

Date: 10.2.07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06496

PLEASE PRINT CLEARLY

Agenda No. 40

Name Nancy Jensen

Address 702 N. High Pt. #28  
Madison, WI 53717

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
 (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question)

Name, address and telephone number of each person or organization you are representing:

Apartment Assoc. of S.C. Wise.  
702 N. High Pt.  
Madison, WI

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
 (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council)..... 5 minutes  
 Information Hearing ..... 3 minutes  
 Other Items ..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

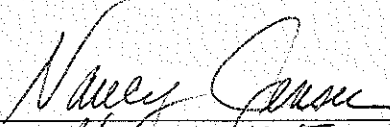
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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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.
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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?

(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://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 )

Date 10.2.07

Signature   
Print Name Nancy Jensen

Date: Oct 2, 2007

CITY OF MADISON

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Name Curtis Beink

Address 101 Acadia  
Madison WI

Agenda No. 40

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- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10/2/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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06496

Agenda No. 40

PLEASE PRINT CLEARLY

Name Lisa Surack

Address 818 S. Gammon Rd. #4  
Madison, WI 53719

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Are you being paid for your representation?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10/2/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06496

PLEASE PRINT NAME CLEARLY

Name

David Sparer

Address

16 N Carroll  
Madison

Agenda No. <u>40</u>
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Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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Name, address and telephone number of each person or organization you are representing:

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 10/2

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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06496

PLEASE PRINT CLEARLY

Agenda No. 40

Name Bill White  
Address 2708 Lake Land Ave

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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\_\_\_\_\_  
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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_