람들이 되었다. 기업을 하는 것이 되었다. 사람들이 사람들이 되었다. 그는 것은 사람들이 되었다. 그는 것이 되었다.
Please Print @539205-413	PLEASE PRINT CLEARLY
	Name HARVEY TEMKIN
Agenda No. 7+53	Address 23/3 SUCTOR RIVER DD
	Address 2313 SUGAR RIVER RD, VERONA, W
Please check the appropriate boxes:	
	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ. (If you answered "no" <b>STOP</b> : you need not of	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	
Name, address and telephone number of each	person or organization you are representing:
SSM Health Care - 258	5-6730
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid d	
(If you answered "no," <b>STOP</b> ; you need not of question)	complete the rest of this form. If you answered "yes," go on to the next
주의로 하게 하는 사람들의 그리가 하는데	non Council)5 minutes
	3 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?
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	o the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at the City-County Building, Madison, for more information.  Signature
	Print Name HARVEY L. TEMEIN

Date: 2-27-07

Registra	tion Statement	Common Council
		· COMMITTEE 이 사람들은 보고 있는데 이 시원 등에 가장 되었다. 그는 것은 사람들은 사람들은 사람들이 되었다. 보기를 하는 것들이 하고 하는데
Please Print	-797 ME-1112	
O(2)	5392,05413	PLEASE PRINT CLEARLY
<b>,</b>	12	Name Dennis Davidsaver
Agenda No/	450	Name Dennis Davidsaver  Address 624 West Shove Dr.  Madison 53715
		Madisan 53715
Please check the app	ropriate boxes:	
Support		and ☐ Wish to speak ☐ Do not wish to speak
Oppose		Available to answer questions
	upport Nor Oppose	
At this meeting are y	ou representing an organ	ization or a person other than yourself:  Yes No
		complete the rest of this form. If you answered "yes," provide the name
oj wno you represent	t and go on to the next qu	<b>(ESTION.)</b> The state of the s
Name, address and to	elephone number of each	person or organization you are representing:
20/1		
11/1		
	· · ·	
Are you being paid f	or your representation?	☐ Yes ✓ No
Are you appearing as	s part of your other paid d	luties for this person or organization?  Yes No
(If you answered "no		complete the rest of this form. If you answered "yes," go on to the next
question)		
Speaking Limits:	Public Hearing (Comn	non Council) 5 minutes
	Information Hearing	3 minutes
	Other Items	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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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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
	Print Name

Date: 2/27/07

Registrat	ion Statement	Common Council COMMITTEE
Please Print () S	392,05413	> PLEASE PRINT CLEARLY
		Name Tran Anderson
Agenda No. 7 am	<u>~53</u>	Address 717 Vohn Nolen Prive
		Masum W1 53713
Please check the appr	opriate boxes:	
Support Oppose Neither Su	pport Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no		nization or a person other than yourself:
Name, address and te	lephone number of each	h person or organization you are representing:
85 MHC		
Are you appearing as		✓Yes ☐ No  duties for this person or organization? ☐ Yes ☒No t complete the rest of this form If you answered "yes," go on to the next
Speaking Limits:		mon Council) 5 minutes 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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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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 he City-County Building, Madison, for more information.)
Date	Print Name Tim Anderson
	Print Name Vin Anderson