Date: May 19, 2009

Registration Statement	Common C	ouncil
Please Print		
	PLEASE	PRINT NAME CLEARLY
	Name	Heidi Fatland
Agenda No.	Address	4402 Keating Terrace
ID# 14581		madison, wI 53711
Please check the appropriate box:		Please check the appropriate box:
Support	AND	Wish to speak
Oppose Neither Support Nor Oppose		☐ Do not wish to speak ☐ Available to answer questions
The state of the s		
of who you represent and go on to the next q	complete the rest uestion)	of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organiz	zation you are representing:
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?
Speaking Limits: Public Hearing (Com Information Hearing Other Items		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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 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?
(Please go Room 103 o	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: 5.19.2009
Date: <u>6.19.2009</u>
ncil
RINT NAME CLEARLY
JEFF EATON
4402 Keating Terrace
Madison
Please check the appropriate box: Wish to speak Do not wish to speak Available to answer questions
her than yourself: Yes No his form If you answered "yes," provide the name
on you are representing:

Registrat	ion Statement	Common Co	ouncil	
Please Print				
		PLEASE I	PRINT NA	ME CLEARLY
		Name	JEFF	EATON
Agenda No		Address	the state of the same of the same	Keating Terrace
			Madis	∞
Please check the app	propriate box:		Please	e check the appropriate box:
☐, Support			₩w	ish to speak
Oppose		AND		o not wish to speak
	pport Nor Oppos		☐ A	vailable to answer questions
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(If you answered "no	ou representing an orga o," STOP; you need not and go on to the next q	t complete the rest o	other than y f this form !	ourself: Yes No f you answered "yes," provide the name
Name, address and te	lephone number of eac	h person or organiza	ition you are	representing:
Are you being paid for	or your representation?			☐ Yes ☐ No
	s part of your other paid o," STOP; you need no			ation?
Speaking Limits:	Public Hearing (Con			
	Information Hearing Other Items	••••••••••••••••••••••••••••••••••••••	minutes	
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Are you an e	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	
Date	Signature Print Name

Date: 5/19/09

Registra	tion Statement -		ouncil
Disas Print		COMMITTEE	
Please Print			E PRINT NAME CLEARLY
Agenda No. 14	16 D/	Name	John Vincent 826 5. Midvala Blud Wadison, Wi 53711
Agenda No. $\frac{V/7}{}$	7 8 /	Address	826 5. Midvala Blud
			Madison, Wi 53711
Please check the ap	propriate box:		Please check the appropriate box:
Support Oppose		AND	Wish to speak Do not wish to speak
Neither S	upport Nor Oppos	se	Available to answer questions
(If you answered "n of who you represen	o," STOP; you need no t and go on to the next o	ot complete the rest question)	on other than yourself: \[\sum \text{Yes} \sum \text{No} \] to f this form If you answered "yes," provide the name.
ivalue, address and t	etepnone number of eac	en person or organi	ization you are representing:
Are you being paid	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	d duties for this per ot complete the resi	rson or organization?
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? Yes No
	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: 5/12/09

Registrat	tion Statement -	- Common Council			
		COMMITTEE			
Please Print		PLEASE	PRINT NAME	CLEARLY	
		Name	BRIAN	BIRCHE	R
Agenda No.	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address		MIDVALE	
Please check the ap	propriate box:		Please ch	eck the appropri	ate box:
Support Oppose Neither S	upport Nor Oppos	AND e	Do no	to speak ot wish to speak able to answer que	estions
(If you answered "ne	ou representing an organ, "STOP; you need no tand go on to the next of	t complete the rest			DNo "provide the name
Name, address and t	elephone number of eac	ch person or organiz	zation you are rep	resenting:	
Are you being paid f	for your representation?			☐ Yes	<u>4</u> No
	s part of your other paid o, "STOP; you need no				" go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items		3 minutes		

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Date	Signature Print Name

				Date:	
		CITY OF MA	(DISON		
Registra	tion Statement -	Common (Council		
Please Print					
		PLEAS	E PRINT NAME CLEA	NRLY	
		Name	MELUZN R	OENHOL	\mathcal{A}
Agenda No.			462 - 5-MID	人名西萨 医乳毒性蛋白性肠炎病毒毒	
			MADRON W		
Please check the ap	propriate box:		Please check the	e appropriate	box:
Support			■ Wish to spea		
Oppose		AND	Do not wish	to speak answer questio	
	upport Nor Oppos	e	Available to	answer questio	/11 5
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Are you being paid	for your representation?			☐ Yes [□No
Are you appearing a (If you answered "n question)	s part of your other paid to, "STOP; you need no	d duties for this pe of complete the res	rson or organization? It of this form If you answ	☐ Yes ☐ vered "yes," go	No on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes		

	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
	Asserting the state of the Print Name of the State of the

