

18625 18628  
18626 18632

Date 7/6/10



# AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

PLEASE PRINT CLEARLY

Name CAMERON Birch  
Address 9740 TREE LN  
MADISON WI

Agenda No. 3-6

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

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:

Walgreens  
9740 TREE LN  
608-833-4110

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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. 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 7/6/10

Signature 

Print Name C. K. BIRCH



Date: \_\_\_\_\_

# AVAILABLE TO ANSWER QUESTIONS FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 3-6

Name RICK DINKEL  
Address 675 INVENNESS ST.  
OREGON, WI

Please check one:

**AND**

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- 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:

WALGREENS

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.)

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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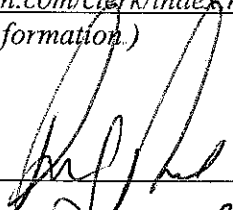
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Date 7-6-10

Signature



Print Name

RICHARD DINKEL



Date: 7/6/2010

# AVAILABLE TO ANSWER QUESTIONS FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 3-6

Name Jenny Guan  
Address 735 W. Wisconsin Ave, Ste 720  
Milwaukee, WI 53233

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- 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:  
Walgreen Company dba Walgreens

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.)

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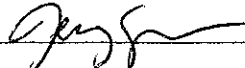
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Date 7/6/2010

Signature



Print Name

Jenny Yuan