	CITY OF MADISON			
Registration Statement -	Common Council COMMITTEE			
Please Print				
	PLEASE PRINT NAME CLEARLY			
458L	Name Gary Balacra			
Agenda No. [958]	Address 450 S. Midwell Blvd.			
	COMPANY CONTROL CONTR			
Please check the appropriate box:	Please check the appropriate box:			
Support	Wish to speak			
⊠ Oppose	AND Do not wish to speak			
Neither Support Nor Oppos	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	ch person or organization you are representing:			
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.)	d duties for this person or organization? Yes No No or 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? Yes No
1 1	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
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Date: 5/9/87

Registrat	ion Statement	COMMITTEE	Council
Please Print			
		PLEASE	EPRINT NAME CLEARLY
1026	1	Name	KATHY JOHN SON
Agenda No.		Address	454 50 MIDVALE
			MADISON, WI 93/11
Please check the app	propriate box:		Please check the appropriate box:
Support Oppose Neither Su	[pport Nor Oppose	AND	Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "no of who you represent	and go on to the next qu	complete the rest uestion)	of this form. If you answered "yes," provide the name
Name, address and te	lephone number of each	ı person or organi	zation you are representing:
Are you being paid fo	or 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 per complete the rest	son or organization?
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(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)
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Date	Signature
	Print Name

Date: $\frac{S//9/09}{}$

Registration Statement -	
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Please Print	
	PLEASE PRINT NAME CLEARLY
	Name / ancy onnsor
Agenda No.	Address 462 S MINVALE
(14581)	12011 B/Va
Place had be	
Please check the appropriate box:	Please check the appropriate box:
Support	AND Wish to speak
Oppose	A: 1-1-1-4-
☐ Neither Support Nor Oppo	
At this meeting are you representing an organism (If you answered "no," STOP; you need not have you represent the state of the your representation.	ot 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 ea	sch person or organization you are representing:
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/////1	
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)	id 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 Hearin	mmon Council) 5 minutes g 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
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Date	Signature
	the particle of the Print Name of the state of the

Date: <u>95/19/19</u>

Registrati	on Statement •	COMMITTEE	ourich		
Please Print		PLEASE P	RINT CLEARLY		
		Name	DON SEV	ERSOL	
Agenda No. 4		Address _	534 SOUT	HMIDVA	LE BLUD.
MIDVALE RE	EPAVINC		DON SEV 534 SOUTH	53711	
Please check the appro	opriate boxes:				
Support Oppose	pport Nor Oppose		ond		stions
(If you answered "no,	u representing an organ " STOP; you need not a and go on to the next qu	complete the rest	n other than yourself: of this form. If you an	☐ Yes swered "yes,"	No provide the name
Name, address and tel	ephone number of each	person or organiz	ation you are represer	nting:	
		17.11.11.11	· · · · · · · · · · · · · · · · · · ·		
Are you being paid for	r your representation?			Yes	No No
	part of your other paid on "STOP; you need not			☐ Yes aswered "yes,'	☐ No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing) Other Items		minutes		

		lected 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)
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Date _		Signature
		Print Name

Date: 5/19/09

Registration Statement	Common Council	
	COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
	T-201/1/	STALAL VO
\mathcal{A}		3/Nour
Agenda No.	Address 4402 Wo-	ODSEND
MIDWALE REPAULUG	537//	
Please check the appropriate boxes:		
	and Wish to speak	
Support Oppose	Do not wish to	speak
Neither Support Nor Oppose	∐ Available to a	nswer questions
At this meeting are you representing an organ	ization or a person other than yourself:	∏Yes ⊠No
(If you answered "no," STOP; you need not	complete the rest of this form. If you answe	
of who you represent and go on to the next qu	uestion)	
Name, address and telephone number of each	person or organization you are representing	g:
		4.
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 question)	complete the rest of this form. If you answe	ered "yes," go on to the next
	mon Council) 5 minutes 3 minutes	
	3 minutes	

Are you an elected of other governmental b	official or employee who is appearing solely on behalf of your cody?	office or for your municipality or Yes No
10.7	es" to the question, STOP. You need not complete the rest of the vered "no" to the question, go on to the next question)	is form, except that you must sign
If you are being paid that:	d for your representation, or if your appearance is part of oth	er paid duties, please be advised
	re you engage in lobbying as a lobbyist, you or your principal the City Clerk.	must file an authorization
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period	ur principal spends or will owe more than \$1,000 for lobbying d (half year), the principal must file expense statements wit inder of the calendar year?	
, _	City 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: 5/19/09

Registrati	on Statement	COMMITTEE	
Please Print			
		PLEASE	PRINT NAME CLEARLY
		Name	J. 11 Hynum
Agenda No.		Address	446 S. Miduale Blud
			Madison WI 53711
Please check the app	ropriate box:		Please check the appropriate box:
Support Oppose		AND	Wish to speak Do not wish to speak
Neither Su	pport Nor Oppose		Available to answer questions
(If you answered "no, of who you represent	" STOP; you need not cand go on to the next que	omplete the rest estion)	on other than yourself: Yes No of this form. If you answered "yes," provide the name zation you are representing:
Are you being paid fo	r your representation?		☐ Yes \ No
	part of your other paid d " STOP; you need not c		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	kongrupasionis (gradi transcription)	3 minutes

Are you an e other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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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